



Preventing Nasogastric Tube Removal – An Audit of Different methods

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Background

- ▶ Nasogastric tube feeding since 16th century
- ▶ Advances made in technology
- ▶ Still issues around retention
- ▶ “Nasoenteric feeding tubes may easily become dislodged due to patient mental status, transfers, or positional changes.”
Bechtold et al (2014)
- ▶ Was/is this still acceptable a century on...

The Suffragette in 1909



Drawing from WSPU newspaper, cited in Spartacus educational, Hunger Strikes

Hand Control Mitten

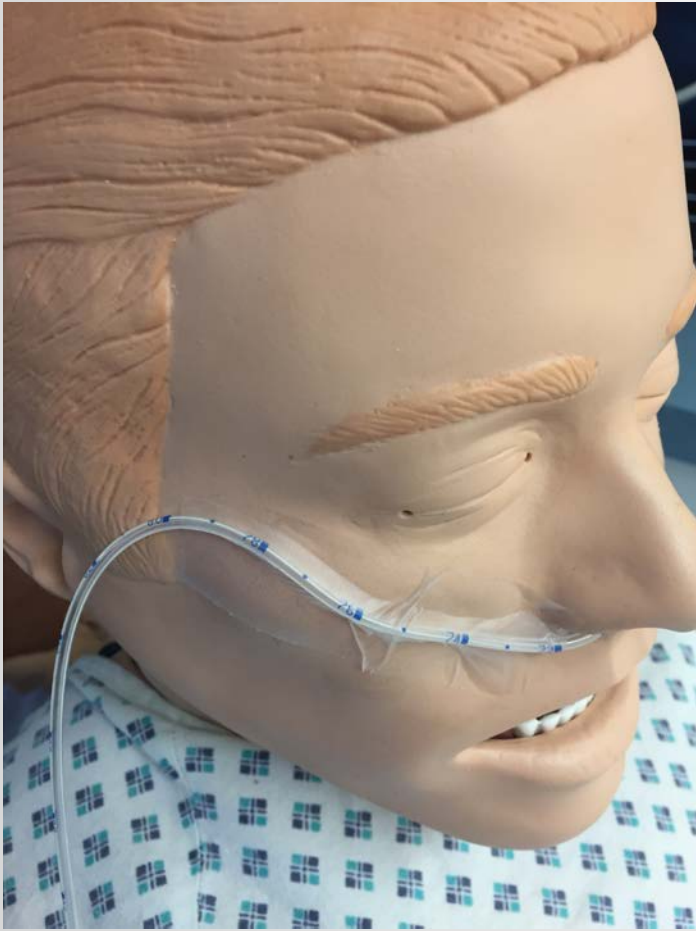


Nasal Retention Stickers – AKA...



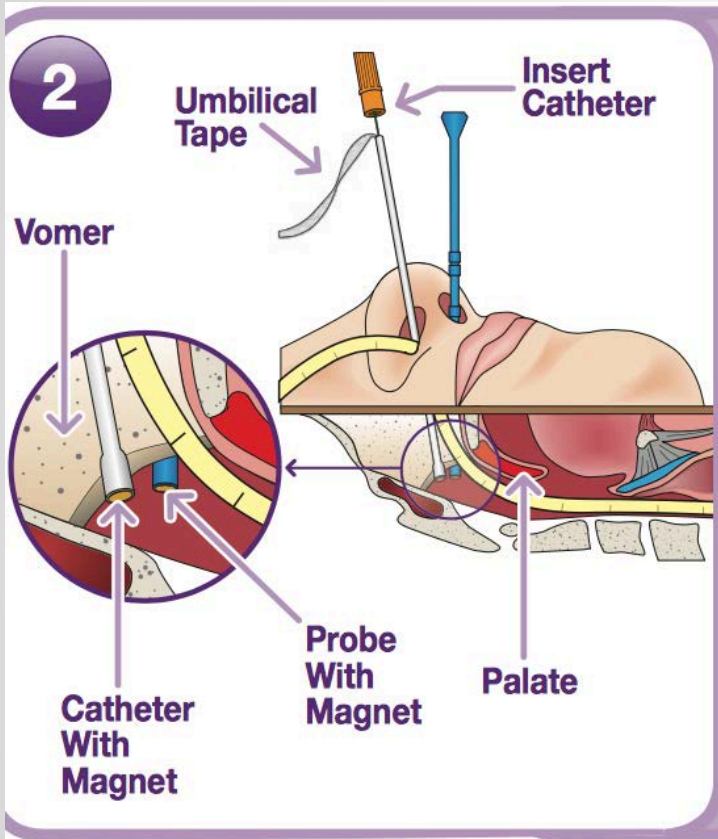
<https://wonderopolis.org/wonder/do-elephants-ever-forget>

Cheek Sticker = Patient Comfort



Grip-Lok®

Retention Device for Nasal Tubes



AMT Bridle™ Pocket Guide



Corgrip™



AMT Bridle™

NNNG Guidelines



Good Practice Guideline – Safe Insertion of a Retaining Device for Nasogastric (NG) and Nasojejunal (NJ) Feeding Tubes (in Adults)

Good Practice Guideline

Safe Insertion and ongoing care of patients with a Nasal Retaining Device for Nasogastric (NG) or nasojejunal (NJ) Feeding Tubes in Adults

2017

(To be reviewed 2020)

Good Nutrition Needs Nurses

www.nnng.org.uk

Typical Referral:

- ▶ 22 year old male
- ▶ Learning Disabilities, admitted with aspiration pneumonia, currently NBM
- ▶ Pulled out greater than 3 Nasogastric tubes
- ▶ Difficult to place, ward staff struggling
- ▶ Can you place a retention device?

- ▶ What do you do?
- ▶ Not always the obvious
- ▶ Audit practice

Audit Objectives

- ▶ Looking at 2 different retention methods:
 - Nasal tube retention device
 - Nasal tube retention cheek stickers
- ▶ Cost implication
 - Nasal tube retention device approx £80
 - Nasal tube retention cheek stickers approx £2.00
- ▶ Would introducing cheek stickers reduce cost?

Standards

▶ Standard

- Patients with precious tubes due to placement difficulties
- Greater than 3 removed in 72 hours

▶ Target

- Capture all patients referred for a retention device and assess if an alternative could be used

▶ Expectations

- Reduce cost associated with retaining NG Tubes
- Reduce nasal retention device placement
- Standardised care for all adult patient to have cheek stickers at initial placement
- Reduced interventions for patients

Methodology

- ▶ Referrals for retention device
 - Direct bleep to nutrition nurses
- ▶ Capture why patient referred
- ▶ Assess if cheek sticker would be an alternative
- ▶ Compare with previous data
- ▶ Only Adults
- ▶ 700 bed DGH with 30 wards

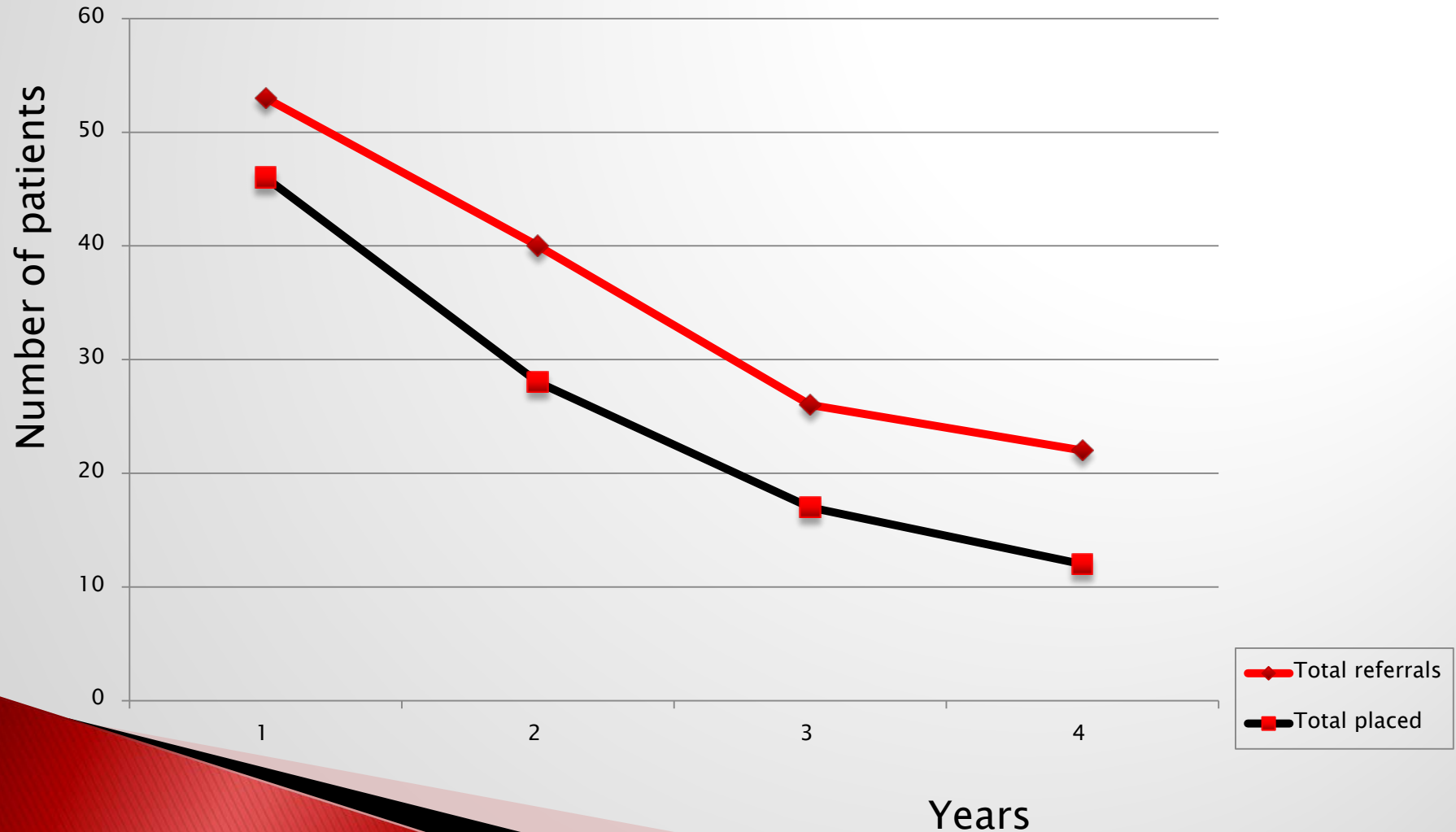
Audit Tool

- ▶ Nutrition Nurses collecting data, manual entry onto Excel spread sheet
- ▶ Compare data collected over several years
- ▶ Reported annually through Nutrition Steering Group and Nutrition Team Annual Report

Audit Result over 4 years

Diagnosis	2013/2014	2014/2015	2015/2016	2016/2017
Parkinson's	5	6	0	1
CVE	18	13	9	6
Ca	2	1	1	0
Section 3	0	2	0	0
Confusion	4	2	0	0
Learning difficulties	0	3	2	1
Respiratory	0	3	4	5
Head Injury	0	2	0	1
Other neuro	5	3	2	5
Other	19	5	8	3
Total referrals	53	40	26	22
Precious tubes	21	16	7	6
>3 removed	10	24	19	16
Total placed	46	28	17	12
Unsuccessful	7	4	0	1
Not indicated	Not collected	7	9	1
Patient refused	0	1	0	0

Referrals and Placements of Nasal Retention Devices over Four Years 2013 - 2016



Conclusions

- ▶ The use of cheek stickers for retaining NG tubes has reduced the number of nasal retention devices being placed
- ▶ Cost saving from product, specialist nurse time and additional blood tests for the patient
- ▶ Patients receiving their food and nutrition in a more timely way
- ▶ Nutrition Nurses will go back and re-assess as required

Recommended Actions/Outcomes

- ▶ Continued education on the wards
- ▶ Internal Guidelines: Guidelines on methods to help prevent nasogastric feeding tube removal produced in 2016
- ▶ Re-audit

References

- ▶ NNGG (2017) Good Practice Guideline – Safe Insertion as a Retention Device for Nasogastric (NG) and Nasojejunal (NJ) Feeding Tubes (in Adults)
- ▶ Bechtold ML, Nguyen DL, Palmer LB, Kiraly LN, Martindale RG, McClave SA (2014) Nasal Bridles for Securing Nasogastric Tubes: A Meta-Analysis Nutrition in Clinical Practice 29(5):667–671
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4304091/>
- ▶ Taunton and Somerset NHS Trust (2016) Guidance on methods to help prevent nasogastric feeding tube removal