Paediatric Watch
Lessons from the frontline
Edition 1/2022

How IDEAL was your last discharge?

A 6-month-old child with a complex medical background including feeding difficulties, was discharged from hospital with a nasogastric tube (NGT) for bolus feeding and medication administration. The child had partially vomited up the NGT and the parents reinserted the NGT and administered the child's evening medications. The following morning the parents decided to withhold the morning bolus feed as the child was unsettled and they were concerned the NGT was not in the correct position.

The family presented to the emergency department where nursing staff attempted to aspirate the NGT to test the acidity of the gastric contents with pH paper to determine if the NGT was correctly located in the stomach. No aspirate was obtained, and a decision was made to perform an x-ray to confirm placement. The x-ray showed the tube had coiled in the child's oesophagus.

It was later revealed the parents were not aware they needed to check the NGT placement prior to giving the child a bolus feed or medications. It was also identified the parents had confused the milliliters (mLs) and milligrams (mgs) on the medication bottle resulting in a medication error. The parents revealed they had received limited information about managing the NGT for feeds or medication administration prior to discharge. It was also identified there was no documentation of any education provided to the family.

While neither of these incidents resulted in serious harm, this case highlighted opportunities for improvement in the education provided to parents and carers prior to discharge. This includes the management of the child's NGT at home, administration of medication and potential red flags, including when to return to emergency.

A review of incidents reported in IIMS and ims+ (January 2017-January 2020 inclusive) highlighted 11 reported incidents involving inadequate education to families and carers in the care of a child's NGT feeds or medication administration prior to discharge from hospital. This resulted in potential risk and in some instances avoidable harm.

It is critical to confirm correct placement of a NGT before each time it is used (e.g. feeds, medications and flushes). It is important to follow the NSW Health guideline Infants and Children Insertion and Confirmation of Placement of Nasogastric and Orogastric Tubes (GL2016_006) and provide education to families and carers on when to check positioning of the NGT.

The position of the gastric tube must be checked:

- ✓ Before administering each feed and/or giving medication
- ✓ At least once per shift during continuous feeds or as per medical officer orders
- ✓ Following episodes of respiratory distress, vomiting, retching or coughing. Note: the absence of coughing does not rule out misplacement or migration
- ✓ If there is suspicion of tube displacement, e.g. poor tolerance to feed, reflux of feed into the throat, discomfort in the throat, change in tube length is suspected
- ✓ Any change in clinical condition.

Skills in Paediatrics "SKIP" provides a multidisciplinary, interactive training resource to equip nursing and medical staff in NSW hospitals with skills and knowledge to safely insert a nasogastric tube. SKIP can be accessed via My Health learning

Education of families and carers ideally should start on admission to the ward or presentation to the emergency department. Educating families and carers prior to discharge is a crucial step in

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empowering them to care for their child in the home environment. It plays a vital role in reducing preventable re-presentations and readmission to hospital and can lead to improved parent and child outcomes. Research demonstrates that high quality discharge teaching contributes to parents feeling ready to manage their child at home.

The way in which we teach families and carers is more influential than the amount of content taught. It is important to evaluate the parent's level of understanding of discharge advice to see how much information is **understood** and can be **recalled**.

A key strategy in helping families navigate complicated instructions involves the use of 'teach-back'. The teach-back method is a comprehensive, evidence-based strategy which can empower staff to verify understanding, correct inaccurate information, and reinforce teaching with patients and their families and carers. It involves asking families and carers to repeat back information you have told them in their words. This often includes important information to manage their child at home.

Using a combination of techniques can improve the family or carers capacity to retain information. This may include verbal and written information (particularly standardised fact sheets) as well as demonstrating a procedure such as delivery of a medication or administering feeds via a NGT. Examples of this may include:

"Just to confirm you understand your child's discharge plan, can you repeat to me what you have learnt"

"I just want to make sure I have explained everything clearly. Can you tell me the signs that would indicate the need to bring your child back to hospital"?

See link to Teach Back resources

Approximately 1 in 5 patients experience an adverse event within 30 days of discharge. Research shows that approximately three-quarters of these could have been prevented. The IDEAL Discharge Planning tool developed by the Agency for Healthcare Research and Quality (AHRQ) is a tested, evidence-based resource to help clinicians work in partnership with patients and families to improve quality and safety.

The CEC has developed a short video demonstrating the '*Teach back'* method and the IDEAL discharge tool. Watch the video on the CEC's YouTube channel to see how you can apply this method when discharging your next patient.

References

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