

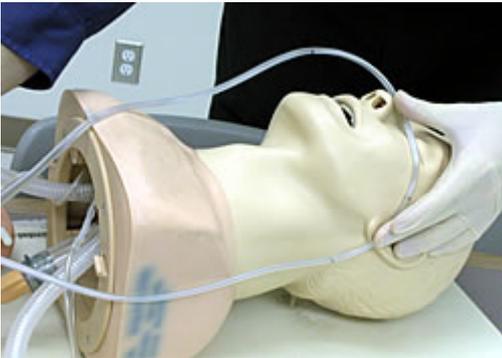
Nasogastric Tube Insertion

- Indications:
 - There are only two main indications for NG tube insertion
 - to empty the upper gastrointestinal tract or for feeding.
 - Insertion may be for prophylactic or therapeutic reasons.
 - There are several advantages associated with the use of NG tubes. They will decompress the stomach by releasing air and liquid contents. This is important for patients with ileus, intestinal and gastric outlet obstruction. These conditions can cause vomiting, and patients are at risk of aspirating their stomach contents, which can lead to potentially lethal pneumonitis.
 - They are inserted in patients immediately after major surgery to help keep the stomach empty and prevent postop vomiting and used to feed and administer meds in critically ill patients. In addition, nasogastric tubes are routinely used to collect gastric contents for lab analysis and to aspirate the gut in case of a GI bleed or a drug overdose.
- Contraindications:
 - Nasogastric tubes are contraindicated in the presence of severe facial trauma (cribriform plate disruption), due to the possibility of inserting the tube intracranially. In this instance, an orogastric tube may be inserted.

Nasogastric Tube Insertion

- External measurement from the tip of the nose to a point halfway between the xiphoid and the umbilicus distance gives a rough idea of the required length.
- Nasogastric size: Largest tube that can pass through nare. Adult use 14 or 16 Fr NG tube (smaller lumen catheters are not used for decompression because they must be able to remove thick secretions)
- The patient should sit up, without any head tilt (chin up). An appropriately sized tube is chosen and the tip is lubricated.
- The wider nostril is chosen and the tube slid down along the floor of the nasal cavity. Patients often gag when the tube reaches the pharynx. Asking them to swallow their saliva or a small amount of water may help to direct the tube into the esophagus. Once in the esophagus, it may be easy to push it down into the stomach.
- The correct intragastric position is then verified. The tube is fixed to the nose and forehead using adhesive tapes. The stomach is decompressed by attaching a 60ml syringe and aspirating its contents. Blocked tubes can be flushed open with saline or air.

Nasogastric Tube Insertion



Measurement

Measure length of NG tube from the nose to the earlobe and then to a point midway between xyphoid process and umbilicus.



Insertion

Direct tube along the floor of nostril to the posterior pharyngeal then direct the tube downward through the nasopharynx



Aspiration

Inspecting back of throat for coiling of tube. Ask pt to speak.

1. Aspirating gastric contents with a syringe.
 - Check color of aspirate. Gastric fluid is usually grassy green, while intestinal fluid tends to be golden or translucent. Pleural fluid is typically off white or pale yellow.
2. Injecting 5 to 20cc of air while auscultating over the stomach for a “swoosh” or a “burp” indicating gastric placement.
3. Auscultate lung sounds.



Secure tube

Nasogastric Tube Insertion

<https://www.youtube.com/watch?v=vVEYfRmrCvQ>

