



Insertion of Nasogastric and Oro-gastric tube for nursery nurses (band 4) in neonates Standard Operating Procedure

Title – Insertion of nasogastric and orogastric tube Standard Operating Procedure	
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Purpose

The purpose of this document is to provide a governance framework for unregistered staff in the neonatal unit to undertake the skill of nasogastric and orogastric insertion within NHS Lothian. The SOP outlines the scope of practice, the responsibilities of the practitioners involved, and the procedure to be followed to promote safe effective care. This SOP should be used in conjunction relevant NHS Lothian policies and procedures such as infection control.

Introduction

Insertion of a nasogastric or orogastric tube is an invasive procedure and should not be undertaken without full consideration of the benefits and risks. The presence of a nasogastric or orogastric tube can be a traumatic experience for patients and parents. It is essential that they are only used if deemed clinically necessary following assessment and after considering alternative methods of management.

Scope

The scope stipulates the necessary training, competency assessment and governance arrangements that must be complied with to ensure appropriate delegation by the registered health care professionals and enable the unregistered staff to safely undertake nasogastric and orogastric insertion in the neonatal unit.

Unregistered practitioners employed in a nursery nurse band 4 post, have successfully completed an NNEB qualification or another child care qualification at SVQ level 3 or equivalent. Unregistered practitioners undertaking nasogastric or orogastric clinical skill must have undertaken appropriate training, completed competencies, and been deemed competent by a registered practitioner in this skill. They must also have their competency reassessed every two years by a Registered Nurse practitioner, who is current and competent in the skill of nasogastric and orogastric tube insertion.

Responsibilities

Delegation of nasogastric and orogastric insertion to an unregistered nursery nurse/Assistant Practitioner (band 4) must only be undertaken where there is clear evidence that it is appropriate, safe and in the best interests of the individual receiving the care. The registered nurse will remain responsible for the overall assessment, planning, implementation, and evaluation of care of the patient undergoing nasogastric and orogastric insertion. The nursery nurse/Assistant Practitioner will undertake nasogastric insertion as a delegated task by a registered practitioner, following a comprehensive patient assessment, documented plan of care, and handover of key information from the registered nurse.

The nursery nurse/Assistant Practitioner must ensure and provide evidence to the Registered Nurse that they work within the limitations of their role, ensuring their practice is carried out in accordance with NHS Scotland HCSW Code of Conduct (2009) and adhere to NHS Lothian policy and legislation. The nursery nurse/Assistant Practitioner should evidence to the Registered Nurse that they understand their limitations and when to seek advice from the

appropriate registered health care practitioner. The nursery nurse/Assistant Practitioner must both show awareness of and adhere to NHS Lothian guidance, policy, and procedures to ensure they maintain their competence to perform the role, reporting any concerns, including recognition and escalation of the deteriorating patient to the registered practitioner.

The Registered nurse should only delegate tasks and duties that are within the other person's scope of competence and they should ensure that the person to whom they delegate fully understands their instructions, is adequately supervised, and supported. They should not delegate tasks that are beyond the skills and experience of the worker and should only delegate an aspect of care to a nursery nurse/Assistant Practitioner who has had appropriate training and whom they deem competent to perform the task. When delegating to a nursery nurse/Assistant Practitioner therefore, the delegating Registered Nurse must have assurance that the nursery nurse/Assistant Practitioner has undergone training, has the appropriate knowledge, skills, and competency and that there is adequate supervision and support in place.

Training and competency completion regarding nasogastric insertion must be recorded on the electronic staff record system. Competency review is the responsibility of the manager of the service. Checks should be undertaken by the clinical manager of the service to ensure all staff have had the relevant training and competency completed. Review of competency will be discussed at least annually as part of supervision and Personal Development Planning and Review.

There are many clinical reasons for patients in the neonatal unit requiring an insertion of nasogastric and orogastric tube such as:

- Administration of enteral feeds
- Administration of medications – unregistered staff can only administer medication within their scope of practice.
- Gastric decompression
- Aspirate gastric contents

Exclusion criteria below outlined when nasogastric insertion can't be delegated to unregistered staff;

- Baby requiring care out with special care
- Patients who don't meet the recognised BAPM criteria for special care.

It is the responsibility of the Registered Nurse to identify whether there are any risks, cautions or contraindications that may be identified or exacerbated, prior to the insertion of a nasogastric tube. A risk assessment must be completed to identify that it is appropriate for this procedure to be undertaken by the nursery nurse/Assistant Practitioner including identification of inclusion and exclusion criteria for the patient and the service.

Nasogastric tube insertion procedure

Perform this procedure as an aseptic technique to minimise the risk of introducing infection.

Performs hand hygiene as per local policy.
Demonstrates: <ul style="list-style-type: none"> • Clean trolley following infection control policy. • Gather equipment, check all consumables in date and intact. • Apply apron, clean hands if contaminated whilst setting up • Open all equipment utilising Aseptic Technique as per Scottish Infection Prevention and Control Education Pathway (SIPCEP)
Demonstrates <ul style="list-style-type: none"> • Placing the patient in the correct position for procedure • Ensure patient is comfortable and swaddle if necessary • Correct procedure in measuring of the naso gastric tube or orogastric tube (appendix D)
Demonstrates good practice in insertion for nasogastric tube <ul style="list-style-type: none"> • Appropriate choice of nostril • Insertion at 60 degree angle with the face • Place the tube with the tip pointing towards midline • Advance the tube to the desired length
Demonstrates good practice in insertion for orogastric tube <ul style="list-style-type: none"> • Passing tube into mouth in a backward and downward direction
Demonstrates appropriate assessment of tube placement <ul style="list-style-type: none"> • Correct identification of enteral 5ml syringe required for aspiration • Aspirate small amount • Use of PH paper to clarify placement of tube, if PH less than 5.5 satisfactory position to use
Demonstrates appropriate use of decision tree (appendix C) and escalation to senior team member if PH above 5.5 to troubleshoot
Demonstrates appropriate action if no aspirate obtained <ul style="list-style-type: none"> • Repositioning of baby • Retraction of tube 1-2cm • Escalate to senior staff and/or replace tube
Demonstrates good practice in securing tube <ul style="list-style-type: none"> • Duoderm on face, tube on top with Tegaderm to secure
Checks and ensures the patient is comfortable post procedure. Disposes of clinical waste and performs hand hygiene. Cleans trolley.
Demonstrates accurate documentation in the badger

Resources

National Patient Safety Agency (March 2011) Patient Safety Alert NPSA/2011/PSA002: Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants. Available at: [2011 03 08 NGT Supporting information FINAL.pdf](#)

Scottish Perinatal Network (2025) West of Scotland Neonatal Guidelines. Available at: [Nasogastric or Orogastric Feeding Tube – Confirming the Position WoS](#)

Ernstmeyer, K. and Christman, E. (2023). *Chapter 5 Insert Nasogastric and Feeding Tubes*. [online] National Library of Medicine. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK594494/>.

Delegation and accountability Supplementary Information to the NMC Code <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf>

NHS Scotland (2009) Code of Conduct for Healthcare Support Workers. <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2009/10/code-practice-employers-healthcare-support-workers-scotland/documents/0088361-pdf/0088361-pdf/govscot%3Adocument/0088361.pdf>

National Education for Scotland. Making Delegation Safe and Effective. A learning resource for Nurses, Midwives, Allied Health Professionals and Healthcare Support Workers (2018) <https://learn.nes.nhs.scot/3652/nmahp-repository/making-delegation-safe-and-effective-a-learning-resource-for-nurses-midwives-allied-health-professionals-and-health-care-support-workers>

National Infection Control
[National Infection Prevention and Control Manual: Home \(scot.nhs.uk\)](#)

NHS Lothian Framework for Health Care Support Workers (Clinical) to support people with their medication (2023)

BAPM categories of care. Available: <https://www.bapm.org/resources/34-categories-of-care-2011>

Appendix A Service Scope of Practice

The SOP for insertion of nasogastric and orogastric for band 4 nursery nurse/Assistant practitioners above outlines the foundation scope of practice, the responsibilities of the practitioners involved, and the procedure to be followed to promote safe effective care.

It is the responsibility of the service to outline specific areas of practice regarding nasogastric and orogastric insertion and its scope. This includes identification of inclusion and exclusion criteria for the patient and the service through a risk assessment undertaken by the registered practitioner to identify that it is appropriate for this procedure to be undertaken by the nursery nurse/Assistant Practitioner.

The patient must have been assessed by a registered nurse and a care plan in place which is reviewed regularly by the registered nurse. Some exclusions and cautions regarding nursery nurses/Assistant Practitioners undertaking nasogastric insertion are listed above. Appendix B can be completed by the service to provide further specific details of exclusion/exclusions, contraindications, and recommended action/advice to be undertaken.

Route	Select Y/N for your service areas		Date Agreed	Name and signature of authorising Chief Nurse/Associate Nurse Director
Nasogastric				
Orogastric				
Scope				
Initial Insertion				

Appendix B - Exclusion and inclusion criteria for service

Details of care – Indications and exclusion for delegation of nasogastric and orogastric insertion

Clinical condition to be treated	Nasogastric and orogastric tube insertion
Criteria for inclusion	<ul style="list-style-type: none"> • Patients in the service area whose care and history has been reviewed by the Registered Nurse and deemed appropriate to delegate to nursery nurse • Patients eligible for Transitional Care on the Post-Natal Wards whose care and history has been reviewed by the Registered Nurse and deemed appropriate to delegate to nursery nurse/Assistant Practitioner. • Patient/carer consents to procedure. • The registered nurse considers the nursery nurse/Assistant practitioner ready to and safe to extend their skills. • The nursery nurse/Assistant Practitioner has had the relevant theoretical input and has completed the required competencies for the task. • The procedure best meets the needs of the person being treated. • The task has been delegated by a registered nurse
Criteria for exclusion including contra-indications	<p>Patients with any of the following:</p> <ul style="list-style-type: none"> • Patients who don't meet the recognised BAPM criteria for special care or transitional care
Circumstances for further advice/action	<ul style="list-style-type: none"> • Any resistance/difficulty on insertion. • PH above 5.5 • No aspirate obtained • Baby shows coughing, retching, desaturation, cyanosis or tachypnoea

APPENDIX C

Decision tree and risk assessment for NGT/OGT placement and checks in neonates

Prior to inserting an enteral feeding tube

- An assessment must be made to identify if it appropriate for the patient
- Appropriately prepare the patient and/or parents/carers to have a feeding tube placed
- Estimate the length that the tube needs to be inserted using the NEMU measurement for neonates
- Once inserted, secure the tube safely with a hydrocolloid eg duoderm and transparent film dressing eg tegaderm or with specialised tubie tapes
- Aspirate using correct size/type of enteral syringe
- You **MUST NOT** use the tube until the position has been confirmed with pH testing of gastric aspirate

