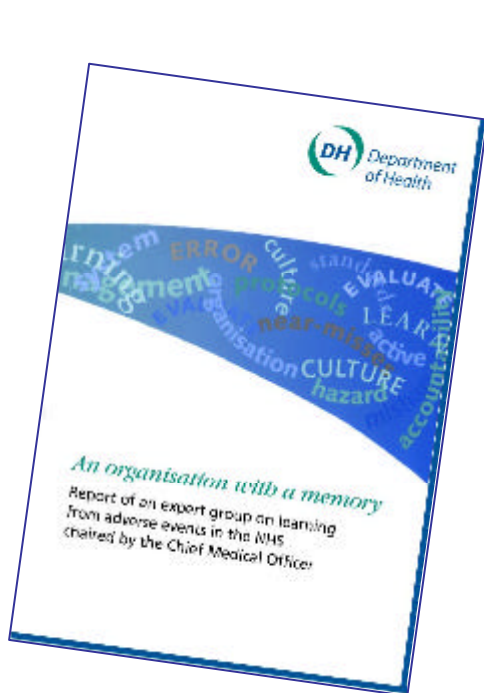
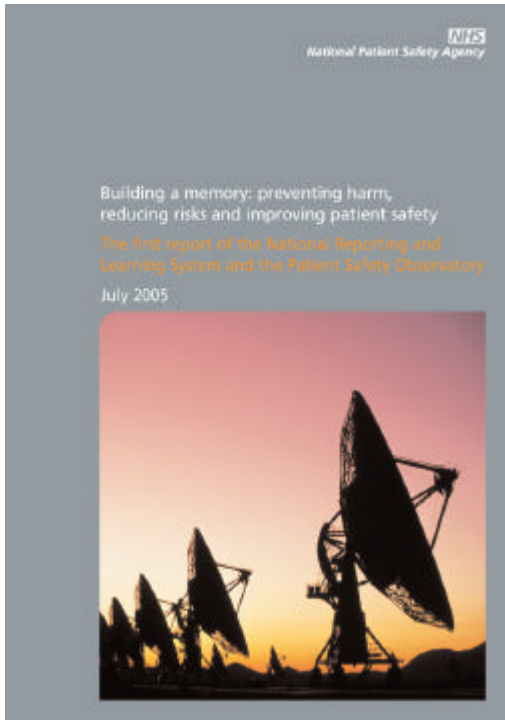
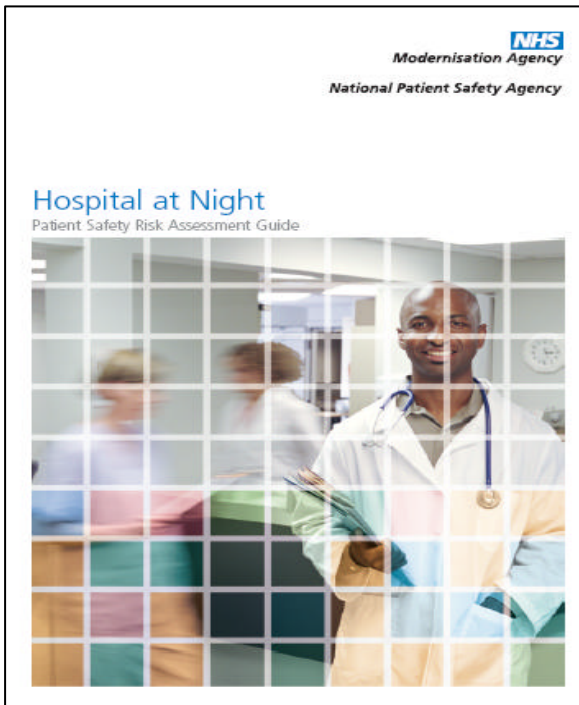


附件四

病人安全宣導資料

一、病人安全宣導手冊





二、病人安全單張

NHS
National Patient Safety Agency

Patient safety alert

05

Alert

21 February 2005

Reducing the harm caused by misplaced nasogastric feeding tubes

Nasogastric tube feeding is common practice in all age groups, from neonates to older people. Thousands of feeding tubes are inserted daily without incident. However, there is a small risk that the nasogastric feeding tube can be misplaced into the lungs during insertion, or move out of the stomach at a later stage. Although misplacement can be recognised at an early stage, i.e. before the tube is used, studies have shown that conventional methods used to check the placement of nasogastric feeding tubes can be inaccurate. **The NPSA is aware of 11 deaths and one case of serious harm due to misplaced nasogastric feeding tubes over a two-year period.**

Action for the NHS

NHS acute trusts, primary care organisations and local health boards in England and Wales should take the following steps immediately:

1. Provide staff, carers and patients in the community, with information on correct and incorrect testing methods:
 - measuring the pH of aspirate using pH indicator strips/paper is recommended;
 - radiography is recommended but should not be used 'routinely'. Local policies are recommended for particular groups of patients e.g. those in intensive care units and neonates. Fully radio-opaque tubes with markings to enable accurate measurement, identification and documentation of their position should be used;
 - DO NOT use the 'whoosh' test - this practice must cease immediately;
 - DO NOT test acidity/alkalinity of aspirate using blue litmus paper;
 - DO NOT interpret absence of respiratory distress as an indicator of correct positioning.
2. Carry out individual risk assessment prior to nasogastric tube feeding.
3. Review and agree local action required.
4. Report misplacement incidents via their local risk management reporting systems.

For response by:

- NHS acute trusts (including foundation trusts), primary care organisations and local health boards in England and Wales
- Directors of Nursing in England and Wales

For action by:

- Speech and language therapists, physiotherapists, dietitians
- General practitioners
- Chief pharmacist/pharmaceutical advisers
- Patient advice and liaison service staff in England
- Procurement managers

We recommend you also inform:

- Clinical governance leads and risk managers
- Medical staff including radiologists, neonatal staff and intensive care staff
- Nursing staff (including community nurses)
- Nutritional nurse specialists
- health authorities (England) and regional offices (Wales)
- Healthcare Commission
- Healthcare Inspectorate Wales
- NHS Purchasing and Supply Agency
- Welsh Health Supplies
- Royal Colleges and societies
- NHS Direct
- Relevant patient organisations and community health councils in Wales
- Independent Healthcare Forum
- Commission for Social Care Inspection

Patient briefing 05
NHS
National Patient Safety Agency

Patient and carer briefing

Information

21 February 2005

Understanding
NPSA advice

Checking the position of nasogastric feeding tubes

This information is for carers who look after infants, children or adults who use nasogastric feeding tubes, and patients in the community who can check the position of their own nasogastric feeding tube.

What are nasogastric feeding tubes?

Nasogastric feeding tubes are small tubes that are inserted through the nose, down the back of the throat and into the stomach. They are used to give food to people who have difficulty swallowing or feeding.

Why is it important to check the position of the nasogastric feeding tube?

It is important to check the position of the tube before feeding, or after a coughing fit or vomiting episode, to ensure that the feed goes directly into the stomach and not into the lungs.

How can I check the position of the nasogastric feeding tube?

The most reliable way for you to check the position of the tube is to measure the pH (acidity/alkalinity) of the person's stomach contents using pH indicator strips or paper. These have a colour code chart indicating the colour change of each pH reading: from pH 1 (acid), through pH 7 (neutral) to pH 14 (alkaline).

REMEMBER: keep pH strips or paper clean and dry by storing them in a sealed container.

- wash your hands before and after checking the tube position;
- remove the cap or plug from the tube;
- attach a syringe containing air (1-5ml for infants and children; 10-20mls for adults) into the feeding tube and flush the air down the tube to remove any water or feed from the tube;
- draw back the syringe to obtain contents from the stomach (this is called 'aspirating' the tube);
- take the pH strip/paper and place a few drops of the stomach contents onto it;
- match the colour change of the strip/paper with the colour code on the box to identify the pH of the stomach contents;
- a pH reading of below 5.5 (or below 5 if your paper has single gradings) indicates an acid reaction, which means the tube is correctly positioned in the stomach.

Community nurse or health professional contact details:

Please type here

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The bug stops here

Contaminated hands spread infections.
Improvement begins with you.
Clean your hands.

cleanyourhands
campaign



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National Patient Safety Agency

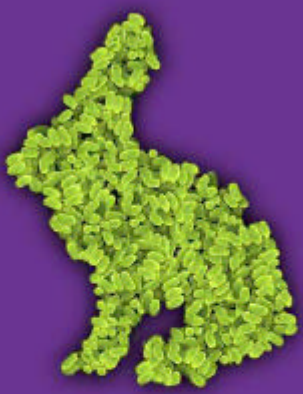


It's OK to ask

Clean hands help prevent infections.
Let's tackle bugs together – If you think we've
forgotten to wash our hands it's OK to ask.

cleanyourhands
campaign

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National Patient Safety Agency



little breeders

The germs on your hands multiply constantly.
Cleaning your hands before and after contact with patients
and between procedures stops the spread of infection.

cleanyourhands
campaign