

1809 Nasogastric Tube Instructions

Instructions:

The following instructions are suggested guidelines. The accepted agency procedure should be used

1. Explain the procedure to the patient and provide privacy.
2. Place the patient in a sitting or semi-erect position.
3. Seat stylet into the Y-port connector for proper placement.
WARNING: Stylets vary in length. Use stylets no longer than 44¼ inches (112 cm) on this tube.
4. Moisten the tip of the tube with water to activate lubricant. Additional lubrication is not usually necessary.
5. Estimate distance for placement into stomach by measuring the distance from tip of patient's nose to earlobe and then from earlobe to xiphoid process, or use your standard procedure. Centimeter markings on the tube indicate the distance from the tube's distal tip.
6. Using the patient's more patent nostril, pass the tube posterior and inferiorly through the nostril. If possible when the tube reaches the pharynx, have the patient sip water through a straw and swallow as the tube is passed into the stomach.
7. When the tube has been inserted to desired length, check tube placement as follows:
 - a. Aspirate and verify gastric contents. Test pH of aspirated fluids.
 - b. Inject 15 to 20 cc of air through the tube with a large syringe (30cc or greater) while listening with a stethoscope over the left upper abdominal quadrant.
 - c. If there is any doubt about tube placement, x-ray confirmation is essential.
8. The stylet should be removed gently **after tube placement is confirmed**. If the stylet is difficult to remove, flush the tube with 10cc of water.
9. For placement nasoduodenal tube placement, patient may be positioned on right side following tube insertion to aid passage through the pyloric sphincter. **X-ray confirmation is necessary for nasoduodenal tube placement.**
10. Tap the tube to the patient's cheek, being careful to avoid any pressure on or distortion of the nares. \
11. Observe the patient for respiratory distress or abdominal pain. Wait 30 to 60 minutes following intubation before feeding an agitated patient.
12. Initiate and maintain feeding as tolerated by patient.
13. Flush tube with 20 to 30 mL of warm water before and after medications, after intermittent feedings, and every 4 to 6 hours during continuous feeding.

PRECAUTIONS:

- Use with feeding pumps that do not develop pressure greater than 40 psi.
- Do not use a syringe smaller than 30cc when irrigating tube
- Avoid applying excessive force during insertion of tubes with stylets.