



Safe Care Patient Safety Alert

Verifying gastric tube position

Gastric tubes help us maintain a child's fluid balance and nutrition, however there are also risks associated with their use. To keep children safe it is essential to **verify the position of the tube** before administering bolus feeds or medication, or at least once a shift if continuous feeds in situ.

Gastric placement is confirmed when contents aspirated from the tube are tested with pH indicator strips and the pH reading is less than or equal to 5.

If there is difficulty obtaining an aspirate, try each of these techniques:

- If possible, turn the infant, child or young person onto left side
- Inject 1-5 mL of air into the tube using an enteral syringe (NOTE this is not to check for air entry into the stomach – it is to reposition the tip of the tube to better enable aspiration of contents)
- Wait for 15-30 minutes before aspirating again
- Advance or withdraw the tube by 1-2cm
- Given mouth care to patient who are nil by mouth (stimulates gastric secretion of acid)
- DO NOT USE WATER TO FLUSH (risk of aspiration of tube in incorrect position)

If unsure of gastric placement consult the doctor as an x-ray may be required to confirm tube placement.

The Nasogastric & Nasojejun Tube Care for a Child nursing guideline has been updated.

Learning from
patient safety
events to
continuously
improve the care
we deliver

Heat packs

Heat packs are a useful tool in the non- pharmacological management of children's pain.

In the course of reviewing a patient safety event, we discovered that the product being used in Starship did not meet the standard required for maximum temperature.

The product has been withdrawn from use and a process is in place to source an alternative.

Keep a look out for further information soon.