**Request for Information – Feedback Summary Sheet**

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| **Request made by:** | | [martin.mauracheea@nhs.net](mailto:martin.mauracheea@nhs.net) | | **Responses to be sent back to:** | CriticalCareQualityImprovementLeads@nuh.nhs.uk |
| **Date request made:** | | 9/7/2021 | | **Date sent out:** | 13/07/2021 |
| **Details of Request:** | | Would it be possible for you to send out a request to the CC networks locally and nationally asking: ‘What device/method do they use to secure NG tubes on their Critical Care units?’ and ‘Do they feel that NG pressure damage and/or unintentional displacements is an area of concern on their unit(s)’ | | | |
| **No.** | **Response Received From:** | | **Details of Response:** | | |
| 1 | Marie Holden [Marie.Holden@cht.nhs.uk](mailto:Marie.Holden@cht.nhs.uk)  Nursing Clinical Education & Team Development  Critical Care   Calderdale & Huddersfield NHS Foundation Trust | | Here at CHFT we use the fixation plaster that comes with the NG tube or good old zinc oxide tape.  We ensure that the tube is checked regularly, cleaned and moved away from any contact areas frequently.  We have had pressure damage to nostrils with some patients who were proned, which was classed as unavoidable; due to access and assessment challenges.  We just did our best.  None-proned patients almost never have pressure damage. | | |
| 2 | Dawn Moss [dawnj.moss@uhnm.nhs.uk](mailto:dawnj.moss@uhnm.nhs.uk)  Sister  Critical Care  Royal Stoke University Hospital  University Hospitals of North Midlands NHS Trust | | We use bridle or a piece of tape cut in a funny way. | | |
| 3 | Jane McMullen [Jane.McMullen@lhch.nhs.uk](mailto:Jane.McMullen@lhch.nhs.uk) | | We don’t use any NG devices any more we use the hammock technique with silk tape as we were having a few issues with pressure sores from previous devices. | | |
| 4 | Linda Brennand [rubyroosterred1@gmail.com](mailto:rubyroosterred1@gmail.com)  Airedale general hospital  Steeton | | cid:2054714311237492930060426 | | |
| 5 | SWAN, Caroline (UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST) [caroline.swan@nhs.net](mailto:caroline.swan@nhs.net) | | In Derby ICU we use the Authbert hammock method of tape securement for Ng tubes.  We have seen a big drop in pressure damage with this method. | | |
| 6 | Katherine Evans (BCUHB - Critical Care) <mailto:Katherine.Evans3@wales.nhs.uk>  **KATE EVANS** Interim Unit Manager  ITU/HDU  Ysbyty GwyneddBwrdd Iechyd Prifysgol  Betsi Cadwaladr  University Health Board | | We also had issues with pressure damage from NGT's and have recently changed to use the hammock technique. since the change we haven't had an issue with pressure damage (touch wood) and displacement has also not been a problem. See link below.  [Securing a Nasogastric tube using the hammocking technique - Bing video](https://www.bing.com/videos/search?q=ng+tube+hammock+technique&docid=608030935304795328&mid=5058E4274C363EEC24715058E4274C363EEC2471&view=detail&FORM=VIRE) | | |
| 7 | Jane Bolton (LTHTR) [Janet.Bolton@lthtr.nhs.uk](mailto:Janet.Bolton@lthtr.nhs.uk)  Lead Clinical Educator  Critical Care Unit  Royal Preston Hospital | | We use 3M durapore tape for securing ng tubes – utilising the hammock technique.  We also use a second securement device to prevent displacement - griplock – by Bluebox medical. | | |
| 8 | Jonathan Elias (Cardiff and Vale UHB - Critical Care) <[Jonathan.Elias@wales.nhs.uk](mailto:Jonathan.Elias@wales.nhs.uk) | | We use AMT bridles for NG securing as it can be an issue re displacement, other brands including Cortrak are available.. I'm not aware of any recent PU damage to noses from NG tubes. | | |
| 9 | Rebecca Barrow  Senior Sister 4E  Service Improvement Lead  [Rebecca.Barrow@sthk.nhs.uk](mailto:Rebecca.Barrow@sthk.nhs.uk) | | At Whiston we have trialled a number of securing devices to prevent pressure related injury due to NGT. For intubated patients we tape the NGT to the ETT whilst in the central position in the mouth, securing the ETT with an Anchorfast. This allows the nostril to be free from tape which may obscure the assessment of the skin and allows for it to be repositioned 2 hourly when the ETT tube is repositioned.  For patient who aren’t intubated we secure using thin tape using the ‘Authbert hammock’ technique  cid:image001.png@01D116DE.2F689970  We having been using this method for a while now and have seen a reduction in the incidence of pressure related damage due to NGT’s | | |