

Title: Closing the Nursing Practice Gap with the Use of NEMU Method.



Authors: * Sayu Abraham, Sheelu R, Katrina A, Cherry Mae D

Affiliation: * Neonatal Intensive Care Unit, Dubai Hospital, and Dubai Health Authority

Corresponding author: Sayu Abraham E Mail: sabraham@dha.gov.ae



Abstract:

Comparing the use of NEX and NEMU has been significant in the study. Determining the error rates of both method has shifted the practice of insertion to NEMU method alone. Nurses became more compliant and knowledgeable in NG/OG tube insertion. It has gained awareness on the management and placement NG/OG tube insertion. The change of practice is attributed to the pilot study, thus it has shifted the method of insertion from NEX

Introduction: Many hospitalized children require a nasogastric or orogastric tube (NGT/OGT) at some point during their hospitalization ¹. Data on the exact number of NGT/OGT use in hospitalized children are unknown. NGTs/OGTs are short-term solution in providing enteral nutrition (EN) and medications to patients that cannot tolerate oral administration. However, they are not without risk and debate about placement practices and management continues ².

Alternate Hypothesis (HA) : If NEMU Method is used then; optimal positioning of OG/NG Tubes will be achieved.

Research Setting:

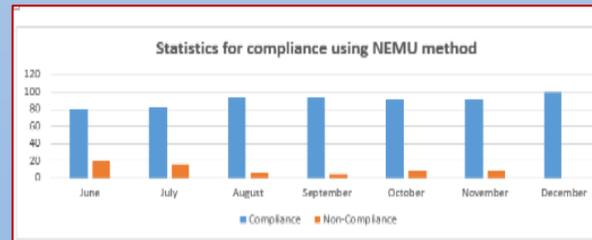
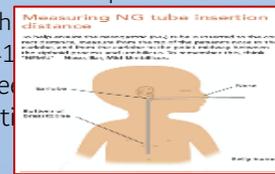
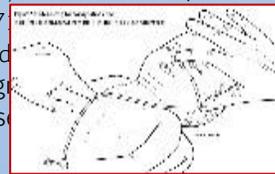
Neonatal Intensive Care Unit, Dubai Hospital.

Sample: All the patients admitted in NICU with NGT/OGT insertion confirmation required by X-ray is included in this study from January-December 2016.

Methodology:

This is an Observational, Descriptive study that uses a tool to monitor the positioning compliance for Nasogastric

PILOT STUDY: A preliminary study was conducted in NICU for 90 patients from January to May 2016. No problems were encountered with the use of the tool. The expected values for the NEX (Nose, Ear, Xyphoid process) and NEMU (Nose, Ear, MID-Umbilicus) Method: the computed x2 value is 8.7 with 41 degrees of freedom. The p-value is 0.0001. The results of the study are as follows:



RESULTS

The compliance rate for each month with the use of NEMU method from June to December is illustrated on Table 1. Chi square was used to treat the data. With a p Value of 0.05 and a computed value of 0.000, the use of NEMU Method has been significant in the optimal positioning of NG/OG Tubes.

Conclusion:

The Quality project of the unit has changed the practice of nurses from NEX to NEMU Method

References:

1. Yong SB, Ma JS, Chen FS, et al. Nasogastric tube placement and esophageal perforation in extremely low birth weight infants. *Pediatric Neonatal*. 2014. <http://dx.doi.org/10.1016/j.pedneo.2013.10.011> Accessed (March 14, 2014)].
2. Chen YC, Wang LY, Chang YJ, et al. Potential risk of malposition of nasogastric tube using nose-ear-xiphoid measurement. *PLoS ONE*. 2014;9. <http://www.plosone.org>. Accessed (March 24, 2014)].
3. Metheny N. Verification of feeding tube placement. AACN Practice Alert. 2009. <http://www.aacn.org/wd/practice/content/feeding-tube-practicealert.pcms?menu=practice>. Accessed March, 14, 2014
4. Ellett ML, Cohen MD, Perkins SM, Croffie JM, Lane KA, Austin, JK. Comparing methods of determining insertion length for placing gastric tubes in children 1 month to 17 years of age. *J Spec Pediatr Nurs*. 2012; 17(1): 19-32.