

Baby's Name

D.O.B:

CHI:



Nasogastric tube

Parent's discharge Check-list

Competency Statement	Teaching given by - Staff signature	Parents to sign when confident	Date achieved
I understand the importance of hand washing before and after using the nasogastric tube			
The potential risk of milk aspiration has been discussed and understood			
I understand the importance of testing the pH and it must be 5.5 or less. This indicates the tube is in the correct position and it is safe to feed			
I have observed an NGT feed and participated in NGT feeds under supervision			
I know what equipment I need and how to dispose of it after the feed has finished			
I know my baby must be in a safe position before starting the NGT feed			
I know the speed of the milk flow is determined by how high or low I hold the syringe			
I know how to stop the feed if my baby vomit or cough			
I know what to do if I cannot draw any fluid from the stomach			
I feel confident in carrying out all aspects of an NGT feed			

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I have been given the NGT feeding information			
I know who to contact if I need help or if the NGT comes out			

I am signing to confirm I have completed all learning, I feel confident in caring for my baby with a nasogastric tube.

Date competencies achieved:

Signature of parent:

Print name:

Signature of Nurse:

Print name: