

When it is important to remove or dilute gastric contents rapidly, gastric lavage, irrigation or washing out of the stomach, may be indicated. In acute poisoning or ingestion of a caustic substance, a large-bore 30- to 36- French nasogastric tube is inserted, and lavage performed. When gastric hemorrhage occurs, lavage may be used to remove blood from the GI tract. Because the GI tract is not sterile, clean technique is appropriate for use, although the solution used will generally be sterile.

- Obtain baseline assessment, including vital signs, abdominal inspection, girth, and bowel sounds. *It is important to have assessment data documented prior to instituting the procedure for comparison.*
- Explain the procedure, answering questions and clarifying perceptions. Instruct to report any pain, difficulty breathing, or other problems during the procedure. *A client who is able to understand and cooperate with the procedure will tolerate lavage better. The client may be aware of symptoms of complications such as perforation or tube displacement before they are evident to the nurse.*
- Place in semi-Fowler's or Fowler's position. If unable to tolerate elevation of the head of the bed because of hypotension, place in left side-lying position. *Elevating of the head of the bed or side-lying position will minimize the risk of aspiration.*
- Insert a nasogastric tube if one is not already in place. Verify tube placement by aspirating gastric contents and test pH of aspirate. *Proper placement is vital to prevent aspiration or overdistention of the small bowel with irrigating solution.*

to run into stomach by gravity. Stop solution and allow to drain or suction out. Repeat until ordered amount has been used or desired results are obtained, for example, no further clots and solution returns clear or light pink. Measure the amount of drainage, subtracting the amount of irrigant instilled, to obtain gastric output. *The closed system minimizes the risk of contact with body fluids for the nurse. Measuring gastric output is important in monitoring fluid balance.*

## INTERMITTENT OPEN SYSTEM

- Wearing clean gloves and other personal protective equipment as necessary (gown and face protection), empty the stomach using suction or a 50-mL catheter-tip syringe. Measure and discard the aspirate. Using the syringe, draw up approximately 50 mL of irrigation solution, and instill it using gentle pressure. Aspirate the nasogastric tube, and discard the solution into a measuring container. Continue this procedure until the desired amount of irrigant or desired results have been

obtained. *Manual irrigation with a catheter-tip syringe may be more effective in removing clots from the stomach and nasogastric tube.*

- Continue to monitor vital signs (including temperature), tolerance of the procedure, and other assessment data. *The client may be unstable and require continuous reevaluation. Gastric lavage may cause hypothermia; therefore, monitor temperature and indications of hypothermia, such as lethargy and changes in cardiac rate and rhythm.*
- If the aspirate has not cleared to light pink or pink-tinged after 20 to 30 minutes of lavage or if the client is unable to tolerate the procedure, notify the physician. *Medical or surgical intervention may be necessary to stop hemorrhage in some instances.*
- On completion of lavage, provide mouth and nares care. Continue to monitor vital signs, abdominal status, and other assessment data.
- Document the procedure, including the amount and type of irrigant used, gastric output character and amount, and the client's condition and tolerance of the procedure.

## CLOSED SYSTEM IRRIGATION

- Wearing clean gloves, connect bag or bottle of normal saline irrigating solution to nasogastric tube using a Y connector. Attach drainage or suction tube to other arm of connector (Figure 1 ■). Empty the stomach, clamp drain tube or turn off suction, and allow 50 to 200 mL of solution

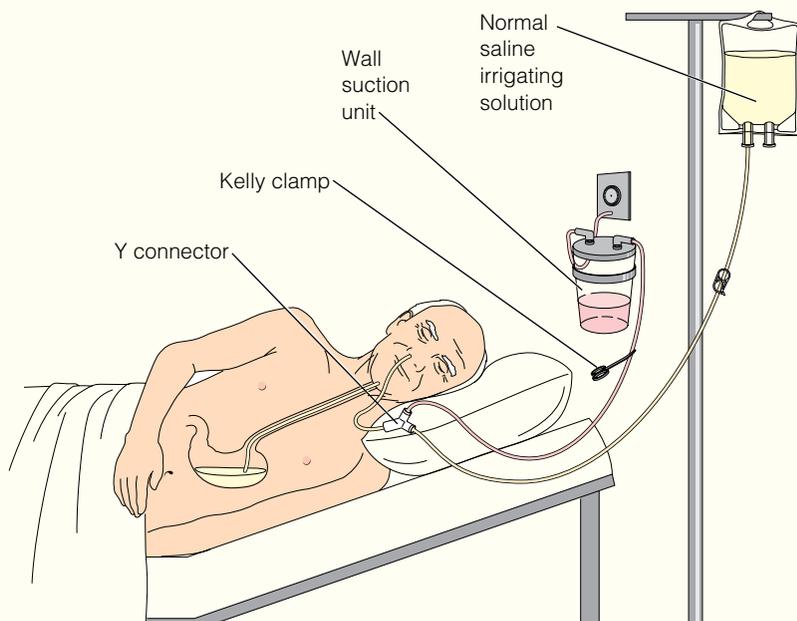


Figure 1 ■ The client with a closed system gastric lavage.