

Radiologically Inserted Gastroscopy (RIG) Pre-Procedure Checklist	Addressograph, or
	Name
	DOB
Unit No./CHI	

'Lothian Enteral Tube Feeding- Best Practice Statement' provides information regarding the procedure and types of tubes used, these guidelines can be found on the intranet

For many patients, RIG insertion can be quite traumatic and it is therefore important that the patient and their carers/relatives are adequately prepared.

Has the patient/carers been given the leaflet **'Tube feeding making the decision' - a leaflet for patients, relatives and carers about gastrostomy tube placement' (October 2017)** YES NO

This is available for patients/carers and can be obtained from the Complex Nutrition Team/Ward Dietician.

The Complex Nutrition Team are available for advice regarding stoma care, tube care and general information – please telephone 0131 537 3695
or email ComplexNutritionReferrals@nhslothian.scot.nhs.uk

Physical Assessment/Preparation	Date	Comments	HealthCare Professional's Signature
<input type="checkbox"/> U+Es' 24-48hrs before the procedure in stable patients, to allow for correction	_/_/_		
<input type="checkbox"/> FBC 24-48hrs before the procedure in stable patients, to allow for correction	_/_/_		
<input type="checkbox"/> Coagulation screen 24-48hrs before the procedure in stable patients, to allow for correction	_/_/_		
Consider consent/capacity Is an Adults with Incapacity Form required? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, this must be completed at ward level.	_/_/_		

Physical Assessment /Preparation	Date	Comments	HealthCare Professional's Signature
The patient MUST be able to lie flat for a minimum of 30 mins for the procedure YES <input type="checkbox"/> NO <input type="checkbox"/> (Please contact the radiology/nutrition team if this is not possible)	__/__/__		
<input type="checkbox"/> No food or enteral feed for 6hrs and no fluids for 2hrs before the procedure	__/__/__		
<input type="checkbox"/> If possible a Nasogastric tube should be in situ for this procedure (exception head and neck cancer patients)			
<input type="checkbox"/> IV access obtained	__/__/__		
<input type="checkbox"/> IV Co-amoxiclav 1.2g 1hr pre-procedure (If allergic to penicillin use IV Teicoplanin 400mg)	__/__/__		
<input type="checkbox"/> NEWS2 Chart <input type="checkbox"/> Drug Prescription/Admin Chart <input type="checkbox"/> PreProcedure checklist <input type="checkbox"/> AWI form (if required)	__/__/__		
<input type="checkbox"/> Theatre Gown	__/__/__		
Describe any known infection risk e.g. Viral hepatitis , HIV, MRSA, VRE	__/__/__		

Please note that INR must be <1.5, Platelets>50 x10⁹/L

If the patient is on anticoagulants/antiplatelet agents, they should have been managed as per the table below:

<input type="checkbox"/> Clopidogrel	withhold 7 days prior to procedure
<input type="checkbox"/> Warfarin	withhold 5 days prior to procedure, re-check if INR remains high at 48hours
<input type="checkbox"/> Apixaban/Direct Oral Anticoagulants	withhold 48 hours prior to procedure
<input type="checkbox"/> Heparin/Low Molecular Weight Heparin	withhold 24 hours prior to procedure

Healthcare Professional's signature:

Print name and designation:

Contact telephone number/bleep:

Date:

__/__/__