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**Acacium Group**

**Administration of Medication via  
Nasogastric Tube**

**Procedure Reference | SOP MEDS 21**

**Version | V5.0**

<b>Procedure Name</b>	Administration of Medication via Nasogastric Tube
<b>Purpose of Document</b>	To ensure that the correct preparation, procedure, administration & outcome are achieved by implementing a consistent and systematic approach to the administration of medication via nasogastric tube
<b>Target Audience</b>	All Nurses & appropriately trained carers
<b>Version</b>	V5.0
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<b>Lead Director</b>	Karen Matthews-Shard
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<b>Last Reviewed</b>	3 yearly or when clinical or operation guidelines change
<b>Next Review Date</b>	April 2026
<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

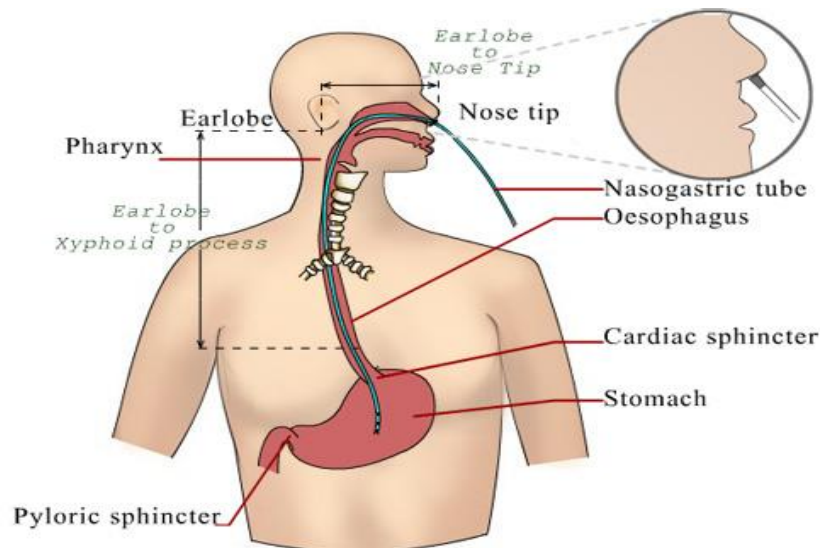
Document History			
Version	Date	Changes made/comments	By whom
V1	Jun 2017	Implementation of SOP MEDS 21	KNF/SJ
V1	Jul 2017	Published	KNF/VM
V1	Apr 2018	Updated front sheet to include new review frequency date	KMS/VM
V1.1	Feb 2020	Updated to new Template	CC
V2	May 2020	3 yearly review (review date changed to September 22 to match other medication SOPs)	Clinical advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V3	May 2022	3 yearly review and update	Clinical Advisory Group
V4	Apr 2023	Reviewed and updated	Clinical Advisory Group
V5	Jan 2024	Rebrand	Clinical Advisory Group

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## 1. Introduction

If a client is unable to eat or swallow, they may need to have a nasogastric tube inserted. This process is known as nasogastric (NG) insertion. During NG insertion, the appropriately trained healthcare professional will insert a thin plastic tube through a nostril, down the oesophagus, and into the client's stomach. Once this tube is in place, and is confirmed to be in the stomach, it can be used to give food and medication. It can also be used to remove things from the stomach, such as toxic substances or a sample of stomach contents.



Due to individual client requirements, it is often necessary to administer Medication via NG tubes. Crushing tablets, opening capsules and administration via NG usually falls outside a drug's product licence and presents an increased risk for clients compared to other routes of administration.

In these circumstances, if there are no liquid versions available, the prescriber accepts liability for any adverse effects resulting from this route of administration and all administration details should be included in the prescription

## 2. Aim

Acacium Group is committed to providing high quality safe effective care to all clients who require medication through a Nasogastric tube. The aim of this document is to help maintain and ensure the safe administration of medication via NG tube for clients in their own home.

## 3. Purpose

The purpose of this SOP is to inform all healthcare workers of their responsibility in the safe and effective administration of medicines via nasogastric tubes.

This document specifies the minimum standard procedure that should be applied to the preparation and administration of medicines via nasogastric tubes to minimise risks to both healthcare workers and clients.

## 4. Who needs to be aware of this procedure

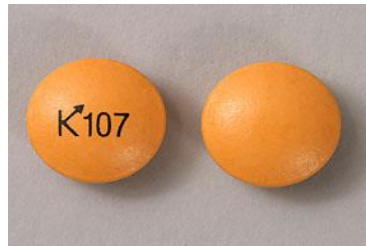
All Acacium Group workers who are trained and competent in the management of nasogastric tubes and the management and administration of medication.

## 5. Medications

***The following formulations should not be administered through enteral feeding tubes without pharmacy advice:***

### **Enteric or other coated tablets**

Enteric coatings are designed to protect drugs from attack by stomach acid or to protect the stomach from irritation by the drug. Beyond the stomach the coating breaks down further down the gastrointestinal (GI) tract to allow drug absorption.



Enteric coated tablets should not be crushed as this destroys the coating resulting in inactivation of drug or increased risk of adverse effect.

### **Controlled, slow, or extended release products**

These products are formulated to allow a gradual release of drug as the preparation passes down the GI tract. This may enable less frequent dosing or minimise side effects due to peak concentrations of drug in the body.



Crushing controlled release formulations may destroy their controlled release properties resulting in adverse effects and shortening duration of action.

### **Buccal/Sublingual tablets**

These should not be crushed and administered via a nasogastric tube as this can result in reduced effectiveness due to increased first pass metabolism at the liver.



Efficacy cannot be guaranteed when medications have been modified via crushing or opening of capsules, or when drugs are administered via nasogastric tubes.

NG insertion is most commonly used for clients who:

- have neck or facial injuries
- have had neck or facial surgery
- need a mechanical ventilator to breathe
- require gastric aspiration
- reduced consciousness
- have difficulty swallowing and are at risk of aspiration
- support nutrition, hydration and drug administration

## 6. Consent

Please read the Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

## 7. Equipment

- Prescribed Medication as detailed on the MAR chart
- Appropriately sized Enteral Syringes
- Water for flushing
- Daily records
- Appropriate PPE
- Waste disposal

## 8. Procedure

### Administration of Suspensions

	Action	Rationale
1.	Ensure all checks are made in accordance with the SOP for administration of medicines, including checking client identity, allergies, the medicine name and strength and checking details on the clients Medicines Administration Chart against the pharmacy label on the medicine.	To ensure safe administration by use of checking the 6 'R's'.
2.	Position the patient in a 30 to 45-degree angle if able to do so.	To help prevent regurgitation and possible pulmonary aspiration.
3.	Follow infection control standards for the procedure for client feeding via enteral feeding tube.	To reduce the risk of contamination and maintain infection control.
4.	Specific enteral syringes should be used for administration of flushes or medication via nasogastric tubes, these will be labelled enteral syringes.	There is a risk of wrong route errors if the inappropriate syringe is used.  Use of incorrect syringes, may provide an ill fit or damage the NG tube.
5.	Unless otherwise stated by the dietician or Doctor, water directly from the cold water tap in the client's kitchen (drinking water), can be used to flush NG tubes.	To ensure the appropriate flushes meet the requirements for the clients need (please refer to client's care plan)

6.	Prepare a flush of water in a 60ml enteral catheter tip syringe, ensuring the volume is as recommended by the community dietician or specialist and stated in the client care plan. Place prepared water on a clean tray.	60ml syringes are used to minimise the risk of tube rupture. This may differ in children – always refer to the client’s care plan.
7.	Stop or suspend enteral feeding, if feeding is in process for the agreed time period as detailed within the clients care plan.	To ensure medication does not come into contact with the feed.
8.	Prior to medication administration, using a 20ml syringe to aspirate a small amount from the NG tube and apply to reagent strip to test the PH of the stomach contents. This should be 5.5 or below or as detailed within the clients care plan.	To ensure that the NG tube is in the correct position to allow safe administration of medication.  If the pH is above or below the parameters detailed in the clients care plan – <b><u>DO NOT</u></b> administer any medication or other substances via the NG tube and escalate as per the client care plan for advice.
9.	Attach the syringe to the port on the nasogastric tube. Ensure that there is an air tight connection between the syringe and the NG tube. Using a pulsatile flushing action, administer the prescribed amount of water.	Always check the client’s care plan as the volume of flushes required will differ depending on their condition.
10.	Draw the medicine solution into a clean 60ml enteral syringe or alternatively if measuring small volumes, measure the drug solution in a suitable container and then draw up into the 60ml enteral catheter tip syringe.	60ml syringes are used to minimise the risk of tube rupture. This may differ in children – always refer to the client’s care plan.
11.	Flush the medicine down the nasogastric tube following infection control standards for the procedure.	To reduce the risk of contamination and maintain infection control.
12.	If more than one medicine is to be administered, flush between administration of each medicine to ensure the drug is cleared from the tube and undertake a final flush to ensure all medicines are flushed from the NG tube.	To avoid interaction between Medicines, always check the client’s care plan for the flush amount required.
13.	Flush immediately with the appropriate / prescribed amount of water and leave the port clean and dry. Ensure the end is capped.	To avoid leakage from the NG tube and prevent air intake.
14.	Re-start the feed if required, unless a specific time interval is required following the administration of the drug.	To ensure client routine is followed as per client specific requirements and care plan.

### Administration of Soluble Medication

Action		Rationale
1.	Follow the steps as outlined in preparation of solutions in table 8.1, however to dissolve the tablet: <ul style="list-style-type: none"> <li>• p</li> <li>• Dissolve the medication in the prescribed amount of water as detailed within the care plan and MAR chart within an appropriate</li> </ul>	To avoid blockage.  This will rinse the syringe and ensure that the total dose is administered

	<p>sized clean container and draw up into the enteral syringe</p> <ul style="list-style-type: none"> <li>Inspect the solution to ensure that there are no visible particles</li> <li>Flush the medication dose down the NG tube</li> <li>Draw an equal volume of water into the syringe and also flush this via the NG tube</li> </ul> <p>Flush with the recommended volume of water as per care plan instructions</p>	
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### Administration of Effervescent Tablets

	Action	Rationale
1.	<p>Follow the steps as outlined in preparation of solutions table 8.1, however to dissolve the tablet:</p> <ul style="list-style-type: none"> <li>Measure a suitable quantity of water into an appropriately sized clean container</li> <li>Add the effervescent tablet and allow to disperse</li> <li>Ensure the tablet is fully dispersed</li> <li>Draw the contents of the container into a clean 60ml enteral catheter tip syringe</li> <li>Inspect the syringe contents to ensure that there are no visible particles that might block the tube</li> <li>Flush the medication down the NG tube</li> <li>Rinse the container and administer this water via the NG tube</li> </ul> <p>Flush with the recommended volume of water before and after the administration of medicines</p>	<p>To allow effervescence without spillage</p> <p>To avoid gas production in the NG tube</p> <p>To ensure the total dose is given</p>

### Preparation of Orodispersible Tablets

	Action	Rationale
1.	Follow the steps as outlined in preparation of solutions table 8.1, and advice from the pharmacist	The administration of these formulations varies depending on the medicine concerned

### Preparation of Compressed Tablets

	Action	Rationale
1.	<p>Follow the steps as outlined in preparation of solutions table 8.1, and specific instructions from the pharmacist</p> <ul style="list-style-type: none"> <li>Crushing of tablets should always be considered as a last resort and only undertaken following advice from the pharmacist</li> </ul>	The administration of these formulations varies depending on the medicine concerned

### Preparation of all other Dosage Forms

	Action	Rationale
1.	Follow the steps as outlined in preparation of solutions table 8.1, and specific advice from the pharmacist	The administration of these formulations varies depending on the medicine concerned

## 9. Associated Policies / SOPs

### Policies

CLIN 03 Medicines Management Policy

CLIN 06 Consent Policy

CLIN 12 Safe Use of Medical Devices Policy

### SOPs

SOP INF CONT 01 Gaining Consent and Declining

SOP INF CONT 02 Standard Precautions

SOP INF CONT 03 Hand Washing

SOP MEDS 01 Controlled Medications

SOP MEDS 02 Oral Administration

SOP MEDS 05 Administration of Medicines via PEG

SOP MEDS 16 Buccal and Sub-Lingual Administration

SOP MEDS 19 Self Administration of Medication

## 10. References

- NICE [https://www.cqc.org.uk/guidance-providers/adult-social-care/enteral-feeding-medicines-administration-updated 03/11/2022](https://www.cqc.org.uk/guidance-providers/adult-social-care/enteral-feeding-medicines-administration-updated-03/11/2022)
- Royal Marsden 10th Edition - 8.19 Enteral feeding tubes: administration of medication

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group