CORRESPONDENCE

First do no harm: nasogastric tube placement and confirmation

S.M. Walsh1,2,*, A. Gallagher1,*, R. Gallagher1,*, E. Barnes1, G.A. Doherty1, J.D. Dodd1,2 and M.W. Butler1,2

From the 1St Vincents University Hospital, Elm Park, Dublin, Ireland and 2University College Dublin, Belfield, Dublin 4, Ireland

Address correspondence to SM Walsh, UCD School of Medicine, Belfield, Dublin 4, Ireland. email: s.walsh@ucd.ie

*These authors contributed equally to this work.

Enteral feeding via nasogastric tube (NGT) is frequently required in hospital inpatients. While the majority are inserted correctly, there is a risk of placing the NGT inadvertently in the bronchial tree, particularly if the inserting physician lacks competency.1 This can cause significant aspiration pneumonia if undetected. Inexperienced interns often confirm correct placement of NGT on chest X-ray, despite many not receiving any formal teaching. This issue became an important matter to address in our teaching hospital due to increasing numbers of adverse outcomes associated with erroneous NGT placement and confirmation.

An e-learning module on NGT placement and verification was introduced as a pilot into the Final Medicine curriculum during the professional completion module (PCM). The PCM instructs final year students in practical areas that are applicable to their first working year. Students subsequently attended a Clinical Nutrition Seminar, incorporating additional NGT instruction, along with hospital interns, who had not undertaken the e-learning module. Afterwards a multiple choice competency assessment was administered to both groups.

There was a significant difference in the pass rate between groups (96% vs. 60%, $P$ 0.015). Test performance was better for students who availed of the e-learning module prior. The e-learning module feedback was positive, with the majority describing improved confidence levels.

By identifying a series of adverse clinical events, we modified our undergraduate curriculum in an effort to improve our patients’ care. Blended teaching and learning for NGT placement outperformed traditional teaching methods. With time, we hope this will translate into improved clinical outcomes.

Conflict of interest: None declared.

Reference