BOX 19-4 PROCEDURE CHECKLIST

Inserting a Nasogastric Tube
✓ Gather all supplies.
✓ Provide for privacy.
✓ Explain the procedure, using nonthreatening terms. Inserting the tube may be uncomfortable, but once the tube is in place, little or no discomfort should be felt. Emphasize the need to follow instructions to swallow during tube insertion.
✓ Follow Standard Precautions; wear clean gloves.
✓ Place client in Fowler’s or high-Fowler’s position with a towel or disposable pad on the chest.
✓ Occluding one nares at a time, ask the client to breathe. Use the nares with the better airflow for insertion.
✓ Measure the tube: Hold the tip of the tube at the client’s nose, extend the tube to the tip of the earlobe and then to the tip of the sternum (see photo). If the tube is to be placed in the duodenum, add 8 to 10 inches (20 to 25 cm) to the measurement. Mark the tube.

✓ Provide a glass of water with a straw if allowed.
✓ For a small-bore tube, insert the guidewire or stylet into the tube.
✓ Using water-soluble lubricant, lubricate 3 to 4 inches of the tube tip.
✓ Gently insert the tube into the selected nares, directing it along the floor of the nares toward the ear. Use a smooth, continuous motion. Have the client tip the head forward, chin to chest, and ask the client to sip and swallow on command. Advance the tube 3 to 4 inches (7 to 10 cm) with each swallow until the point marked on the tube is at the opening of the nares.
✓ Pause briefly if the client gags (do not withdraw the tube); have the client take a few breaths through the mouth, then resume advancing the tube. If gagging continues, check the mouth. If the tube is curled in the mouth, withdraw it until the tip is in the oropharynx before resuming.
✓ If the client coughs and is unable to speak, withdraw the tube until the tip is in the oropharynx. Have the client tip the head further forward and swallow to prevent this from occurring.
✓ Verify that the tube is correctly placed. Withdraw a small amount of fluid from the tube and check the pH of the fluid. If the pH is 5 or lower, the tube is very likely in the stomach. If the pH is 6 or higher, confirm tube placement with an x-ray.
✓ Secure the tube with tape.
✓ Initiate feeding or gastric suction as ordered.
✓ Reposition the client and provide mouth and nose care as indicated.

SAMPLE DOCUMENTATION

4/24/06 1030: 8 Fr. Dobbhoff gastric feeding tube inserted via R nares. Small amount green drainage obtained, pH 4. Tolerated procedure well.
__________S. Williams, LPN.

Note: Refer to a fundamentals or skills text for more detailed instruction and check your state guidelines and facility policy before performing any procedure.