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A Multidisciplinary Approach to Reduce Complications from Blind Small Bore Feeding Tube (SBFT) Insertion

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Plan

Between 2019 and 2021, six lung perforations related to blind placement of SBFTs.

A multidisciplinary team reviewed current methods of placing SBFTs and the feasibility of each:

- Fluoroscopy
- 2 step x-ray
- Capnography
- Electromagnetic visualization

Capnography was selected as a safe and cost-effective way to attempt to identify insertion location in real time.

- Four team members were selected and trained to insert SBFT using capnography.
- Each placement attempt and outcome of placement was tracked.
 - Outcomes were identified as successful or unsuccessful
 - Any adverse events were to be tracked

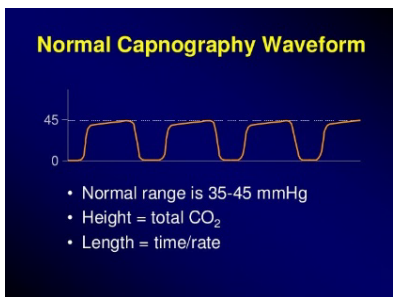
Team Members

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Do

Steps for Capnography Assisted Placement

- If patient is intubated, consult RT to ensure cuff pressure is optimal
- Attach capnography tubing to the SBFT
- Insert SBFT to 30 cm, pause for 1 minute, if no CO₂ is not detected and patient shows no other signs of intolerance, continue to pass per current practice
- Obtain abdominal x-ray to confirm placement



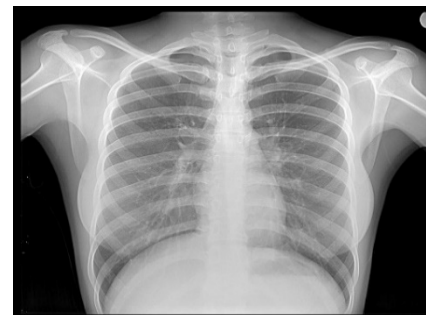
Study

Pre Data

- Between 2019 and 2021 six lung perforations requiring chest tube placement were reported

Post Data

- December 2021-April 2022
- N = 35 patients
- 1 unsuccessful and required fluoroscopy
- 5 patients were intubated
- **ZERO** lung perforations



Act

Next Steps

- All SBFTs placed at bedside will utilize capnography
- Charge nurses on units who place the most SBFTs will be educated on placement technique
- Trained team will continue to insert SBFT on units identified with lower insertion rates
- Standardized competency will be developed
- EMR documentation enhanced to identify tube type for future report development
- Team will continue to track placement to identify # of SBFTs being placed, complications and unsuccessful placement requiring fluoroscopy

References

Bloom, L. & Seckel, M. A. (2022). Placement of nasogastric feeding tube and postinsertion care review. *AACN Advanced Critical Care*, 33(1), 68-84.

Chao, J. & Ailoo-Hong, J. (2021). Technique for safe placement of a dobhoff tube without a Cortrak machine. *The Medicine Forum*, 66-67.

Powers, J., Brown, B., Lyman, B., Escuro, A. A., Linford, L., Gorsuch, K., Mogensen, K. M., Engelbrecht, J., Changey, A., McGinnis C., Quatrara, B. A., Leonard, J. & Guenter, P. (2021). Development of a competency model for placement and verification of nasogastric and nasoenteric feeding tubes for adult hospitalized patients. *Nutrition in Clinical Practice*, 517-533.