



Improving Nasogastric Tube (NGT) Feeding Process

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Background

Nasogastric tubes (NGT) are widely used in hospitals as a means for feeding when the patient is unable to take orally. Patients on NGT would require feeding 6 times a day. Each feeding would require a NGT Feeding set from Central Sterile Surgical Department (CSSD) and some consumables.

The sets consists of feeding jug, gallipots and kidney dish. Feedbacks from the ward nurses on the sets were:

- Some items in the sets are not needed and it is incomplete for commencing feeding
- The sets are bulky when placed at the patient's bedside.
- The nurse spends an additional 5 mins to rinse and dry the feeding sets during each feed.
- Rinsing the set poses a potential hazard as gastric contents and aspirates are flushed through the sink and creates splashes.
- Reported loss of NGT feeding sets which incur cost to the ward

Aims

A team of nurses reviewing the NGT feeding sets and the process of NGT feeding with these aims:

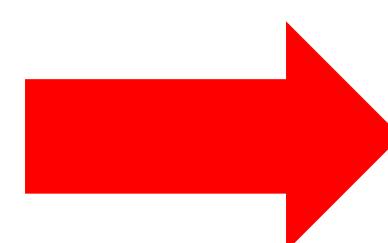
- Review the items needed for feeding
- Reduce items kept at bedside
- Reduce need for rinsing and possible cross contamination (disposing of aspirate)
- Reduce cost

Methodology

The team analysed the workflow in NGT feeding and items needed for feeding. The team brainstormed on ways to reduce the items needed and replace with disposable consumables that is readily available in the ward.

Results

Current Feeding Set



New Feeding Set

Single patient use

Discard after each feed



Components of current sets	Components of NEW sets
Kidney Dish	Pulp Kidney Dish
Gallipot	Disposable cups
500mls jug	500 mls jug
20 mls & 50mls Syringe (additional)	50 mls Syringe

The feeding sets were reviewed and replaced with **disposable items** that is readily available in the ward. Only minimal items are placed at the bedside which are for single patient use. As most items are disposable, the nurse do not need to rinse the sets and cross contamination is reduced. Daily cost for implementing the new feeding sets was reduced to 90% as the reprocessing fee was replaced with the cost of consumable items

This initiative was implemented hospital wide in all inpatient wards with positive feedback from nurses.