

# Nasogastric Tube Insertion

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STEP/TASK	D	PD	ND
<b>Preparation</b>			
1. Introduce yourself to the patient.	Me, him, me, him, PP prepare and position		
2. Confirm patient's ID.			
3. Explain the procedure and reassure the patient.			
4. Get patient's consent.			
5. Wash hands.			
6. Prepare the necessary materials in a tray ( <i>check and ensure the integrity and the sterility</i> ).			
7. Position the patient in a upright ( <i>sitting</i> ) position.			
<b>Procedure</b>			
8. Put on clean gloves.	Prepare <b>tape</b> Glove + nose (Check, clean, ask)		
9. Ask the patient: • Nostril preference. • Blow and clean the nose. • Any nasal injury, trauma, surgery or difficulty in breathing his/her nostrils.			
10. Examine each nasal passage and check for abnormalities. <b>Use a TORCH</b>			
11. Take the NG Tube and measure the length of NG Tube to be inserted by placing the tip of the tube at the nostril and extending the tube <b>behind the ear</b> and then to <b>xiphoid</b> . Mark w\ a <b>TAPE</b>	Measure		
12. Lubricate the tip of the NG Tube with lubricating jelly.	Jelly & Spray		
13. Apply local anesthesia by spraying the <b>back of the throat</b> ( <i>with Lidocaine or Xylocaine</i> ). <b>Mention waiting for 5 minutes ideally.</b>			
14. Ask the patient to hold the glass of water.	Hold water		
15. Insert the NG Tube slowly into the preferred nostril and slide it along the floor of the nose into the nasopharynx. <b>(DON'T forget, if he says right nostril it means his right)</b>	Insert  SWALLOW		
16. Ask the patient to swallow some water as you continue to advance the tube through the pharynx and esophagus and into the stomach <b>DON'T look at the mannequin's stomach + PULL the swallowing tube.</b> ( <i>If the patient coughs or gags, slightly withdraw the NG Tube and leave him some time to recover.</i> )			
17. Insert the NG Tube to the required length.			
18. Ensure that the tip of the tube is in the stomach. • Inject 20 ml of air into the tube <b>as you listen</b> over the epigastrium with your stethoscope. • Pull back on the plunger to aspirate stomach contents. Test the aspirate with pH paper to confirm its acidity [pH <6] ( <i>If a fine bore tube has been inserted, it may not be possible to aspirate stomach contents</i> ). • ( <i>if needed</i> ) <b>Request a chest X-ray.</b> <b>Prepare 20 ml air, put stethoscope, inject while listening (bubbles) + aspirate contents.</b>	Inject Listen Aspirate		
19. Tape the NG Tube to the nose and to the side of the face. <b>Y-shaped &gt; nose. And tape behind the ear.</b>	Tape		
20. Attach a drainage bag to the NG Tube. <b>CLOSE the tube.</b>	Close		
<b>After the procedure</b>			
21. Ensure that the patient is comfortable.	Comfort + Explain		
22. Make explanations to the patient, answer his questions and discuss management plan.			
23. Dispose of sharps and waste material according to infection control standards.	Clean + Wash		
24. Wash hands.			
25. Document the procedure.	Doc + <b>X-Ray</b>		

<b>Indications</b>	<b>Diagnostic:</b> Aspiration of content + Evaluation of upper GI + pH monitor. <b>Therapeutic:</b> Feeding + gastric lavage + gastric decompression.
<b>Contraindications</b>	<b>Absolute:</b> Recent nasal surgery + Naso-facial fracture + base of skull fracture. <b>w\Precaution:</b> Septum deviation, nasal polyps.
<b>Complications</b>	Epistaxis (bleeding + continuous coughing + cyanosis).
<b>DON'T'S !!!</b>	<b>DON'T</b> Look at the dummy's stomach. <b>DON'T</b> forget the swallowing part ( pull the wire <b>multiple times</b> ). <b>DON'T</b> inject air without putting your stethoscope at the same time. <b>DON'T</b> forget to tape the tube behind the air. <b>DON'T</b> leave your mess for the student after you. CLEAN and REMOVE everything. Upon removing the tube ask the pt <b>to swallow</b> .. he still has a pharynx you know....
<b>NOTES</b>	The examiner might refuse to test you. You should explain and convince them with the procedure.