

University Hospitals of Derby and Burton NHS Foundation Trust

**Nasogastric Feeding Tube Discharge - Risk Assessment -
Summary Clinical Guideline**

Reference No: CG-T/2023/171

This Clinical Guideline applies to all adult patients discharged with a nasogastric (NG) feeding tube. A risk assessment must be completed for all of these patients (see full clinical guideline).

Managing Nasogastric tube feeding in the community is usually the responsibility of the patient or their family members, it is therefore vital that all aspects of the care required, and the potential risks involved are carefully considered prior to the decision being made to discharge a patient with a nasogastric feeding tube. The risk assessment is designed to identify and reduce any risk associated with NG feeding at home and to ensure that appropriate support is available following discharge.

A risk assessment must be completed to fulfil NPSA (NPSA/2011/PSA002) recommendations which state,

“A full multidisciplinary supported risk assessment is made and documented before a patient with a nasogastric tube is discharged from acute care to the community”.

The risk assessment must be completed by the consultant responsible for the patient, following a multidisciplinary decision to discharge a patient with an NG feeding tube. An MDT meeting/discussion must be undertaken to facilitate this process and include everyone involved in care delivery; details of the MDT meeting/discussion must be documented in the patient's medical notes. Capacity assessment and best interest decision should be made at this time if appropriate.

If the patient is not able to care for their own tube and feed administration, a family member must be identified who is able to take responsibility for this.

Arrangements to review the ongoing need for feeding must be documented.

Details of who the patient/relative should contact in the event of any complications, or to arrange a routine or unplanned reinsertion of a tube must be documented and given to the patient/relative and included in the discharge summary.

The discharging consultant remains responsible for arranging insertion of replacement tubes, planned or unplanned.

Only uncomplicated tube insertions can be supported by the nutrition nurses. Patients who are entirely dependent on the NG tube for feed, fluids, or medication, and require radiological or endoscopic replacement of a tube, or radiological confirmation of tube position, should be admitted via the appropriate assessment unit. Out of hours patients should contact 111 or out of hours GP to arrange admission / attend ED. If they are able to wait until the next working day - they should contact the team responsible for insertion of the tube.

Once training has been completed, the patient/relatives must be allowed time to practise and become competent in the skills required to manage nasogastric tube feeding at home before the patient is discharged.

Information required for risk assessment

- Consultant responsible for completion of the risk assessment
- Patient details
- Medical history, indication and goals.
- Capacity to consent
- Responsibility for care of tube and administration of feed
- NG tube and insertion procedure details
- Arrangements for planned and unplanned replacement of tubes
- pH testing history
- Arrangements for review of indications and goals
- Training record

Once **ALL** sections of the risk assessment have been completed the nutrition nurse specialists and dietitians must be informed in order to make arrangements for training and supply of necessary equipment, a minimum of 48hours notice is required.