

Making Procedures SAFER

Nasogastric (NG) Tube Insertion

Indications for placement

- Provide patient nutrition
- Administration of medication/fluids when oral administration unavailable
- Gastric lavage (GI bleed, overdose, etc.)
- Gastrointestinal decompression/rest

Procedural Considerations

1. If suspected/obvious facial deformities, do not place NG for potential insertion in the cranial cavity.
2. **Intubated patients should have an oral gastric tube placed, not a nasogastric tube.**
3. Prior to placement, ensure that the tube is indicated versus staff/patient preference.
4. Consider the use of Lidocaine 4% nebulized through a facemask prior to placement (≤ 4 mg/kg, max of 200 mg in adults).
5. If resistance is met, **DO NOT FORCE THE NG TUBE!** Try to gently twist tube to advance or try other nare.

Equipment

1. Appropriate size (French) NG tube
2. Securement device
3. 60mL syringe catheter tip
4. Stethoscope
5. KY Jelly



Patient Preparation

1. Select the appropriate size to best meet the needs of the patient.
2. **PERFORM HAND HYGIENE!**
3. Position the patient appropriately: elevate the head of the bed as high as safe/tolerated by the patient.
4. Make sure order is placed for insertion and x-ray to confirm placement.
5. Administer lidocaine nebulizer, if ordered.
6. Ensure the tube is closed to prevent gastric content from leaking during placement.

Procedure



1 Measure the tubing prior to insertion.

Measure tubing from the tip of the nose to the earlobe, down to the Xiphoid Process. Mark the length there.



2 Once measured, dip the end of the tube into KY jelly to cover the first several inches of the tube.



3 With the head tilted back, insert the tube gently towards the ear with the tube curved down.

If resistance is met, pull back, gently advance the tube again while twisting the tube.



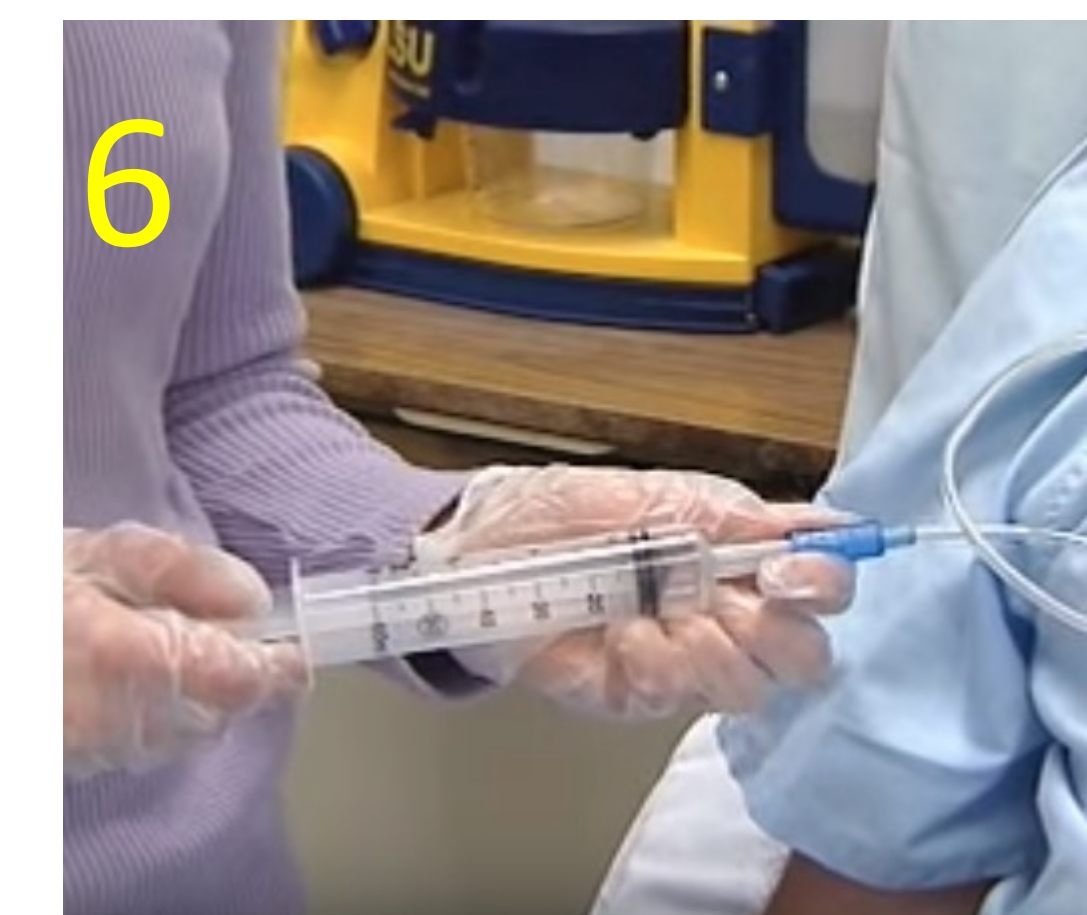
4 After the tube passes the posterior pharyngeal wall, have the patient tuck their chin to their chest.

Tell the patient to swallow or allow them to sip water, if appropriate.

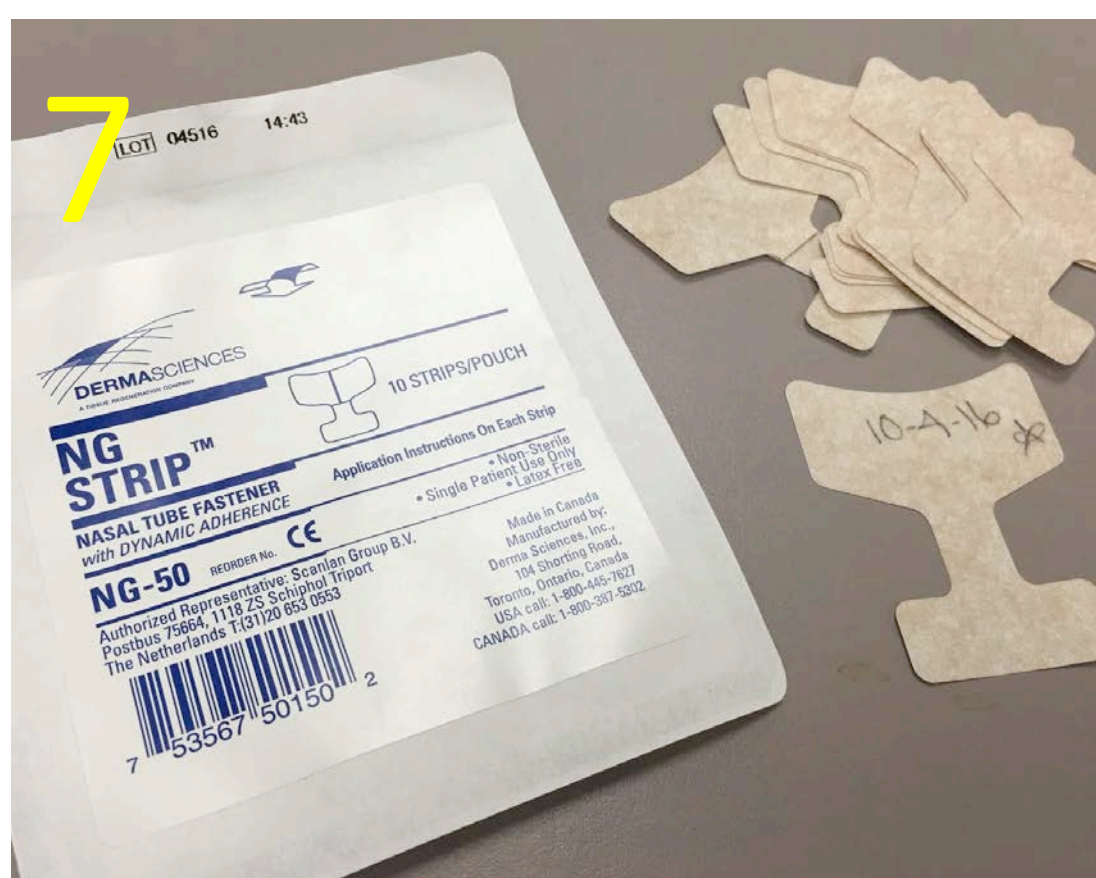


5 Advance tube to marked cm on tubing.

Verify tubing is not coiled in mouth. The patient should be able to breath and speak normally.



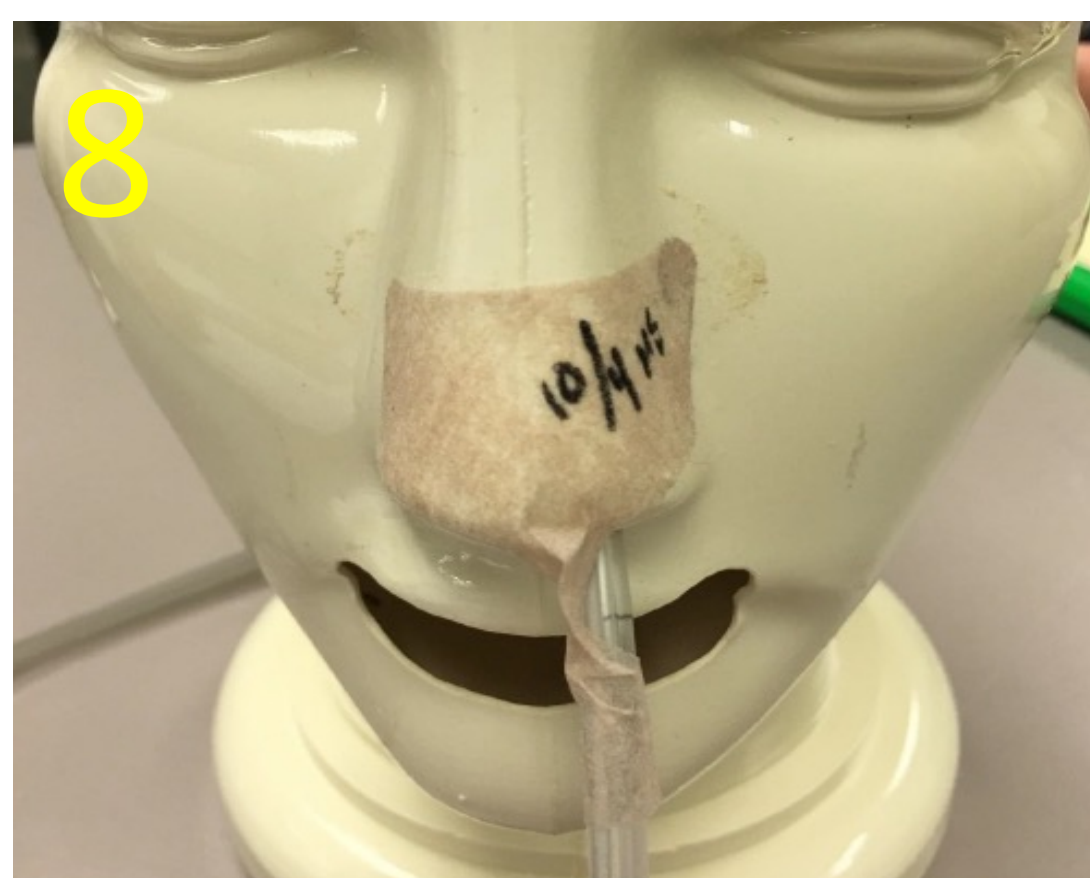
6 Before securement, draw air into 60mL syringe and connect it to the distal end of the tube. Using a stethoscope, have someone listen for bubbles at the gastric area as the air is pushed from the syringe.



7 Secure tubing with NG Strip, NOT TAPE!!

Make sure that the securement device is dated, timed and initialed.

Leave pack in the room for future changes.



8 The smaller flaps should be wrapped around the tube.

Make sure the tube dangles and is not pressed against the skin/nare. This can cause a pressure injury!



NG Tube placement must be confirmed by x-ray before tube can be hooked to suction or anything can be instilled!

Post Procedure

1. Ensure order is placed for x-ray to confirm placement.
2. Once x-ray is reviewed and placement confirmed, notify RN of ability to use NG tube.
3. When changing securement device, make sure the dressing is shifted as much as possible to help decrease device related pressure injuries. Device must be changed daily with bathing or every 12 hours in ICU.