SKILLS

NASOGASTRIC TUBE INSERTION (S08)

FR/EMR	EMT	PARAMEDIC

Indications
To allow for gastric evacuation of oral overdose or poisoning patient. In trauma settings, NG tubes can be used to aid in the prevention of vomiting and aspiration.

Contraindications
Nasogastric tubes are contraindicated in the presence of severe facial trauma (cribriform plate disruption), in this instance, an orogastric tube may be inserted.

Complications
The main complications of NG tube insertion include aspiration, tissue trauma and the catheter can induce vomiting. Therefore suction should always be ready to use.

Equipment:
1. Personal protective equipment.
2. NG/OG tube.
3. Catheter tip irrigation syringe, 60ml.
4. Water-soluble lubricant.
5. Adhesive tape.
6. Low powered suction device or drainage bag.
7. Stethoscope.
8. Cup of water/ice chips (if necessary and available).
9. Emesis basin.

Procedures:
1. Don PPE.
2. Explain the procedure to the patient and show equipment.
3. If possible, sit patient upright for optimal neck/stomach alignment.
4. Examine nostrils for deformity/obstructions to determine best side for insertion.
5. Measure tubing from bridge of nose to earlobe, then to the point halfway between the end of the sternum & the navel, mark measured length or note the distance
6. Lubricate 2-4 inches of tube with water-soluble lubricant.
7. Pass tube past the pharynx into the esophagus and then the stomach. Instruct the patient to swallow (you may offer ice chips/water) and advance the tube as the patient swallows. If resistance is met, rotate tube slowly with downward advancement. Do not force.
8. Withdraw tube immediately if changes occur in patient's respiratory status, if tube coils in mouth or if the patient begins to cough.
9. Advance tube until mark is reached.
10. Attach syringe to free end of the tube, aspirate gastric contents, then inject an air bolus while auscultating over the epigastrium to confirm placement.
11. Secure tube with tape or commercially prepared tube holder.
12. For suction, use syringe to aspirate gastric contents or connect to suction; set suction to the lowest suction needed to evacuate gastric contents.