

# Securing Nasogastric Tubes (NGT)

## Background

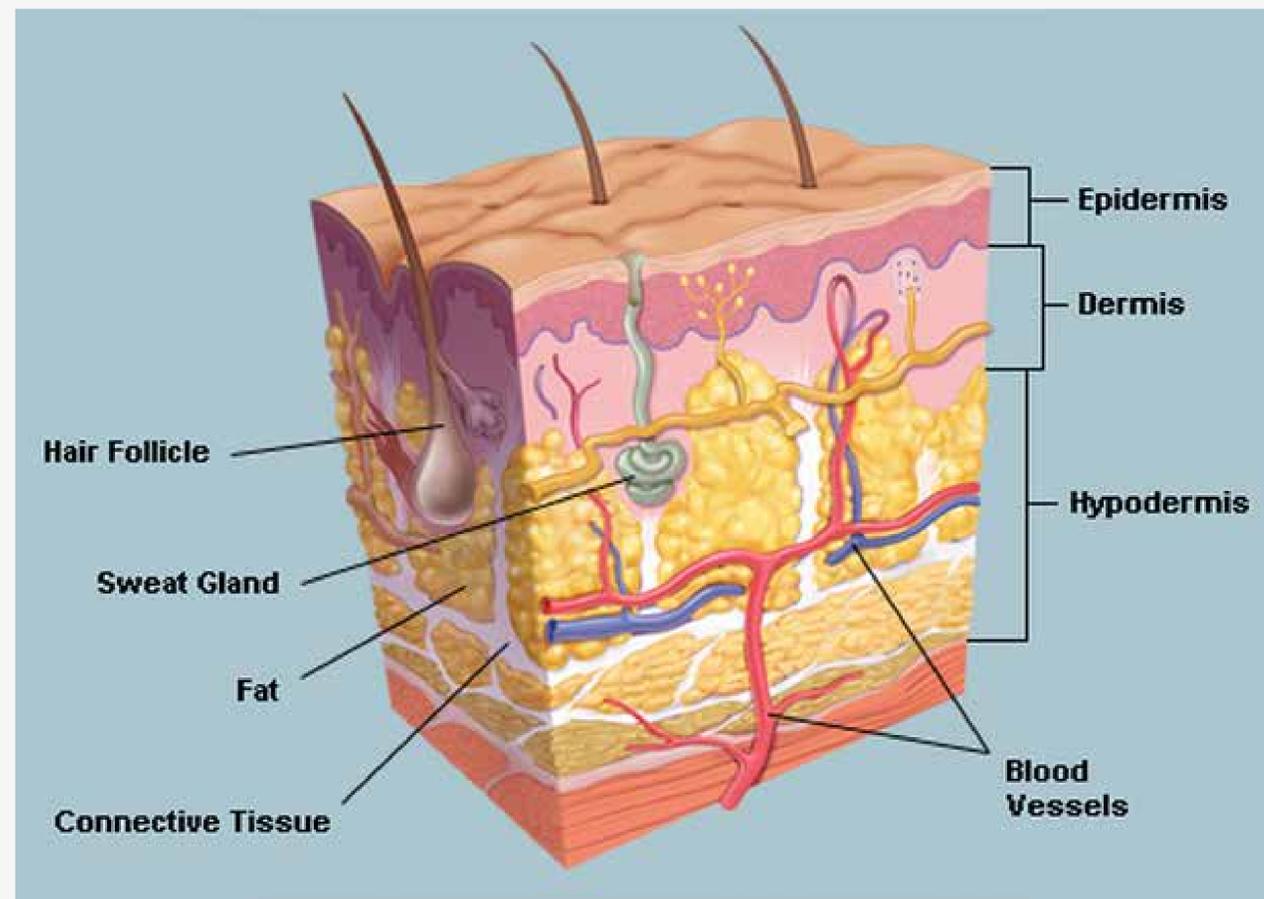
We identified a need to explore a different method of securing NGT following an incidence where a preterm neonate caused significant damage to his face by pulling his NGT out. The film dressing securing the tube tore the skin and the resulting wound bled causing distress to the baby, his parents and the staff providing his care.

## Aim

To explore other means of securing NGT to neonates faces and to evaluate their specific properties, advantages and disadvantages of use. Epidermal stripping occurs when the bond between any adhesive product and the epidermis is stronger than that between the epidermis and the underlying dermis. The derma-epidermal junction is much weaker in the neonate as there are fewer anchoring collagen fibrils and they are more widely spread in the immature skin of the preterm neonate. This can lead to iatrogenic injuries as described.

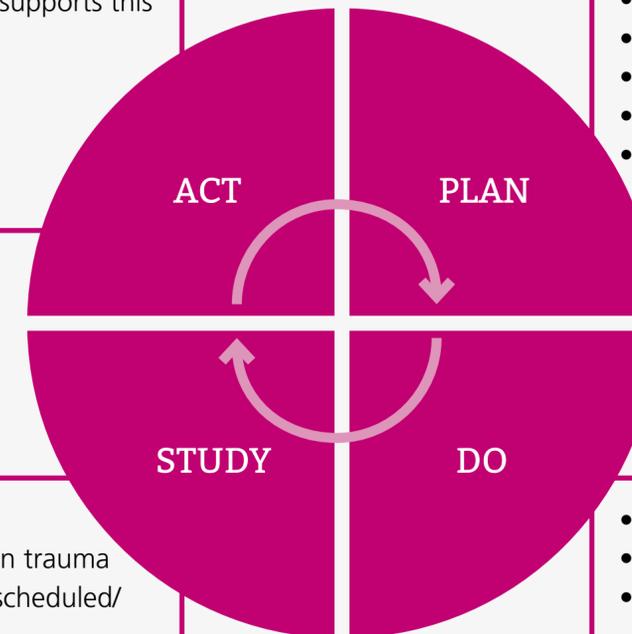
## Outcome

Two products were trialled on 8 babies: a soft tape designed to go over the NGT and a Hydrocolloid dressing designed to go under the NGT with a film dressing to secure the tape to the base. Following staff and parent feedback plus results from the feedback form completed by staff, it became clear that the Hydrocolloid base resulted in less trauma to the babies faces and in less need for frequent unscheduled replacement of NGT. This also led to cost savings. This information has been shared with all staff and is now being used permanently on the unit.



- Disseminate findings
- Implement change if study supports this
- Raise staff awareness

- Literature review
- Identify key personnel
- Order products
- Communicate with unit staff
- ?timescale
- Develop method of feedback



- Data to be gathered:
- Incidence and degree of skin trauma
- Frequency of NGT change-scheduled/unscheduled
- Staff awareness training
- Design feedback forms
- Collect data

- Evaluate subjective/objective data
- Analysis of data
- Any outstanding issues?