NURSING PROCEDURE 32-1
Inserting a Nasogastric Tube

SUPPLIES AND EQUIPMENT
✔ Gloves
✔ Nasogastric tube
✔ Water-soluble substance (K-Y jelly)
✔ Protective towel covering for client
✔ Emesis basin
✔ Tape for marking placement and securing tube
✔ Glass of water (if allowed)
✔ Straw for glass of water
✔ Stethoscope
✔ 60 mL catheter-tip syringe
✔ Rubber band and safety pin
✔ Suction equipment or tube feeding equipment

RECOMMENDED TECHNIQUE

1. Gather equipment and supplies.
2. Check the physician’s order, and determine the type, size, and purpose of the NG tube.
3. Check client’s identity band.
4. Obtain NG suction equipment or NG tube feeding equipment as required.
5. Set up tube feeding equipment or suction equipment, and test to make sure it functions properly.
6. Instruct the client in the procedure and assess his or her capabilities of cooperating with the procedure.
5. Wash hands. Put on gloves.
6. Position client in full Fowler’s position if possible.
7. Place a clean towel over the client’s chest as a bib-type protection.
8. Measure the length of the tube that will be needed to reach the stomach.
9. With a damp washcloth, wipe the client’s face and nose. Do not use soap. It may be necessary to wipe the outside of the nose with an alcohol wipe. Be sure to cover the eyes with a small, dry towel or washcloth when wiping down the exterior of the nose with an alcohol wipe.
10. Protect the eyes from any alcohol fumes from the alcohol wipe by briefly covering them with a cloth.
11. Ask the client if he or she has difficulty breathing out of one of the nares. Test for naris obstructions by closing one nostril and then the other and asking the client to breath through the nose for each attempt. If the client has difficulty breathing out of one naris but not the other, try to insert the NG tube in that naris.
12. Put on gloves and apply water-soluble lubricant to 4 to 8 inches of the tube.

13. With the client sitting up, flex the head forward. Tilt the tip of the nose upward, and insert the tube gently into the nose to as far as the back of the throat. Guide the tube straight back.

14. When the tube reaches the nasopharynx, stop briefly and have the client lower his or her head slightly.

15. Ask the client to swallow as the tube is advanced. Advance the tube several times as the client swallows until the correct marked position on the tube is reached.

16. If coughing, persistent gagging, cyanosis, or dyspnea occurs, remove the tube immediately.

17. If obstruction is felt, pull out the tube and try the other naris.

18. Encourage the client to breathe through his or her mouth.

19. Have the client or the assistant hold the glass of water with the straw. Keep an emesis basin and tissues handy.

20. Insert the tube as far as the pre-marked insertion point. Place a temporary piece of tape across the nose and tube.

21. Check the back of the client’s throat to make sure that the tube is not curled in the back of the throat.

22. Check the tube for correct placement by at least two and preferably three of the following methods:
   a. Aspirate stomach contents. Stomach aspirate will appear cloudy, green, tan, off-white, bloody, or brown. It is not always possible to see the difference between stomach and respiratory aspirates.
   b. Check pH of aspirate. The pH of stomach aspirate is considered more accurate than visual inspection. Stomach aspirate generally has a pH range of 0 to 6, commonly less than 4. The aspirate of respiratory contents is generally more alkaline with a pH of 7 or more.
c. Inject 30 mL of air into the stomach, and listen with the stethoscope for the “whoosh” of air into the stomach. The small diameters of some NG tubes may make it difficult to hear air entering the stomach.

d. Confirm by x-ray placement. X-ray visualization is the only method that is considered positive.

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23. Once stomach placement has been confirmed, tape the tube using prepared tape strips or a commercial NG securing tape.

24. Clean the client's area and position the client for comfort.

25. To prevent aspiration of stomach contents during NG tube feedings, the head of the bed must remain elevated at 30 degrees or more at all times.

26. Chart the procedure stating the date, time, type, and size of NG tube used; left or right naris; amount and type of aspirate; suction or feeding started; and client response to the procedure. It is not uncommon to have slight bleeding from irritation of the mucosa in the nose. Any trauma or difficulty during the procedure needs to be charted, documented, and observed.

27. After the procedure, chart and monitor the type and amount of suction used. Each shift, monitor and record the suction in mmHg and the amount and type of aspirate.

28. Monitor intake and output.

29. Always confirm placement of the NG tube prior to insertion of medications, application of suction, or instillation of tube feedings.

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KEY: E = Excels  S = Satisfactory  NP = Needs Practice

Pass  Fail

Student's Signature: ____________________________ Date: _______________

Instructor's Signature: ____________________________ Date: _______________