Hospital Logo

Addressograph

Risk Assessment for short term Nasogastric Tube (NGT) feeding in the community

|  |  |
| --- | --- |
| Is baby taking 25% of feeds orally from breast or bottle, i.e. 2 feeds in 24hrs? | Yes  No |
| Is the baby medically fit for discharge in line with unit policy? (Satisfactory weight gain, maintaining temperature within normal limits, clinically well) | Yes  No |
| Parents have completed the NGT feeding competencies and signed accepting responsibility for feeding baby. | Yes  No |
| Are parents prepared to accept home visits from the Community Neonatal Nursing Team as a part of Parent Partnership in Care?  Parent(s) / Carer(s) Signature (s)  1:……………………………………….Date………………………….  2:……………………………………….Date…………………………. | Yes  No |
| The parents understand and can manage baby’s feeding regime. | Yes  No |
| Parents have confirmed they have sterilising equipment at home and know how to use it. | Yes  No |
| Parents have demonstrated and confirmed they are able to maintain an appropriate level of hygiene at home to prevent contamination of equipment. | Yes  No |
| Members of the Multidisciplinary team (e.g. Safeguarding leads, Physio, Speech and Language, Dietician) are happy for the baby to go home with NGT in place | Yes  No |
| If baby requires prescribed Formula parents are aware of how to obtain further supplies. | Yes  No |
| If baby is establishing Breast feeding and requires Breast Milk fortifier, do parents understand how to use Breast Milk Fortifier and know how to get further supplies | Yes  No |
| Do parents have the contact details of the Neonatal Outreach Nurse (s) and the neonatal/transitional care unit? | Yes  No |
| Do parents know who to contact for further supplies of equipment? | Yes  No |
| Has the baby been registered with a GP? Confirm GP practise ………………………………………………………….. | Yes  No |
| Is the Health Visitor aware baby will be discharged home with a NGT in situ | Yes  No |
| Do parents / carers have access to a telephone and credit to use their phone at all times? | Yes  No |
| Parents are aware of when to ask for help and are able to explain if there is a problem feeding via NGT. | Yes  No |
| Do parents have access to transport out of hours if they need to attend the hospital for tube replacement? | Yes  No |
| Have parents either watched the BLISS Basic Life Support DVD or had a teaching session on the unit and had an opportunity to practice the skill.  If No please explain:…………………………………………………..  …………………………………………………………………………… | Yes  No |
| Has Open Access been organised and explained to parents – according to local policy | Yes  No |

|  |  |  |
| --- | --- | --- |
| Score | Risk | Action |
| All Yes | Low | If baby medically fit and no further hospital intervention deemed necessary proceed with normal discharge pathway |
| Any No (see action required) | High | Continue to support parents in caring for their baby on the unit and reassess the risk if circumstances change. |

Action required:………………………………………………………………………………..

…………………………………………………………………………………………………..

Form completed by ………………………………….Signature …………………………

Date…………………………… Designation………………………………………….

Equipment required for Home NGT Feeding

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| --- | --- |
| Equipment needed | Date given to parents to take home |
| Nasogastric Tube |  |
| Skin Fixative |  |
| Syringes at least 1 weeks supply |  |
| PH paper |  |
| Disposable bags (depending on local arrangements for disposal of clinical waste). |  |