Invasive Procedure Safety Checklist: NG TUBE INSERTION

NEX measurement (cms) Yes No Is position optimal? Yes No After there any Contraindictions to performing the procedure? Coagulopathy/base of skull#/ previous sphenoidal surgery) Are there any concerns about this procedure for the patient? Yes No If you had any concerns about the procedure, how we these mitigated? Names/Registering body numbers of clinicians responsible for NG ubbe insertion 1) 2) 3) occedure date: Time:	BEFORE THE PROCEDURE			TIME OUT	
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Are there any Contraindictions to bereforming the procedure? Coagulopathy/base of skull#/ previous sphenoidal surgery) Are there any concerns about this procedure for the patient? All team members identified and roles assigned? Any concerns about procedure? Yes No If you had any concerns about the procedure, how we these mitigated? If you had any concerns about the procedure, how we these mitigated? Sames/Registering body numbers of clinicians responsible for NG ube insertion 1) 2) 3) occedure date: Time:	opropriate consent completed?	Yes No	E	Base of skull # ruled out if applicable?	Yes No
All team members identified and roles assigned? Any concerns about this procedure for the patient? No are there any concerns about this procedure for the patient? No are there any concerns about the procedure, how we these mitigated? If you had any concerns about the procedure, how we these mitigated? If you had any concerns about the procedure, how we these mitigated? If you had any concerns about the procedure, how we these mitigated? If you had any concerns about the procedure, how we these mitigated? If you had any concerns about the procedure, how we these mitigated?	EX measurement (cms)	Yes No	ı	s position optimal?	Yes No
Any concerns about this procedure for the patient? Names/Registering body numbers of clinicians responsible for NG ube insertion 1) 2) Occedure date:	erforming the procedure?	Yes No			Yes No
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	el of supervision: SpR Cons	sultant			
puipment & trolley prepared:					

SIGN OUT	
Any equipment issues?	Yes No
Is a chest X-ray required? Is aspirate below pH 5.5?	Yes No
Post procedure hand over given to nursing staff?	Yes No
Signature of responsible clinician completing the form	
Patient Identity Sticker:	

