

Section: ALS Protocols
Subject: NASOGASTRIC TUBE PLACEMENT
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1. Insertion of a nasogastric (NG) tube should be considered as an adjunct to airway control and ventilation.
2. A nasogastric tube may be inserted on cardiac arrest patient whenever possible.
 - a. This can help prevent aspiration and increase tidal volume during ventilations.
 - b. This is a mandatory procedure in all intubated pediatric patients.
3. Select the proper size nasogastric tube for placement.
 - a. To ensure a proper size NG tube in the pediatric patient, refer to the Broselow® tape.
 - b. Proper sizing in the adult patient will consist of nare size and patient body weight.
4. To approximate the proper length of insertion for the NG tube:
 - a. Place the NG tube distal tip at the xiphoid process, run it up the sternum, around the ear, and back down to the tip of the nose.
 - b. Mark this with tape or fingers prior to insertion to avoid placing too much of the tube in the stomach.
 - c. This technique will work for both adult and pediatric patients.
5. To be assured that the NG tube is properly placed:
 - a. Use a syringe to insert air into the tube and auscultate over the epigastrium.
 - b. The sound of air bubbling will confirm placement.
6. Secure the NG tube to the bridge of the nose with tape.
7. Document in the ePCR the proper placement of the NG tube and that it was secured in place.