Step-by-step guide

Nasogastric Tube Insertion

LIVERPOOL JOHN MOORES UNIVERSITY

Gather your equipment

Appropriate PPE

Hand sanitiser

Tape or dressing

Water for flushing

pH strips

NG tube

Sick bowl

60ml Oral Syringe

Lubrication (according to trust policy)

Procedure

Confirm patient identity

Confirm patient identity, gain consent whilst explaining the procedure to the patient .

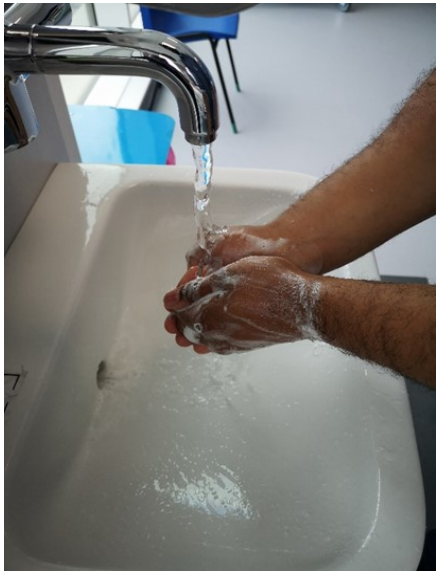
You should agree a sign with the patient that tells you they need you to pause or stop the procedure.

Make Patient comfortable

Help the patient into a semi upright position on bed or a chair.

The head should be flexed slightly forward—this reduces risk of tracheal intubation.

Decontaminate Hands



Wash your hands

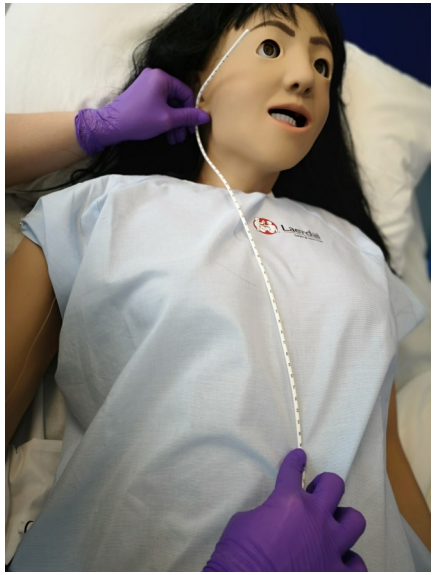
Don appropriate PPE according to trust policy.

Measuring the Tube (A)

First you measure from the nose to the earlobe, holding the exit port at the tip of the nose.

Procedure

Measuring the Tube (B)



Then measure from the earlobe to two finger-widths below the xiphisternum. Note the nearest centimetre marking on the tube; this is how far you will need to insert the tube.

Lubricate Tube

Follow trust policy.

Not all trusts will allow this.

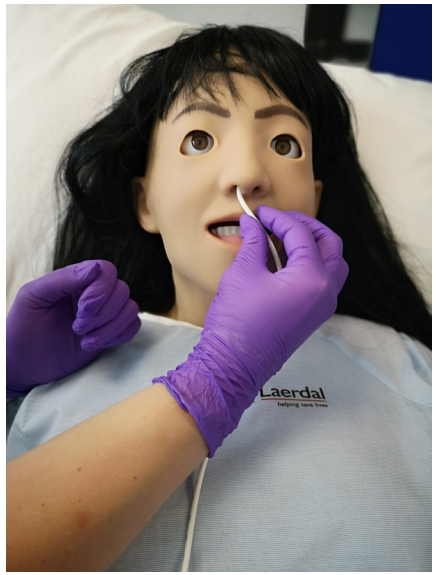
If it is within trust policy then lubricate tube according to manufacturer's guidelines

Inserting the Tube (A)

If patient is able, ask them which nostril they would prefer.

Insert the tube into the chosen nostril and advance straight backwards along the floor of the nose to the nasopharynx (approximately 8 to 10 cm). Keep reassuring the patient as it can be an uncomfortable procedure.

Inserting the Tube (B)



If there is resistance try moving the tube in a different direction or turning the tube.

If you still cannot advance the tube, try the other nostril.

If you are unable to pass the tube after three attempts you must stop and seek help from a more senior member of staff. (check trust policy)

Procedure

Inserting the Tube (C)

If the patient is able to have a drink, encourage them to swallow water through a straw whilst the tube is advancing. If a patient is nil by mouth but alert, encourage them to mimic the action of swallowing.

Swallowing closes the glottis and encourages the tube to pass into the oesophagus As the patient swallows, advance the tube until you reach the mark you noted or made on the tube.

Check the Position of Tube (A)

If able ask the patient to hold the tube in place

Open the port and attach a 60ml enteral syringe.

You must not use a smaller syringe as this will create too much suction and cause the tube to collapse or even a gastric biopsy.

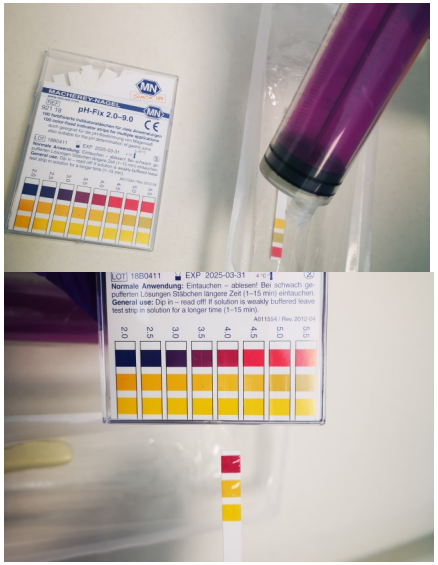
Check the Position of Tube (B)

Slowly pull back on the plunger of the syringe to aspirate to stomach contents.

You only need a small about (approx. 1ml).

Remove the syringe from the tube and close the port.

Test the Aspirate



Expel the contents of the syringe to cover the test pads on the pH test strip.

Follow the manufacturers guidelines and wait the specified time. Always follow trust policy.

Read the pH strip. A pH of between 1 and 5.5 indicates that the tube is unlikely to be in the lungs but does not definitively confirm gastric placement.

Procedure

Secure the Tube

Once you have confirmed the tube is placed in the stomach close the tube.

Secure the tube to the patients cheek with tape, ensure you follow trust policy .

Hook the tube over the ear.

Flush the Tube

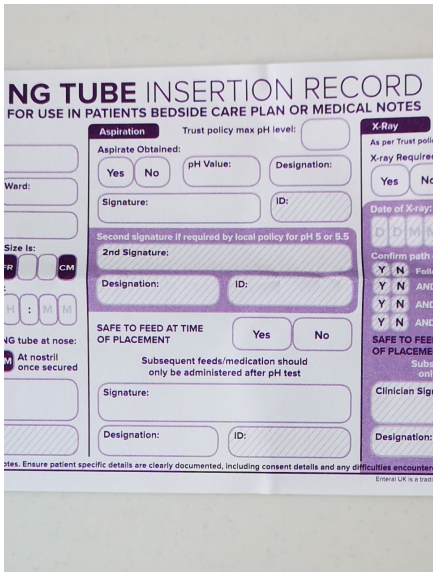
According to trust policy flush the tube with required amount of water (usually 30ml of water)

Dispose of Waste

Dispose of waste in correct bins according to trust policy.

Remove PPE and decontaminate hands.

Document



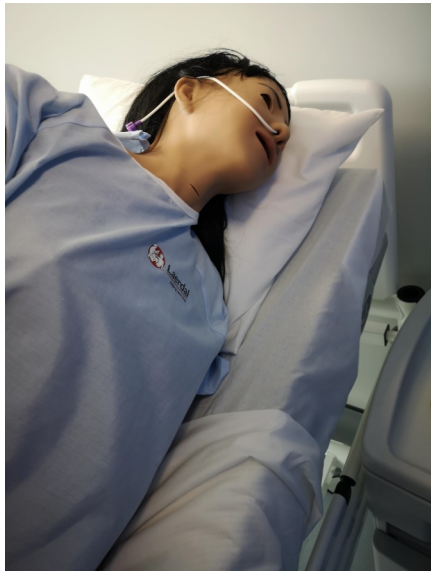
Document size of the tube, length the tube was inserted to, the aspirate that was obtained, if x-ray was necessary, which nostril.

Document all this information in line with trust policy.

You may have to activate a Nasogastric Tube pathway or care plan.

Procedure

Troubleshooting (A)



Turn the patient, if possible, onto their left side, this could enable to tube to move into gastric juices.

If still unable to obtain an aspirate you can move the tube, either advancing or withdrawing by 10-20cm. The tube may be too far in where it coils up, or it may not be quite far enough in.

Troubleshooting (B)

If aspirate still unable to be obtained, you can inject 10ml of air into the tube, this is to remove any debris in the tube or move it from the gastric mucosa therefore allowing aspiration.

This is NOT to be used to carry out auscultation of air.