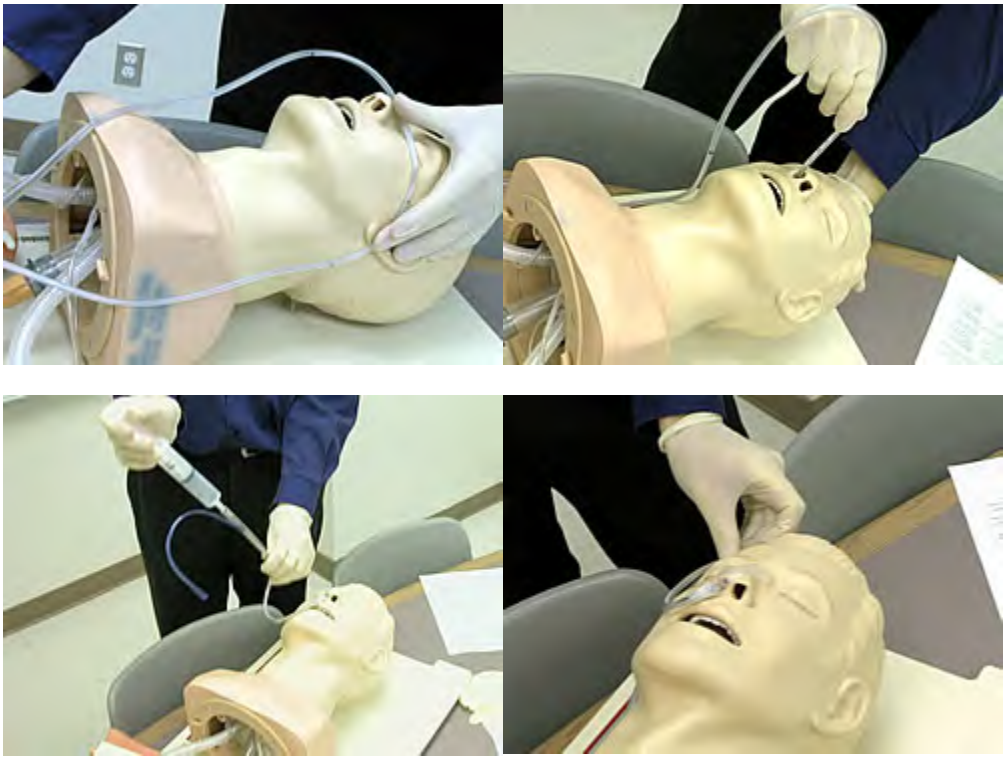
Procedures for a NASOGASTRIC TUBE:



1. Gather equipment
2. Don non-sterile gloves
3. Explain the procedure to the patient and show equipment
4. If possible, sit patient upright for optimal neck/stomach alignment
5. Examine nostrils for deformity/obstructions to determine best side for insertion
6. Measure tubing from bridge of nose to earlobe, then to the point halfway between the end of the sternum and the navel
7. Mark measured length with a marker or note the distance
8. Lubricate 2-4 inches of tube with lubricant (preferably 2% Xylocaine). This procedure is very uncomfortable for many patients, so a squirt of Xylocaine jelly in the nostril, and a spray of Xylocaine to the back of the throat will help alleviate the discomfort.
9. Pass tube via either nare posteriorly, past the pharynx into the esophagus and then the stomach.

   Instruct the patient to swallow (you may offer ice chips/water) and advance the tube as the patient swallows. Swallowing of small sips of water may enhance passage of tube into esophagus.

   If resistance is met, rotate tube slowly with downward advancement toward closes ear. Do not force.

10. Withdraw tube immediately if changes occur in patient's respiratory status, if tube coils in mouth, if the patient begins to cough or turns pretty colours

11. Advance tube until mark is reached

12. Check for placement by attaching syringe to free end of the tube, aspirate sample of gastric contents. Do not inject an air bolus, as the best practice is to test the pH of the aspirated contents to ensure that the contents are acidic. The pH should be below 6. Obtain an x-ray to verify placement before instilling any feedings/medications or if you have concerns about the placement of the tube.

13. Secure tube with tape or commercially prepared tube holder

14. If for suction, remove syringe from free end of tube; connect to suction; set machine on type of suction and pressure as prescribed.

15. Document the reason for the tube insertion, type & size of tube, the nature and amount of aspirate, the type of suction and pressure setting if for suction, the nature and amount of drainage, and the effectiveness of the intervention.