



Nasogastric Tube Insertion

CLINICAL INDICATIONS:

- Gastric decompression in intubated patients

CONTRAINDICATIONS:

- Sinusitis
- Esophageal Varicies
- Recent nasal surgery
- Maxillofacial trauma

PROCEDURE:

- Estimate insertion length by superimposing the tube over the body from the nose to ear to xiphoid process
- Liberally lubricate the distal end of the tube and pass through the patient's nostril along the floor of the nasal passage. Do not orient the tip upward into the turbinates. This increases the difficulty of the insertion and may cause bleeding. The use of a tongue depressor may be helpful during insertion
- In the setting of an unconscious, intubated patient or a patient with facial trauma, oral insertion of the tube may be considered or preferred
- Continue to advance the tube gently until the measured distance is reached
- Confirm placement by injecting 20cc of air with a Toomey Syringe and auscultate for the swish or bubbling of the air over the stomach
- Secure the tube
- Decompress the stomach of air and food either by connecting the tube to suction or manually aspirating with the large catheter tip syringe, set suction to the lowest setting that will effectively decompress the patient's stomach
- Document the procedure, time, and result on the patient care report (PCR)