

Date: 27/07/2015

FREEDOM OF INFORMATION REQUEST FOI/012315 – Nasogastric tubes

1. Please can you confirm the number of nasogastric tubes procured by the Trust for the financial year 2014/15

228 boxes of 10 per box

2. Please indicate the split for 2014/15 for nasogastric tubes procured by the Trust across the following areas?

The split is across 18 wards

3. Please indicate if the trust is compliant with the Patient Safety Alert NPSA/2011/PSA002: Reducing the harm caused by misplaced nasogastric feeding? tubes in adults, children and infants.?

Yes the Trust is compliant

4. During insertion of a new nasogastric tube can you please confirm the 1st line method for confirming the correct placement?

1st line method for confirming the correct placement of the nasogastric tube for adults is by testing the pH of the gastric secretions using a pH paper that is CE marked. The pH has to be in between 1-5.5. This is documented in the patient's folder that is kept at the patient's bedside. Documentation includes: what the aspirate was, who checked the aspirate and if the feed was commenced.

5. Please provide details of the hospital performance against the NPSA Standard to record and document the confirmation of the pH aspirate prior to feeding through a nasogastric tube for 2014/15?

When a nasogastric tube is inserted and aspirated on a ward, this is recorded in the medical and Nursing notes. Clinical coding do not code nasogastric tubes.

6. Please indicate the number of chest x-rays requested to confirm the correct position of a nasogastric tube when pH aspiration has not been successful for 2014/15?

There were 796 chest x rays for NG placement in 14/15, unfortunately there is not a central record of the finite detail as to whether aspiration was unsuccessful for all of these

7. Please indicate the number / proportion of patients identified in the Health and Social Care Information Centre (HSCIC) monthly delayed discharge reports "Awaiting care package in own home" where the lack of capacity to aspirate an NG tube prior to feeding was highlighted in the delayed discharge report in 2014/15?

This information is not something that would be captured within SITREP as delayed due to POC is normally down to lack of availability by social services and would not identify something this specific