

NG TUBE

Naso-gastric Tube

Seminar -2-

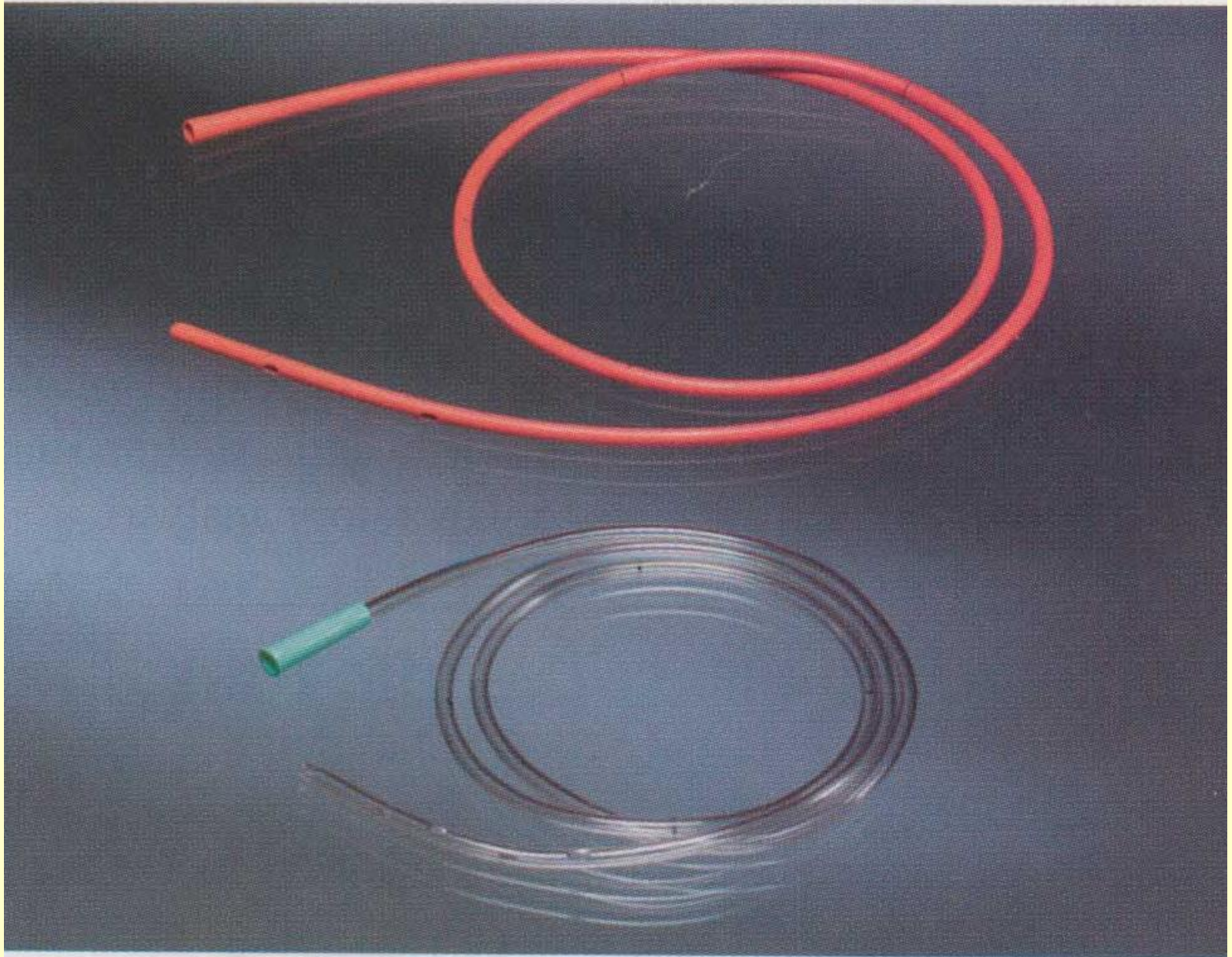
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# Nasogastric tube

-Is a medical process involving the insertion of a plastic tube -NG Tube- through the nose , past the throat and down into the stomach.

# Type of situation that needed NG Tube Administration

- 1-unconscious patient
- 2-restlessness
- 3-poor gag and coughing reflex
- 4-Major surgery
- 5-Intubation
- 6-UN-cooperative in feeding



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

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

## Indication or purpose of NGT

1-TO maintain feeding and oral medication –**gavage-**

2-TO wash the stomach –**lavage-** in poisoning condition

3-TO suction the stomach content

4- TO suction the stomach content for lab test

# Intubation the client with an NG tube

## ■ **Assessment:**

- 1- patency of the nostril
- 2- swallowing reflex
- 3- the ability of the client to cooperative

## ■ **Assess client's medical history:**

- Nosebleeds
- Nasal surgery
- Deviated septum
- Anticoagulation therapy

## ■ **Assess client's gag reflex.**

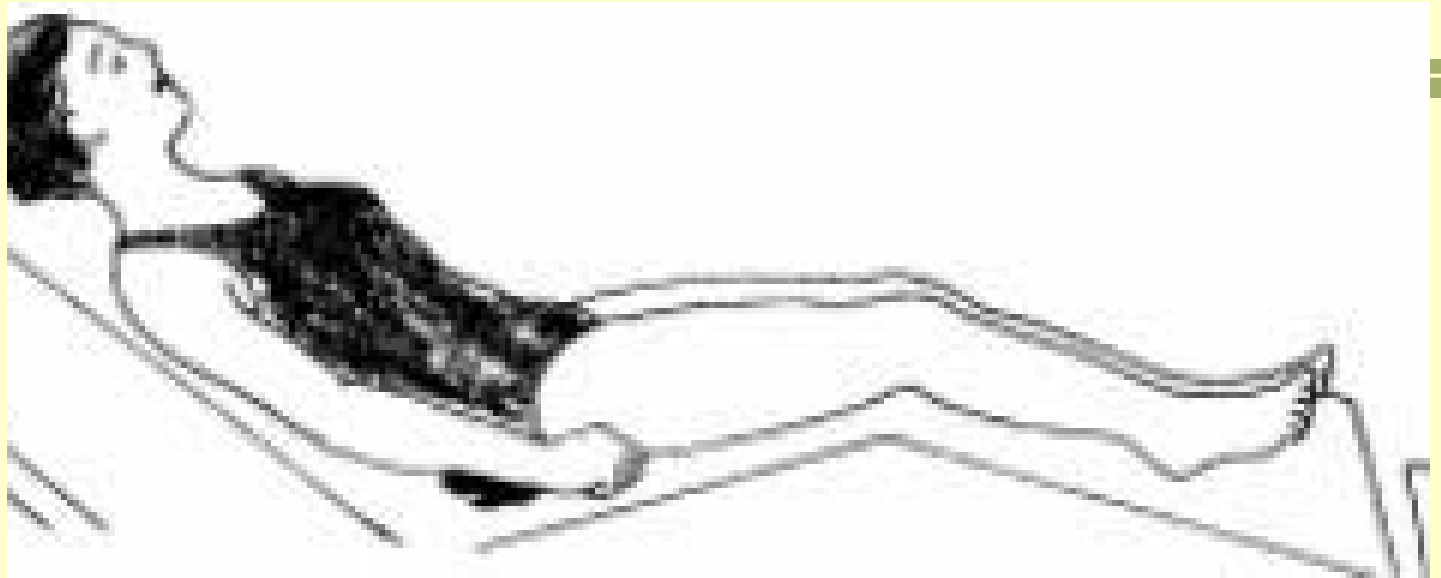
## ■ **Assess client's mental status.**

# Equipment:

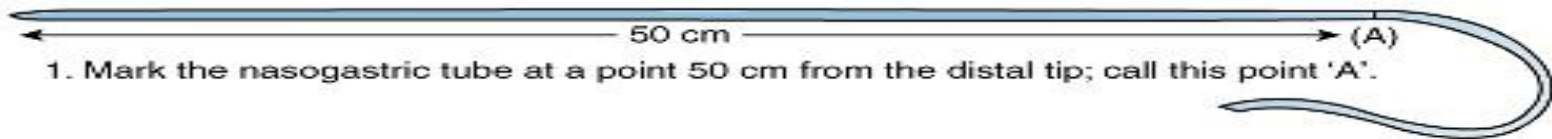
- Trolley is clear
- NG tube
- Glass of water
- Lubricating jelly
- PH test strips
- Emesis basin
- stethoscope
- syringe -50cc-
- 1 inch wide tape or commercial fixation device
- Suctioning available and ready

- Explain the procedure to the client
- **Position the client in a sitting or high fowlers position. If comatose-semi fowlers.**
- 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.





Fowler's Position. Used to promote drainage or ease breathing. Head rest is adjusted to desired height and bed is raised slightly under patient's knees



1. Mark the nasogastric tube at a point 50 cm from the distal tip; call this point 'A'.

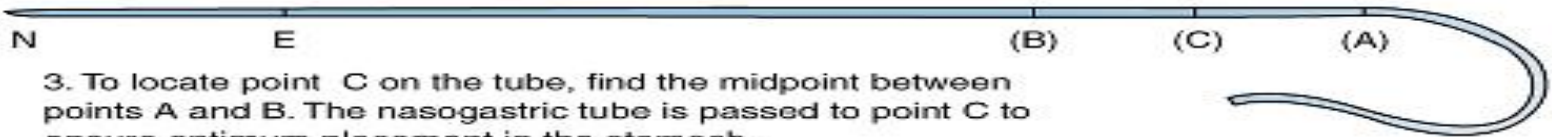


Measuring distance from nostril to tip of earlobe.



Measuring distance from earlobe to tip of xiphoid process.

2. Have the patient sit in a neutral position with head facing forward. Place the distal tip of the tubing at the tip of the patient's nose (N); extend tube to the tragus (tip) of the ear (E), and then extend the tube straight down to the tip of the xiphoid (X). Mark this point 'B' on the tubing.

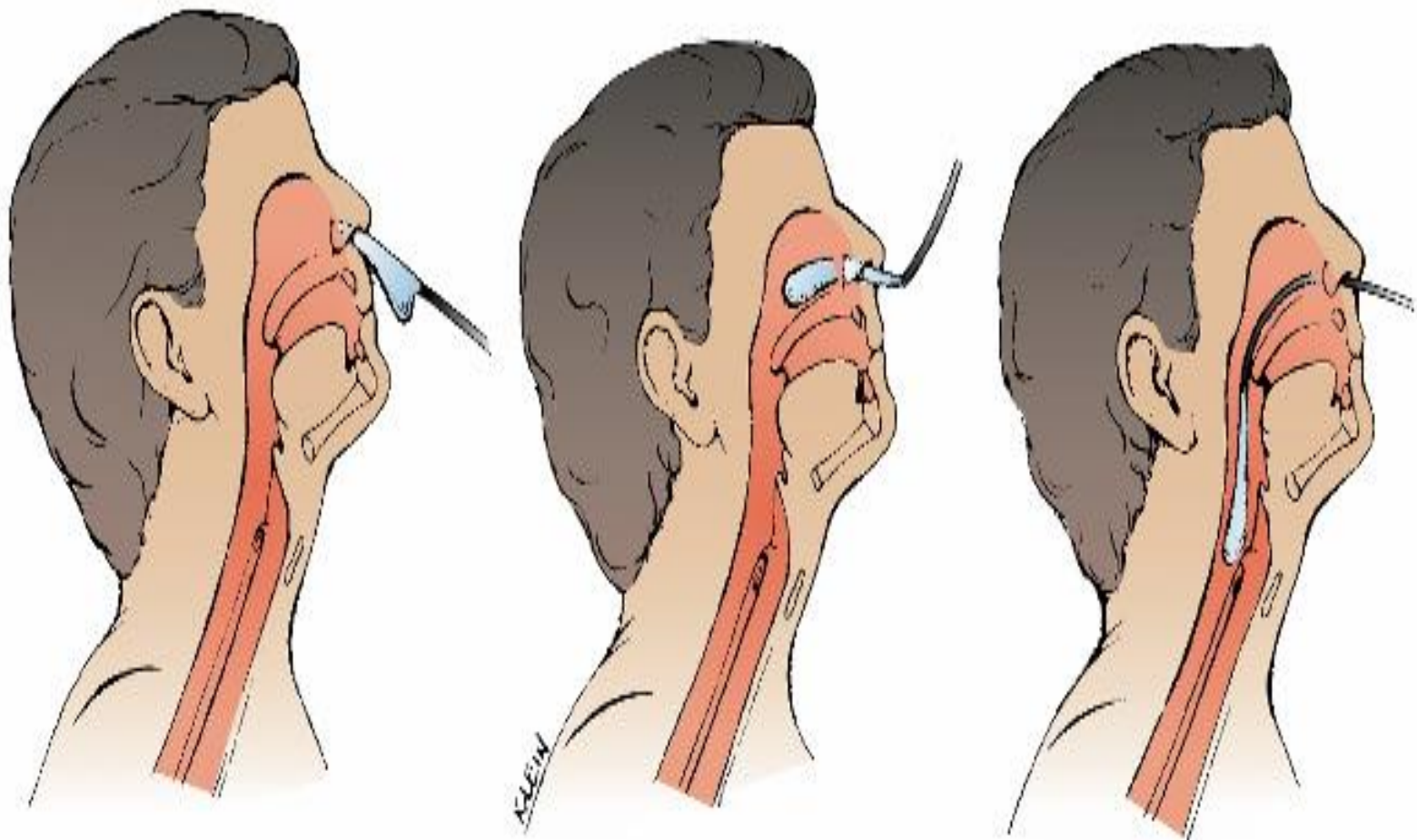


3. To locate point C on the tube, find the midpoint between points A and B. The nasogastric tube is passed to point C to ensure optimum placement in the stomach.

**Figure 36-3** Measuring length of nasogastric tube for placement into stomach.

# Implementation

- 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.



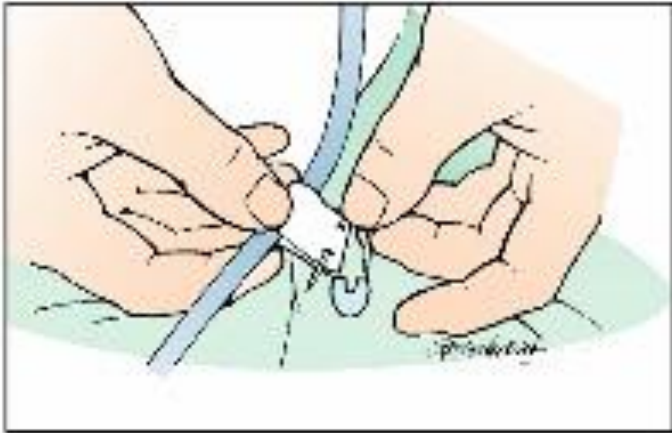
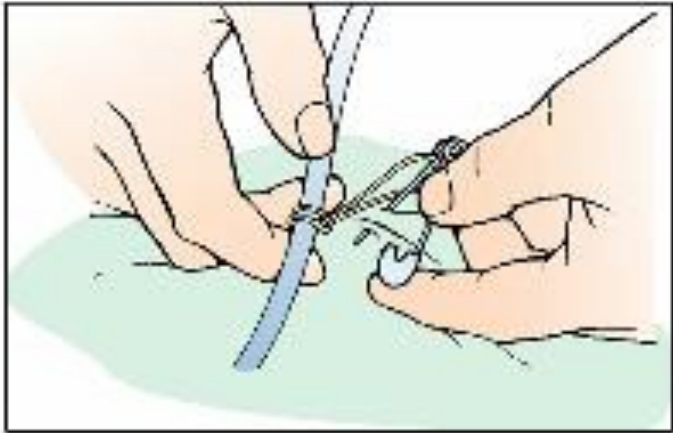
**11 - Check placement of the tube.**

-By Auscultation

-X-ray confirmation

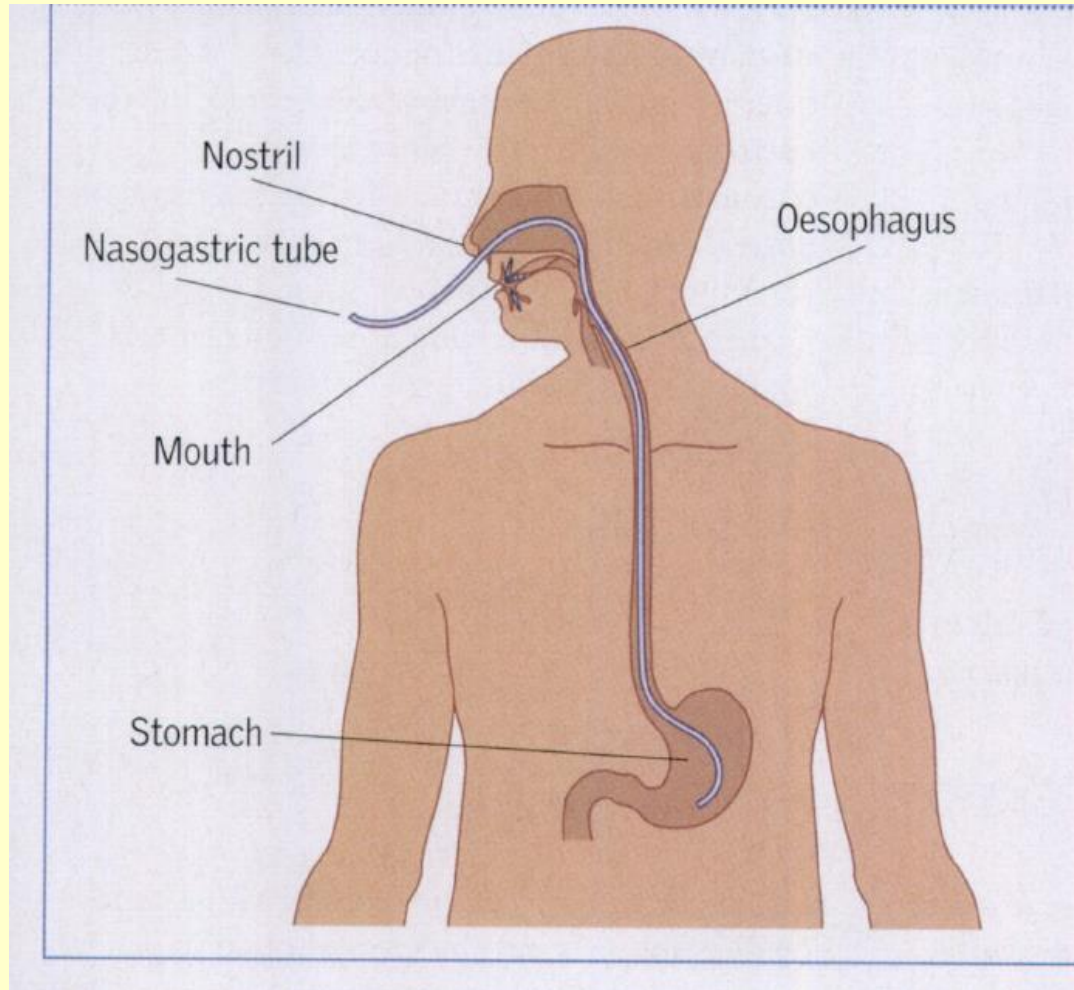
-aspiration for gastric content

**12- Secure the tube with tape .**





# Nasogastric Tube Position



# Complications

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



