

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 or there is agreement and a clear plan if taking less than 25% of feeds?	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 (or any other relevant members of the AHP team, eg, SALT, Dietitian)?	Yes	No
Do parents know who to contact for further supplies of equipment, or breakdown with mechanical 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 <u>at all times</u> ?	Yes No
Parents are aware of when and who 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 Video 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:.....
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Form completed bySignature

Date..... Designation.....

Equipment required for Home NGT Feeding

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).	
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