



PROCEDURES PROC-12

NASOGASTRIC TUBE INSERTION

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Indications:

- Intubated patients for gastric decompression

Contraindications:

- Severe facial trauma (difficult placement)

Procedure:

1. Raise head of bed to high fowler's position if possible. Support the patient's head and shoulders with a pillow.
2. Select appropriate catheter size:
 - Adults: 12 – 18 fr.
 - Pediatric: 8 –12 fr.
3. Measure the tube by placing the tip of the tube on the patient's nose, then extend the tube to the tip of the ear lobe and then to the end of the xyphoid process. Use a piece of tape to mark the distance to be inserted or use black markings found on some tubes.
4. Lubricate tip with water-soluble jelly or 2% Lidocaine jelly.
5. Tilt patient head forward. Pass the tube through the nose downward but do not force. Some people have obstructions in nasal passages. If severe resistance is met, remove the tube, lubricate and try the other nostril.
6. Once tube has been inserted, verify proper placement by injecting 10 – 20 ml of air through the tube into the stomach while auscultating the stomach just below the xyphoid process. You should hear a "whooshing" sound of air entering the stomach.
7. Connect tube to suction use lowest possible setting that is effective.
8. Anchor tube to the patient's nose with tape that has been wrapped around the tube. Do not allow any pressure to be placed on the patient's nares.
9. Occasionally auscultate placement of tube during transport