NASOGASTRIC TUBE INSERTION

Student Reference Guide

WEST COAST UNIVERSITY

NPSG	Wash hands per CDC guidelines. ➢ Verbalize 20 seconds per CDC hand washing guidelines.
	Provide patient privacy. ➢ Verbalize and physically demonstrate.
NPSG	Introduce yourself.
NPSG	Identify patient correctly using two identifiers (check to chart). ➢ Patient's name and date of birth.
NPSG	Verify allergy status.
	Perform environmental safety check.
	Ensure proper body mechanics.
	Gather all supplies, equipment, and PPE as needed.
	Verify MD order. Assess for procedure need.
	Explain procedure. Educate patient about the rationale of procedure and associated adverse reaction.

Assess & Evaluate	GI Assessment – assessing need for NG Tube placement. ☆ **Please know the purpose of the NG tube placement (ie., gastric decompression).**
Position	Place patient in high fowler's position and cover chest with towel or absorbent pad. ➢ MUST have all supplies prior to entering the patient's room. If any additional supplies are needed once in the patient's room, points will be deducted during validations.
Patient teaching	Explain the procedure and develop appropriate hand signal for patient. ➢ Provide patient with instructions regarding the procedure. ➢ Establish appropriate communication with the patient. Ensure the patient understands to raise his/her hand if he/she experiences excruciating pain or extreme discomfort during insertion of NG tube.
Facial assessment	Use the penlight to view the client's nostrils. Assess for any facial or nasal passage issue contraindicated for this procedure. Assess if the patient can swallow. Have patient blow nose one nostril at a time if needed.
Prepare	Obtain the appropriate equipment for NG tube placement. If suctioning is ordered, verify suction source at this time. Connect suction tube to source of negative pressure setting control per physician's order. ➢ Know how to set up suction. ➢ Low continuous vs low intermittent suction per MD order
Measure	Using the NG tube, measure the distance **from tip of the nare to the earlobe, and then to the xiphoid process of the sternum**, and mark the distance on the tube with a piece of tape or marker. ➢ Do not measure on top of the gown. ➢ DEMONSTRATE measurement and verbalize landmarks.
Lubricate	Lubricate first 4 inches of the tube with water soluble lubricant. ➢ ***For validation purposes, ONLY VERBALIZE lubrication of the tube.***

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Insert	Ask Patient to slightly flex the neck backward. Gently insert tube into a nare. When the patient starts to gag, pull back tube slightly (until gaging ceases) and ask patient to tip forehead forward (give water with straw if applicable, have patient dry swallow if necessary). Advance the tube several inches at a time as the client swallows. Advance the tube until the taped or marked point reaches the nare. ➢ **Please follow these steps, especially when the patient needs to flex the neck backwards.**

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	➢ **When asking the patient to tip forehead forward, verbalize that the patient is in the "chin to chest" position**
Respiratory Distress	If signs of respiratory distress – pull back tube immediately. ➢ **Verbalize your intervention if the patient is under respiratory distress.**
Secures	Secures NG tube in place (do not let go of tube until secured). Verifies placement of the tube using the appropriate method. ➢ ***MUST secure the NG tube with tape.*** ☆ **Please practice method of securing the NG tube on the patient (ie., "chevron" method with tape).**
Verify	Verify placement of the tube. Aspirate stomach contents to test pH. ➢ ***MUST verbalize the method to verify the NG tube placement.*** ☆ **Litmus/pH paper can be used to verify. Need to know the pH for correct placement. Need to also know the other method that is more commonly used to verify NG tube placement (hint: diagnostic imaging).**
Evidenced based guidelines	After placement is verified per evidenced based guidelines, connect the distal end of the tube to suction, draining bag or adapter, according to the purpose of this nursing intervention. ➢ ***MUST connect the tubing correctly.***
NPSG	Dispose of soiled supplies.
Safe Environment	Ensure a safe environment returning bed to appropriate height with brakes locked and appropriate side rales up, and call light within reach.
NPSG	Wash hands per CDC guidelines.

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