# INSERTION OF A PAEDIATRIC NASOJEJUNAL TUBE (NJT) CHECKLIST

**SIGN IN**  
*To be completed by the individual inserting the NJT before commencing procedure*

<table>
<thead>
<tr>
<th>Action</th>
<th>Confirm all individuals have introduced themselves.</th>
<th>Patient identity and procedure has been confirmed.</th>
<th>Risks and benefits considered/documentated.</th>
<th>Nose-ear-xiphisternum-right iliac fossa distance measured and appropriate NJT length selected/marked.</th>
</tr>
</thead>
</table>

**Confirm operator appropriately:**
- □ Trained  OR  □ Supervised

**Consent:**
- □ Verbal  □ Non-verbal
- □ Unable, ensure rationale (e.g. best interest) documented.

**Allergy relevant to procedure (e.g. adhesive tape)?**
- □ No  □ Yes, specify:

**Rationale for insertion explained to patient/carer:**
- □ Yes  □ No, justify:

**NJT being inserted within core hours?**
- □ Yes  □ No, justify:

**Any concerns expressed by the patient or operator?**
- □ No  □ Yes, specify:

**Confirm:**
- Over 1-hour since food/medication taken: □ N/A  □ Yes
- Patient is in the optimum position: □ N/A  □ Yes
- Agree a 'STOP' sign with the patient: □ N/A  □ Yes

**SIGN OUT**  
*To be commenced after the procedure is finished and completed fully before NJT use*

- □ Gastric pH<5 or interim CXR obtained during insertion.
- □ Guidewire removed and disposed of correctly.
- □ Marked at the entry to the nose with a permanent mark.
- □ Secured by an appropriate fixator/dressing.
- □ Chest x-ray (CXR) has been ordered by:

**Individual inserting NJT to confirm:**
- □ CORFLO® (polyurethane) non-weighted enteral feeding tube of the correct size being used.
- □ NJT has been flushed with 5 ml sterile water, is not kinked and the guidewire is locked onto the end port.
- □ CE marked pH indicator strips for human aspirate available to confirm interim gastric placement.
- □ Hands have been washed and gloves are worn.
- □ Nose examined and best nostril selected.

**Individual inserting NJT to record:**
- □ There are no contra-indications to NJT insertion.

**Size of NJT inserted (FG):**
- □ 6  □ 8  □ 10

**Length of NJT (cm at nose):**

*Individual confirming NJT position (ST3°) to complete:*

- □ CXR confirms the NJT is in correct position.
- □ CXR confirms the NJT is NOT in the correct position.

**The NJT is NOT SAFE to use until the correct position has been radiologically confirmed and the responsible individual has signed below*.**

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**Signature and printed name:**
- Individual inserting NJT:
- *Individual confirming NJT position:
- Supervisor (if present):

**Date:**  
**Time:**  
**Location:**
This LocSSIP applies to all paediatric nasojejunal tubes inserted within CDDFT. It is designed for use by a single operator inserting an NJT where after drugs, water or feed are to be administered and therefore risk being misplaced. The SIGN OUT is divided into two sections to be completed by the INSERTER and position CONFIRMER respectively although in practice, this may be the same person. **Must-do procedural steps:**

1. To ensure compliance with best practice:
   a. CDDFT’s nasojejunal tube procedural checklist **must** be used.
   b. CORFLO® (polyurethane) **non-weighted** enteral feeding tubes **must** only be used.
   c. The operator **must** be a competent individual or supervised during insertion.
   d. Registered Nurses **must** meet the WASP Competency Framework for the Insertion and Management of Nasojejunal Tubes. Paediatric nurses **must** have completed a face-to-face training session every 3 years. Medical staff **must** comply with the content of this procedural LocSSIP.

2. To ensure the comfort of a conscious patient during the insertion process:
   a. The operator **must** explain and document the rationale for insertion to the patient/parent/carer.
   b. If possible, the patient **must** be placed in a comfortable position and a ‘STOP’ sign agreed before commencing insertion.

3. To ensure the insertion process is carried out to the maximum level of safety:
   a. An NJT **must never** be inserted into an unstable child and the inserter **must stop** advancing immediately a child becomes unwell during insertion (consider perforation).
   b. Following confirmation of gastric placement, the guidewire **must** be removed and disposed of correctly.
   c. Following confirmation of gastric placement, the NJT should be advanced by 2 cm every 30 minutes until the correct insertion length is reached.
   d. The NJT **must never** be advanced forcefully if air cannot easily be flushed during insertion.

4. To ensure the NJT is inserted to the correct distance and movement of the NJT is restricted/can be detected visually:
   a. The operator **must** measure the nose-ear-xiphisternum-right iliac fossa distance and use this measurement to guide the length of NJT insertion.
   b. Following insertion, the NJT **must** be marked at the point it enters the nasal passage and the centimetre marking documented.
   c. The NJT **must** be secured with the appropriate fixator/dressing.

5. **It is only safe to administer drugs, water or feed down an NJT following confirmation of its correct position in the jejunum (USE OF A MISPLACED NJT = A NEVER EVENT):**
   a. The individual inserting the NJT **must** ensure the gastric aspirate pH is <5 before proceeding to advance into the jejunum. If gastric aspirate cannot be obtained or the pH ≥5 then a CXR **must** be ordered at this stage before the NJT is advanced further.
   b. A CXR **must** always be obtained at the end of the procedure and confirmation of correct NJT placement documented by a competent individual (ST3 or above).
   c. The NJT length **must** be checked prior to commencement of feed to ensure displacement has not occurred. If in doubt, a further CXR **must** be obtained before feeding.

Associated guidelines:

- Care Group Area LocSSIP describing all NatSSIP principals which apply to this invasive procedure and checklist.

CDDFT Local Safety Standard for Invasive Procedures v1 15-12-18 (review date December 2019)