

Nasogastric Tube Insertion

Student Name: _____ Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

** Critical Behaviors that need to be stated or done in order to pass the skill. Satisfactory* Unsatisfactory^

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<u>Assessment</u>			
1. Avoid distractions			
2. Check prescriber's order			
3. **Check chart for allergies (tape, latex, iodine), history or facial trauma, polyps, nasal surgery.			
<u>Planning</u>			
4. Identify expected outcomes, rationales for insertion or removal.			
5. Identify what teaching you might need to provide to the patient.			
6. Gather equipment a. Nasogastric tube b. Clean gloves c. Cup of water and straw d. Water-soluble lubricating jelly e. Hypoallergenic tape (check allergies) f. Safety pin & rubberband h. Color-coded pH paper i. Pulse oximeter j. Stethoscope k. Bath towels or blue pad l. Flashlight or pen light m. Facial tissues n. Emesis basin			
<u>Implementation</u>			
7. Upon entering room: a. ** Perform hand hygiene b. Be aware of your spatial safety, have call light within reach c. Identify self d. **Identify patient using two forms of identification (i.e., Name, birth date, medical record number) while comparing MAR to patient wrist band e. ** Ask patient if he or she has any allergies and check for allergy band f. Assure privacy g. Explain what is about to occur, including patient expected discomforts h. Allow for patient questions i. Agree on a cue patient will use if she wants you to stop briefly during procedure. j. Raise bed to comfortable working height. k. **Perform necessary assessments l. Don clean gloves			
8. Insertion procedure: a. Using a flashlight, assess condition of nares and oral cavity. Choose nares with better air flow. b. Position patient in high Fowler's position with a pillow behind head and shoulders. c. Positioning: stand at the right of the patient if right handed, and left of the patient if left handed d. Place bath towels or blue pad over chest and give tissues to patient. e. Prepare split tape f. **Measure distance to insert tube by using the tube to measure from the tip of the nose, to the earlobe and to the xiphoid process. Mark the length with tape. g. Curve the tip of tube tightly around the index finger and release. h. Lubricate three inches of tubing generously with water soluble lubricating jelly.			

<ul style="list-style-type: none"> i. Instruct patient to extend neck back against pillow, holding head straight and upright. j. Begin to insert tube into nares with curved end pointing downward, toward ear. k. Continue to pass tube along floor of nasal passage, aiming toward ear. l. When resistance is being felt apply gentle downward pressure to advance the tube (do not force after resistance). <ul style="list-style-type: none"> i. Note: if resistance continues, withdraw tube, allow patient to rest, re-lubricate tube and inserts into other nares. m. Continue insertion of tube until just past nasal pharynx by gently rotating tube toward opposite nares. <ul style="list-style-type: none"> i. Stop tube advancement and allow to rest. ii. Explain to patient that the next step requires swallowing 			
<ul style="list-style-type: none"> n. ** With the tube just above nasopharynx, instruct patient to flex head forward and swallow to suck through straw. o. Advance with each swallow. p. If patient has trouble swallowing and is allowed fluids, offer a glass of water, advance tube with each swallow until tape marking reaches the nose. q. Monitor for respiratory distress. 			
<ul style="list-style-type: none"> 9. Determine placement <ul style="list-style-type: none"> a. ** Attach irrigation tip syringe, inject 30 ml of air and auscultate whoosh over epigastric area, then gently aspirate back to obtain gastric contents. b. Measure pH of gastric contents with color coded pH paper. c. If tube is not in stomach, advance another 2-2.5 cm and repeat steps 9a and 9b. 			
10. ** Secure proximal end of tube to nose with tape (split), avoiding pressure on nares.			
11. Apply to suction machine and set at rate stated in prescriber's order. If suction is not ordered, cap the distal end of the tube.			
12. Fasten distal end of tube to gown with tape, or loop rubber band around tube with a slip knot and pin to gown.			
13. Unless ordered otherwise, keep head of bed elevated to 30 degrees.			
<ul style="list-style-type: none"> 14. Before leaving room <ul style="list-style-type: none"> a. ** Reposition patient for comfort and safety b. ** Lower bed c. ** Raise appropriate side rails d. ** Leave call light and belongings in reach e. ** Perform hand hygiene 			
Evaluation			
15. Record procedure, patient's response to procedure and evaluation data.			

***S = Satisfactory, ^U = Unsatisfactory**

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