

The novel project.

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Accepted on September 21, 2017

Editorial

One of the challenges of the nursing profession is to continuously identify best practices through evidence (EBP). The nature of EBP is to change those practices that no longer have a scientific basis for practice, because the ultimate goal of all nursing interventions is to provide safe quality care.

One of these challenges within the literature is the re-verification of placement of nasogastric tubes (NGT) (in both the pediatric and adult literature). For many years, nurses were taught to auscultate for tube placement verification. In 2012, a safety alert was distributed by the Child Health Patient Safety Organization Incorporated to hospital Quality and Patient Safety Leaders recommending immediate discontinuation of auscultation as a method for the assessment/verification of nasogastric (NG) tube placement [1]. Additionally, in addition to this alert, the American Association of Critical Care Nurses (AACN) issued a practice alert [2] and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) implemented practice recommendations to address the risks and potential complications associated with misplaced NG tubes [3].

X-ray confirmation has been deemed the gold standard for initial verification of NGT placement. But the big question after that is "how to best determine re-verification"? The literature is replete with studies in varied populations, but there is still no conclusive guidelines to use as a standard of practice in the United States.

This challenge was the impetus for the development of the New Opportunities for Verification of Enteral Tube Location (NOVEL) project by the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). NOVEL is an inter-organizational, interdisciplinary team which is comprised of nurses, physicians, a parent and business partners, working to address this issue. The group has conducted a review of the literature in pediatrics [4] and conducted research both on the inpatient and home care population [5-7]. Additionally, the group is working on a position statement, home care guidelines, and working with industry to provide recommendations for tools to verify placement that can be used in acute and home care settings.

The research findings related to NGT verification has added to the body of literature on this subject. The need is great and the NOVEL group welcomes input from others who might be interested in this field of research. The ultimate outcome for the

group is to ensure that safe quality care is afforded to all patients and that no patient has to suffer because of a misplaced NGT [8].

References

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