

# Invasive procedure safety checklist: NG TUBE INSERTION

## BEFORE THE PROCEDURE

- Patient identify checked as correct? Yes ☐
- Appropriate consent completed? Yes ☐
- NEX measurement (       cms) Yes ☐
- Are there any Contraindications to performing the procedure? (Coagulopathy/base of skull#/previous sphenoidal surgery) **Yes** ☐
- Are there any concerns about this procedure for the patient? Yes ☐

Names/GMC Numbers of clinicians responsible for Ng tube insertion

- 1)
- 2)
- 3)

## TIME OUT

Verbal confirmation between team members before start of procedure

- Base of skull # ruled out if applicable? Yes ☐
- Is position optimal? Yes ☐
- All team members identified and roles assigned? Yes ☐
- Any concerns about procedure? Yes ☐

## SIGN OUT

- Any equipment issues? Yes ☐
- Is a chest X-ray required? Yes ☐
- Is aspirate below pH 5.5? Yes ☐
- Post procedure hand over given to nursing staff? Yes ☐

Signature of responsible clinician completing the form

Procedure date:  Time:

Operator:

Observer:

Assistant:

Level of supervision: SpR ☐ Consultant ☐

Equipment & trolley prepared:

Patient Identity Sticker: