Temple College	
Nursing Department	t

NAME (last, first):	NA	ME	(last,	first):	
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Nasogastric Tube Insertion Check-Off

Critical elements are indicated by an asterisk (*) and must be assessed satisfactorily to pass the check-off. Students missing more than 2 non-asterisk items will result in not passing the skill.

SKILL TO BE ASSESSED	S	U	COMMENTS
Verify Healthcare Provider (HCP)			
Prescription to insert NG tube.			
*Wash hands.			
Identify self to the client as a student			
nurse.			
*Identify client using two verifiers.			
*Assess the client for allergies.			
Explain procedure to client and establish			
a method of communication for client to			
indicate distress.			
*Assess for conditions/special			
circumstances of inserting NG tube.			
Assess lung sounds			
Assist client to High Fowler's.			
SKILL TO BE ASSESSED	S	U	COMMENTS
*Wash hands and apply clean gloves.			
Place towel or disposable pad across			
chest.			
*Measure nasogastric tube by placing			
the tip of the tube to the tip of client's			
nose, then to the tip of client's earlobe,			
then from earlobe to tip of xiphoid			
process. Mark the length with tape and			
note the centimeter mark.			
Lubricate tip of tube (3-4 inches) with			
water soluble lubricant.			
Ask client to hyperextend their neck as			
you insert the NG tube. If you meet			
resistance, withdraw the NG tube and			
re-lubricate. Attempt to insert NG tube			
in the other nare.			
*Once the tube reaches the oropharynx,			
ask the client to tilt head forward and			
swallow. Offer water at this point if not			
contraindicated.	1	1	

SKILL TO BE ASSESSED	S	U	COMMENTS
Advance the tube as the client swallows			
until the tube reaches the pre-measured			
point.			
*Secure tube to bridge of client's nose			
using tape/securing device.			
Check placement of tube according to			
facility policy.			
Secure the tube according to facility			
policy			
*Remove gloves and wash hands.			
*Re-Assess lung sounds.			

PASS	FAIL	Completed F	Completed Remediation (Check one)					
Evaluator (sig	nature/cred	lentials):			_ Date:			