

## Procedure #4:NG Tube

**NG Tube (Naso-gastric Tube):** Is a medical process involving the insertion of a plastic tube -NG Tube- through the nose , past the throat and down into the stomach.

### Purpose of NGT

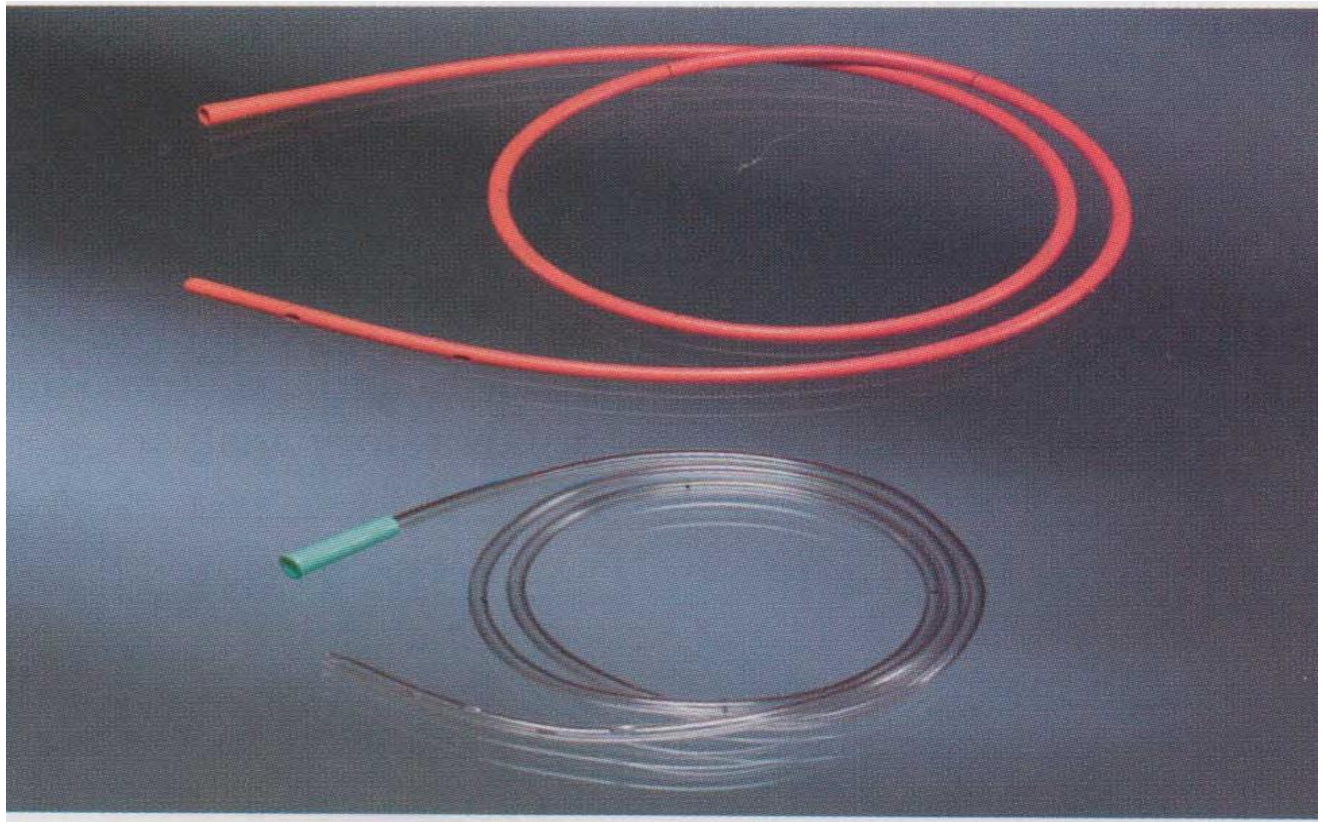
- 1-Gastric gavage:** TO maintain feeding and oral medication.
- 2- Gastric Lavage :**TO wash the stomach in poisoning condition.
- 3-TO suction the stomach content for lab test .**

### Equipment:

- Trolley is clear & Clean gloves
- NG tube
- Glass of water
- Lubricating jelly
- PH test strips
- Emesis basin
- stethoscope
- syringe -50cc-
- adhesive tape
- Suctioning available and ready

**Nasogastric tubes come in different sizes (8, 10, 12, 14, 16 and 18 Fr).**

**Fr---- French Unit ( 1 Fr = 0.33 mm)**



## Performance

### **1. Prior to performing the insertion**

- \* Introduce self and verify the client's identity using agency protocol.
- \* Explain the procedure to the client.
- \*The passage of a gastric tube is unpleasant because the gag reflex is activated during insertion.

**2. Perform hand hygiene and observe other appropriate infection prevention procedures (e.g., clean gloves).**

**3. Provide for client privacy.**

**4. Assessment the client**

-patency of the nostril

- swallowing reflex

- the ability of the client to cooperative

**Assess client's medical history:**

■ Nosebleeds

■ Nasal surgery

■ Deviated septum

■ Anticoagulation therapy

**Assess client's gag reflex.**

**Assess client's mental status.**

**5- Apply clean gloves.**

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- 6- Position the client if conscious in a sitting or high fowlers position. If comatose-semi fowlers.**
- 7- Determine the length of tube to be inserted. Measure distance from the tip of the nose to the earlobe and to the xyphoid process of the sternum.**



## Prepare NG tube for insertion

- 1- Wash Hands
- 2- Put on clean gloves
- 3- Lubricate the tube
- 4- Hand the client a glass of water
- 5- Gently insert tube through nostril to back of throat (posterior naso pharynx).
- 6- Emphasize the need to mouth breathe and swallow during the procedure.
- 7- Swallowing facilitates the passage of the tube through the oropharynx.
- 8- Advance tube each time client swallows until desired length has been reached.
- 9- Do not force tube. If resistance is met or client starts to cough, choke or become cyanotic stop advancing the tube and pull back
- 10- Check placement of the tube:
  - By Auscultation
  - X-ray confirmation
  - aspiration for gastric content
- 11- Secure the tube with tape .

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**Taping a nasogastric tube to the bridge of the nose.**

**Complications**

- Nose bleeding
- Nasal irritation
- Sinusitis
- Sore throat
- Esophageal perforation
- Pulmonary aspiration
- Electrolyte imbalance: hyperkalemia and hypernatremia
- Oral mucosal breakdown