CLINICAL PATHWAY:
Nasogastric Tube (NGT) Discharge Home
Appendix F: Integrated Care Plan

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

Connecticut Children's
282 Washington Street
Hartford, CT 06106

(Patient Identification)

Integrated Care Plan – Discharge Home with Nasogastric Tube

Tentative date of discharge _____ NGT packet given to parents: _____ CPR Training completed by 2 caregivers: _____ Discharging RN initials: _____

DISCHARGE CRITERIA

1. Infant is at or greater than 37 weeks PMA and at least 2 kg. ✓ ✗
2. Anticipate full PO intake within 6 months of discharge. ✓ ✗
3. Able to take at least 80ml/kg/day PO. ✓ ✗
4. GI consult completed. Date____/_____/___

INFANT CARE

1. Caregivers demonstrate the ability to provide basic infant hygiene and safety. ✓ ✗
2. Caregivers verbalize risks and benefits of NG tube. ✓ ✗
3. Caregivers verbalize indications of when to call the doctor. ✓ ✗
4. Caregivers complete extended stay for care of infant/NGT (minimum 12 hours). __/____/___

INFANT SAFETY

1. Caregivers demonstrate ability to check placement of tube ✓ ✗
2. Caregivers successfully troubleshoot equipment issues ✓ ✗
3. Caregivers draw up correct feeding volume ✓ ✗
4. Caregivers secure NGT properly ✓ ✗
5. Caregivers utilize pump properly ✓ ✗
6. Caregiver #1 (if applicable): *Name*_____
   - Place NG Tube in mannequin
     - Date: __/___/__
     - RN initials:_____
   - Place NG tube in infant #1:
     - Date #1: __/___/___
     - RN initials: _____

INFANT SAFETY (CONTINUED)

- Place NG tube in infant #2:
  - Date #2: ___/___/___
  - RN initials: _____

7. Caregiver #2 (if applicable): *Name*_____
   - Place NG Tube in mannequin
     - Date: __/___/__
     - RN initials:_____
   - Place NG tube in infant #1:
     - Date #1: __/___/___
     - RN initials: _____
   - Place NG tube in infant #2:
     - Date: ___/___/___
     - RN initials: _____

EQUIPMENT NEEDS *(check all that apply)*

- ☐ EnteraLite ® Infinity Enteral Feeding Pump
- ☐ Bags to use with pump
- ☐ Prescription for formula, *if appliable* (check with DME company)
- ☐ NG Tubing
- ☐ Tape/Duoderm/Tegaderm (check with DME company)
- ☐ pH strips
- ☐ Syringes
- ☐ IV pole for pump (if needed)

DISCHARGE NEEDS

1. GI follow-up scheduled ✓ ✗
2. Speech follow-up scheduled ✓ ✗
3. Visiting Nurse scheduled ✓ ✗
4. Neurodevelopmental Follow-up scheduled ✓ ✗

DISCHARGE NEEDS (CONTINUED)

5. Equipment arrived ✓ ✗
6. Resources obtained for non-business hour needs ✓ ✗
7. Equipment teaching completed ✓ ✗
8. Birth to Three referral ✓ ✗
9. NGT discharge checklist completed ✓ ✗
10. KidsHealth videos completed ✓ ✗

PEDIATRICIAN

1. Pediatrician's name: _____
2. First pediatrician appointment scheduled for: ____ _____

NUTRITION

1. Discharge feeding plan is determined and initiated. ✓ ✗
2. Caregivers given instructions on preparing feeds safely. ✓ ✗
3. Recipe for feeds provided and reviewed with caregivers. ✓ ✗
4. WIC papers completed as needed. ✓ ✗
5. Lactation Consult completed. ✓ ✗
6. Speech consult completed ✓ ✗

SOCIAL WORK

1. Contact made with family per Social Work department practice. ✓ ✗

CASE MANAGER

1. Assigned case manager is _____
2. Case manager contacted family ✓ ✗
3. Case manager spoke with family about home care agency and equipment needs ✓ ✗

Scan into patient's chart at completion.

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