## OSCE checklist for NG tube insertion

An OSCE checklist for NG tube insertion covers checking that the tube is needed, measuring and passing it safely, and above all confirming its position before anything goes down it. Practise the confirmation step until it is automatic.

# OSCE checklist for NG tube insertion: steps to practise

1. Check the order, the reason for the tube and any contraindication, such as a recent facial injury or a surgical restriction.
2. Wash or rub your hands. Prepare the tube, lubricant, tape, syringe, pH strips if used, and a glass of water if swallowing is safe.
3. Introduce yourself, confirm identity, explain and gain consent. Agree a stop signal.
4. Sit the patient upright with the head supported.
5. Measure the length to insert using the method your course teaches, and mark it.
6. Check the nostril, lubricate the tube and pass it gently along the floor of the nose.
7. If the patient can swallow, ask for sips as you advance. Stop if there is coughing, choking, distress or breathing difficulty.
8. Secure the tube once it is in place.
9. Confirm the position by your policy's method before first use and before each use. UK safety alerts accept only an aspirate pH of 1 to 5.5, or an X-ray.
10. Record the tube type, size, length at the nose, the check done and who checked it.
11. Leave the patient comfortable, and offer mouth care.

# What candidates commonly forget

- Position confirmation. Listening for air (the whoosh test) is not reliable, so do not use it to confirm position, even if an older book describes it.
- Marking the length at the nose after securing.
- Saying what to do if the patient coughs or the tube coils.

- Not using the tube until the check is documented.
- Explaining and agreeing a stop signal.

## Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy. How the length is measured, what counts as a position check, and whether X-ray is needed differ between countries and hospitals. Follow local policy. You can practise with an AI patient, and try one station free with no sign-up. See also the general OSCE nursing checklist.

## Common questions

### How do I check an NG tube is in the stomach?

Use the method in your local policy, such as testing the aspirate with pH paper or using an X-ray, and document it. Do not use air listening.

### What if I cannot get aspirate?

Follow your policy. Do not feed or give medicines until the position is confirmed safely.

### What should I do if the patient coughs and chokes?

Stop, withdraw if needed, check the airway and breathing and call for help. Then record what happened.

## Sources


- NICE CG32: Nutrition support for adults
- NHS patient safety alert: placement devices for nasogastric tube insertion do not replace initial position checks
- Royal College of Radiologists audit template, quoting the NPSA 2011 alert on misplaced nasogastric tubes


Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.