

## DECISION TREE for placing a CORTRAK™ Ng Tube Confirmation using gastric aspirate and the CORTRAK™ Enteral Access System

- Discuss with patient and or carer, members of the MDT and document rationale for Ng tube
  - Document all risks and benefits of Ng tube placement in patients' Medical notes.
  - Re-assess risks and benefits of inserting a Ng tube out of hours: 2000-0800hrs. Can the procedure wait until daytime hours? 1
  - Only registered competent staff to insert a CORTRAK™ Ng tube
- Initial placement requires pH test as first line, subsequent checks and repositioning can be completed with CORTRAK\*3

Post Ng tube insertion obtain gastric aspirate

[A]

Aspirate obtained?

YES

NO

[C]

- Give mouth care to patients who are nil by mouth (stimulates gastric secretion of acid)
- Call the CORTRAK™ team to re-insert electromagnetic guidewire and check position using CORTRAK™ EAS and reposition if necessary

[B]

Test aspirate on Merck Serono CE marked pH indicator paper for use with human aspirate

pH LESS THAN 5.5

pH GREATER THAN 5.5

Call the CORTRAK™ team to reinsert electromagnetic guidewire to confirm position

[D]

Position of NG tube confirmed with CORTRAK™ EAS?

[E]

PROCEED TO FEED OR USE TUBE

Record result in bedside documentation and re confirm position before each feed/ medication/flush or at least once daily

YES

NO

YES

[F]

Obtain Chest X-Ray and Consultant Radiologist to document confirmation of nasogastric tube position in stomach at all times.  
**NG tube in correct place?**

NO

[G]

**DO NOT FEED or USE TUBE**

Remove tube, re-insert, following steps from the beginning