



Lecture 14



Subject

Nursing Care for Patient With Nasogastric Intubation

Theoretical

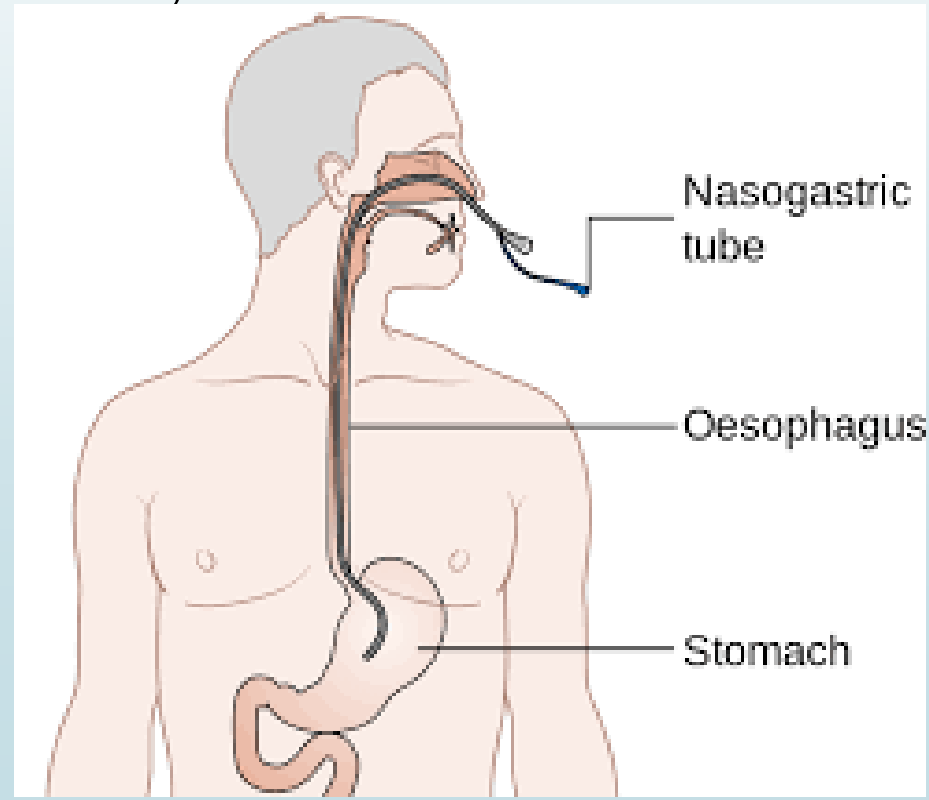
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Nasogastric Intubation

Nasogastric intubation is a medical process involving the insertion of a plastic tube (nasogastric tube or NG tube) through the nose, throat, and down into the stomach.



Purpose from inserting NG tube

1. To administer tube feedings and medications to clients unable to eat by mouth or swallow a sufficient diet without aspirating food or fluids into the lungs.
2. To establish a means for suctioning stomach contents to prevent gastric distention, nausea, and vomiting.
3. To remove stomach contents for laboratory analysis.
4. To lavage (wash) the stomach in case of poisoning or overdose of medications.

Contraindications of NG Tube

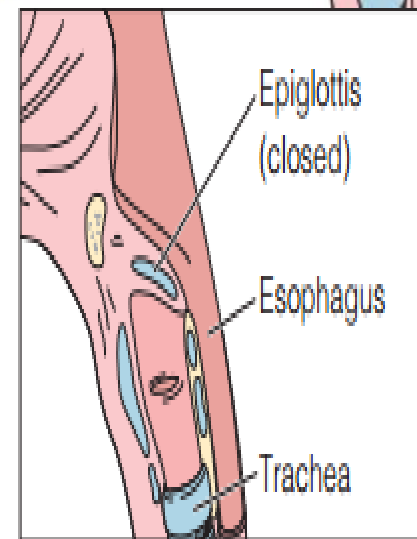
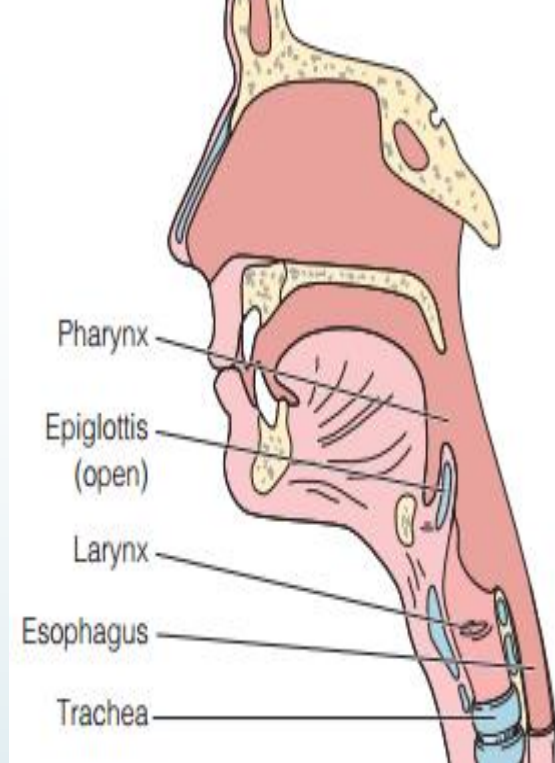
- ❖ patients with moderate-to-severe neck and facial fractures due to the increased risk of airway obstruction or improper tube placement.
- ❖ patients suffering from bleeding disorders.
- ❖ Patient has recent surgery in oropharyngeal, nasal and gastric.

Insertion of NG Tube

1. Wash your hands.
2. Prepare all required equipment's
3. Provide for client privacy.
4. Explain the procedure for patient
5. Position of the patient was high fowler .
6. Assess the client's nares.
7. Select appropriate tube size and determine the length of insertion from the tip of nose to ear and to xiphoid process.



8. Lubricate tube by use topical anesthesia such lidocaine.
9. Flex the neck slightly to insert the tube
10. After insertion the tube the patient may gag; in this situation the patient, if awake and alert, is asked to mimic swallowing or is given some water to sip through a straw, and the tube continues to be inserted as the patient swallows.
11. To confirm the NG tube placement inject the air by syringe and place the stethoscope over the stomach or make chest X-ray.



Swallowing closes the epiglottis.

Administering a Tube Feeding

1. Introduce yourself, Perform hand hygiene, Provide privacy.
2. Assist the client to a Fowler's position, a sitting position.
3. If the tube is placed in the stomach, aspirate all contents and measure the amount before administering the feeding.
4. Check the expiration date of the feeding.
5. Warm the feeding to room temperature.
6. Clean the top of the feeding container with alcohol before opening it.
7. Hang the labeled bag from an infusion pole about 30 cm (12 in.)

8. Clamp the tubing and add the formula to the bag.
9. Open the clamp, run the formula through the tubing, and re-clamp the tube.
10. Permit the feeding to flow in slowly.
11. Instill 50 to 100 mL of water through the feeding tube or medication port.
12. Clamp the feeding tube.
13. Ask the client to remain sitting upright in Fowler's position or in a slightly elevated right lateral position for at least 30 minutes.



2 Using the barrel of a syringe to administer a tube feeding.



Figure 47-17 ■ An enteric feeding pump.

Removing NG Tube

1. Perform hand hygiene
2. Provide for client privacy.
3. Remove the adhesive tape securing the tube to the nose.
4. Instill 50 mL of air into the tube
5. Ask the client to take a deep breath and to hold it.
6. Pinch the tube with the gloved hand
7. Smoothly, withdraw the tube.
8. Place the tube in the plastic bag.

Complications of NG Tube

► Minor complications include

1. Nose bleeds.
2. Sinusitis.
3. A sore throat.

► Sometimes more significant complications occur including

1. Erosion of the nose.
2. Esophageal perforation.
3. Damage to a surgical anastomosis
4. Pulmonary aspiration and a collapsed lung.

Thanks