

**Nasogastric Tube Removal Checkoff**

*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 remove NG tube.                                     |   |   |          |
| Identify self to the client as a student nurse.  |   |   |          |
| *Identify client using two verifiers.  |   |   |          |
| *Assess the client for allergies.  |   |   |          |
| Explain procedure to client.   |   |   |          |
| *Wash hands and apply nonsterile/clean gloves  |   |   |          |
| Assist client to High Fowler's.  |   |   |          |
| Assess:<br>--lung sounds<br>--bowel sounds   |   |   |          |
| Place towel/disposable pad across chest.   |   |   |          |
| *Flush NG tube according to policy to clear tube of gastric secretions.                              |   |   |          |
| *Instruct client to hold their breath while removing tube to prevent aspiration of stomach contents. |   |   |          |
| Clean nares and provide oral care.   |   |   |          |
| *Remove gloves and wash hands.   |   |   |          |
| Reassess lung sounds.  |   |   |          |

**PASS**                      **FAIL**                      **Completed Remediation** (Check one)

**Evaluator (signature/credentials):** \_\_\_\_\_ **Date:** \_\_\_\_\_