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Nasogastric tube misplacement

In the November 2018 edition of *American Nurse Today*, an article discussed at great length the complications associated with incorrect nasogastric tube (NGT) placement and the evidence-based methods of confirming NGT placement (americannursetoday.com/reducing-nasogastric-tube-misplacement). As a surgical floor nurse who works with nasogastric tubes on a daily basis, it is crucial that I prevent tube displacement. Once NGT placement is confirmed, my hospital's policy is securement of the tube and notation of the centimeter marking at the patient's nares. The NGT is secured with a strong tape wrapped around the proximal tube and taped to the patient's nose. The tube is also pinned to the hospital gown to prevent tugging and movement. With each encounter, the nurse should check the centimeter markings on the tube, especially during a bed-side hand-off and prior to instilling anything into the tube. Although a tube can initially be placed correctly, failure to notice accidental migration could prove to be as disastrous as a tube incorrectly placed from the start.

— Amanda Desormeaux, BSN, RN-BC, CBN
Pittsfield, MA

From the author:

This nurse has an excellent point about re-confirmation of NGT placement. The major focus of our article is on initial placement, but it is definitely important to ensure the tube stays in place. She mentions tube migration and that does happen. For that reason, our nurses also document the centimeter mark at the nares periodically to ensure the tube has not moved (at least from that point). In the ASPEN Best Practice document just published in *Nutrition in Clinical Practice* we address this very issue. I agree with what the letter writer said and applaud her for commenting.

— Beth Lyman, MSN, RN, CNSC
Co-director of the nutrition support team
Children's Mercy Hospital

Medical-device related pressure injuries

I am writing in response to the article "Evidence-based practice: Medical device-related pressure injury prevention" (americannursetoday.com/medical-device-pressure-injury-

[prevent](http://americannursetoday.com/medical-device-pressure-injury-)) by Gustavo Camacho-Del Rio, MBA-HM, MAP, BSN, RN. This article was both enlightening and compelling as [I am] an actively practicing RN with special interest in wound care and prevention. I was impressed with the content and scope of this article, but it was the format that fascinated me. Not many journal articles include bullet points and such delineated instructions, but this format is ideal for information that is designed to be put directly into practice.

After reading [this] excellent article, there is no doubt in my mind that many pressure injuries could be prevented if every nurse providing direct patient care was able to have continuous access to the device-specific prevention tips included therein. I request that [the author] format this information into a ready-to-use reference tool for all nurses to have at our fingertips when giving active patient care. I believe this would increase nurses' awareness of medical device-related pressure injuries and, more importantly, how to prevent them. With this information in an easily accessible format,

it could be referenced at a moment's notice by a nurse without the time to read an entire journal article during a busy shift.

Ideally, a resource page containing the information from [the] article, particularly the device-specific prevention tips, would be laminated and kept at nursing stations, or made available for nurses to make individual copies for their own reference. This would increase the accessibility of this knowledge to nurses and increase the likelihood of implementing these prevention methods. In my experience nurses retain and, more importantly, consistently use the resources they have in written form. I firmly believe if the information from this article were formatted into a ready-to-use reference tool for nurses to use while actively performing daily patient care, we would see a change in how the average nurse approaches prevention of pressure injuries. Nurses are more likely to apply information that they are able to reference quickly and in succinct form without pausing from performing patient care.

Thank you for your time and consideration of this matter, as well as the resource your journal provides for professional nurses today and every day.

— Janet Campbell, RN
Holly Springs, NC



Reducing nasogastric tube misplacement through evidence-based practice

Is your practice up-to-date?

By Beth Lyman, MSN, RN, CNSC, RASPCN; Christine Poyner, MS, RN, CNP-AC; Frances Healey, PhD, RN

CHY. ARNOLD R. DORR, my beautiful baby has Covid-19. I'm sorry, she has.

My heart is so full of love for her. I'm so grateful for the love and support of my family and friends. I'm so grateful for the love and support of my family and friends. I'm so grateful for the love and support of my family and friends.

LEARNING OBJECTIVES

1. Identify the evidence-based practice that is most effective for preventing nasogastric tube misplacement.
2. Describe the evidence-based practice that is most effective for preventing nasogastric tube misplacement.
3. Describe the evidence-based practice that is most effective for preventing nasogastric tube misplacement.

4. American Nurse Today | Volume 14, Number 11 | November 2018 | americannursetoday.com