



SKILLS COMPETENCY VERIFICATION: NASOGASTRIC (NG) & OROGASTRIC (OG) TUBES FORM

NAME: _____

DATE: _____

ALS AGENCY: _____

EVALUATOR: _____

OBJECTIVE

The candidate will demonstrate the ability to correctly decompress ventilated air or gastric contents (gastric distension) from a patient under cardiac or respiratory arrest.

EQUIPMENT

Intubation manikin, Salem Sump™ NG/OG tubes, stethoscope, tape, suction device, syringe, lubricant appropriate for manikin, and appropriate Personal Protective Equipment (PPE).

PERFORMANCE CRITERIA AND CONDITIONS

The candidate will be presented with an intubation manikin on which ventilation is being performed with a Bag-Valve-Mask (BVM) and an Oropharyngeal Airway (OPA), Endotracheal Tube (ETT), or Supraglottic Airway. An Emergency Medical Technician (EMT) trained rescuer is available to assist with ventilating the patient. The candidate will correctly place the NG/OG tube and decompress the gastric distension in the patient.

EVENT	DOES	DOES NOT
1. States the appropriate tube type and size of tube to use for the patient.		
2. States indications: <ul style="list-style-type: none"> • Gastric Distension. 		
3. States contraindications: <ul style="list-style-type: none"> • Suspected basilar skull fracture. • Suspected mid-facial fractures. 		
4. States or demonstrates the use of appropriate PPE.		
5. Checks/prepares airway device. <ul style="list-style-type: none"> • Measures the insertion length of the gastric tube: <ul style="list-style-type: none"> ○ From the midway between the xiphoid process and umbilicus, ○ To the earlobe and over to the tip of the nose • Marks the measured length of gastric tube with a piece of tape 		
6. Lubricates distal tip of the device (may be verbalized).		
7. Positions the head properly.		



Yolo County Emergency Medical Services Agency

Skill Sheets

Revised Date: September 1, 2018

EVENT	DOES	DOES NOT
<p>8. Insertion:</p> <ul style="list-style-type: none"> • Nasal: <ul style="list-style-type: none"> ○ Directs gastric tube along the floor of the nostril to the posterior nasopharynx. ○ Then feeds it through the oropharynx down the esophagus and into the stomach. ○ Stops when the taped mark nears the nostril. • Oral: <ul style="list-style-type: none"> ○ Directs gastric tube along tongue to posterior oropharynx. ○ Then feeds it down the esophagus and into the stomach. ○ Stops when the taped mark nears the lips. • Difficulty placement may be eased by directing the chin posteriorly and performing a manual jaw thrust during insertion. • Supraglottic Airway: <ul style="list-style-type: none"> ○ Per the manufactures recommendations. 		
<p>9. If vomiting occurs, proceed with placement and suction around the gastric tube.</p>		
<p>10. Confirms tube placement by:</p> <ul style="list-style-type: none"> • Injecting ten to twenty milliliters (10 to 20 mL) of air while auscultating over the stomach. • Listening for a “swoosh” or “burping/bubbling”. • Confirms absence of similar sounds in the lungs by auscultating in the mid-axillary line bilaterally while repeating the injection of small mL volumes of air. • Aspirates gastric contents. 		
<p>11. Properly secures the gastric tube using tape.</p>		
<p>12. Attaches the gastric tube to a low pressure suction device (twenty – one hundred twenty millimeters [20 – 120 mm]) and observes for gastric decompression</p>		
<p>13. Abandon gastric tube placement if unsuccessful after three (3) attempts.</p>		