

Mosby's Nursing Video Skills

Procedure Guideline for Inserting a Nasogastric Tube

1. Verify the health care provider's orders.
2. Perform hand hygiene.
3. Gather the necessary equipment and supplies.
4. Provide for the patient's privacy.
5. Introduce yourself to the patient and family, if present.
6. Identify the patient using two identifiers, such as name and birth date or name and account number, according to your agency's policy.
7. Explain the procedure. Assess the patient's cough and gag reflexes.
8. Position the patient upright in the high Fowler's position, unless contraindicated. If the patient is comatose, raise the head of the bed, as tolerated, into the semi-Fowler's position. If necessary, have NAP help with the positioning of confused or comatose patients. If the patient must lie supine, place him or her in the reverse Trendelenburg position.
9. Apply the pulse oximeter, and measure the patient's vital signs.
10. Assess the patency of each nare.
11. To determine the length of the tube to be inserted, measure the distance from the tip of the nose to the earlobe, and then from the earlobe to the xiphoid process of the sternum. Mark the required tube length with tape or indelible ink.
12. If the tube has a surface lubricant, dip it into a glass of room-temperature water to activate it. For other tubes, apply a water-soluble lubricant, according to the manufacturer's instructions.
13. Apply clean gloves.
14. Prepare the nasogastric or nasoenteric tube for intubation:
 - A. Using a 30-mL to 60-mL catheter-tip syringe, inject 10 mL of water into the tube. If you are using a stylet, make certain it is securely positioned within the tube.
15. Explain the procedure to the patient, and then gently insert the tube through one nostril to the back of the throat (posterior nasopharynx), aiming back and down toward the ear. The patient may gag.
16. As the tube passes the nasopharynx, have the patient bend his or her head toward the chest.
17. Encourage the patient to swallow by giving him or her small sips of water or ice chips. Advance the tube as the patient swallows. Emphasize that the patient needs to mouth breathe and swallow throughout the procedure.
18. When the tip of the tube is approximately 25 cm to 30 cm [10 inches to 12 inches], assess for air coming out of the tubing. If the tube entered the trachea instead of the esophagus, air exchange may be heard. If air is present, withdrawal the tube and start again. If there is no air, continue to advance the tube to the distance marker.
19. Check the tube position at the back of the patient's throat with a penlight and tongue blade.
20. Temporarily anchor the tube to the patient's nose with a small piece of tape.
21. Check the placement of the tube by aspirating stomach contents and checking pH. See the video skill "Managing a Nasogastric Tube."

22. Anchor the tube to the patient's nose, avoiding pressure on the nares. Mark the exit site on the tube with indelible ink. Select one of the following options for anchoring:
 - A. Tape:
 - (1) Apply a tincture of benzoin or other skin adhesive to the tip of the patient's nose. It should feel tacky.
 - (2) Remove your gloves. Cut a piece of hypo-allergenic tape 10 cm (4 inches) long, or prepare a membrane dressing or other securing device. Split one end of the tape lengthwise 5 cm (2 inches).
 - (3) Place the intact end of the tape over the bridge of the patient's nose. Secure the ends of the new tape out of the way while removing the temporary tape.
 - (4) Wrap each of the 5-cm strips in opposite directions around the tube as it exits the nose.
 - B. Membrane dressing:
 - (1) Apply a tincture of benzoin or another skin protectant to the patient's cheek and to the area of the tube to be secured.
 - (2) Place the tube against the patient's cheek, and secure it with the membrane dressing, out of the patient's line of vision.
 - C. Tube fixation device:
 - (1) Apply the wide end of the patch to the bridge of the patient's nose.
 - (2) Slip the connector around the feeding tube where it exits the nose.
23. Fasten the end of the NG tube to the patient's gown using a clip or a piece of tape. Do not use safety pins to pin the tube to the gown.
24. Help the patient into a comfortable position.
25. Obtain a chest or abdominal xray to verify placement.
26. Apply clean gloves, and administer oral hygiene. Clean the tubing at the nostril with a washcloth dampened in mild soap and water.
27. Dispose of used supplies.
28. Remove and dispose of used gloves. Perform hand hygiene.
29. Help the patient into a comfortable position, and place toiletries and personal items within reach.
30. Place the call light within easy reach, and make sure the patient knows how to use it to summon assistance.
31. To ensure the patient's safety, raise the appropriate number of side rails and lower the bed to the lowest position.