

FOR ENTERAL USE ONLY:**PENNINE NASOGASTRIC TUBE:**

Pennine enteral nasogastric tube is to be inserted through the nose or mouth into the stomach/ duodenum for the administration of enteral liquid nutrients or fluids directly into the stomach/ duodenum or the aspiration of gastric fluids or gas out of the stomach/ duodenum of a patient that requires intervention. It is a single-use medical device, sterilised by ethylene oxide.

INSTRUCTIONS FOR USE:

Caution: FOR SINGLE USE, DO NOT REUSE OR RE-STERILISE.

Pennine nasogastric aspiration tube is designed for continuous use for more than 60 minutes but less than 30 days. Graduations are printed on the tube to advise insertion depth and assist checking signs of migration.

PACK CONTENTS:

- 1 x PVC Tube (DEHP Free) with Funnel connector OR
- 1 x PVC Tube (DEHP Free) with Luer connector OR
- 1 x PVC Tube (DEHP Free) with Funnel connector (with optional loose Luer connector included in pack)

INDICATIONS FOR USE:

Pennine nasogastric tube is to be used for the administration of fluids and liquid nutrients into the stomach/ duodenum or the aspiration of gastric fluids or gas out of the stomach/ duodenum of the patient that requires intervention. The tube should be positioned correctly by a healthcare professional or a suitably trained and assessed person. Confirmation of its position, according to local policy, is essential before commencing to feed via the tube.

A thorough understanding of the principles, risks and clinical applications associated with the nasogastric tube is recommended prior to use. Hospital/ local protocols should be followed.

- The device is for single patient use.
- Please inspect the product packaging for damage prior to use to ensure the product is sterile. Do not use if seal is damaged.
- Please inspect product for side eyes. Please do not use if side eyes are missing.

CLINICAL RISK ASSESSMENT:

A competent person should conduct individual risk assessments. Appropriate specialist advice should be taken if patient has a high risk of incorrect tube positioning, dislodgement or aspiration.

PLACEMENT PROCEDURE:

Placement of tube to be carried out by competent healthcare professionals and other suitably trained users in accordance with local policy.

CONTRAINDICATIONS:

Appropriate specialist advice should be taken if patient has:

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| · Basal skull fractures, | · Sinusitis |
| · Severe facial fractures especially to the nose | · Sore throat |
| · Obstructed oesophagus and/or obstructed airway | · Oesophageal perforation |
| · Nasal erosion | · Pulmonary aspiration |
| · Nose bleeds | · Collapsed lung |

WARNINGS:

IF THE PATIENT IS SHOWING SIGNS OF DISTRESS, COUGHING, GASPING FOR AIR OR CYANOSIS, THIS COULD BE A SIGN THAT THE TUBE HAS BEEN PASSED INTO THE TRACHEA AND IT SHOULD BE REMOVED IMMEDIATELY! Please note that the absence of these symptoms does not indicate safe placement of the tube.

- When the tube has been inserted, correct position must be confirmed as per local policy.
- Tube must be secured in line with local policy.
- *Nasogastric tubes are not flushed, nor any liquid/ feed introduced through the tube following initial placement, until the tube tip is confirmed by pH testing or chest x-ray to be in the stomach. NPSA/2011/PSA002)*

STORAGE AND DISPOSAL INSTRUCTION:

- Store in cool dry place, away from direct sunlight.
- Dispose of according to local regulations.

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