6.7 **Insertion of Naso Gastric Tube**

**Objectives**

By the end of this section you should know how to:

- Prepare the patient;
- Collect and prepare the equipment;
- Insert naso gastric feeding tube.

**Equipment**

- Clean trolley with general purpose neutral detergent and hot water, rinse and dry; wipe over with 70% alcohol impregnated wipe
- Plastic apron
- Disposable gloves
- Drape
- Fine bore naso gastric tube
- KY jelly
- Mefix tape
- Scissors
- 30 ml syringe
- Stethoscope
- PH indicator strip
- Protection for patient and bed
- Sick bowl
- Paper wipes
- Glass of water and straw if patient NOT nil orally

**Procedure**

- Perform hand hygiene;
- Collect and prepare the equipment;
- Explain procedure to the patient and gain consent and co-operation;
- Ensure the patient has privacy;
- Perform hand hygiene with antiseptic hand wash and put on plastic apron;
- Empty out requirements onto drape on trolley;
- Sit patient as upright as possible, remove any dentures, get patient to blow their nose or clean nostrils gently; check with patient to determine any previous breaks/operations to nose as this may affect passage;
- Protect the patient’s clothing and bed linen;
- Apply disposable gloves;
- Measure with the tube from xiphisternum to earlobe and earlobe to tip of nose (this gives required length of tube to be passed) – there are markings on the tube to act as a guide;
- Lubricate naso gastric tube with KY jelly and insert into nostril;
- Pass tube slowly into naso pharynx a short distance at a time;
6.7 \textbf{Insertion of a Naso Gastric Tube} cont.

\textbf{Procedure cont …}

- If patient is able to co-operate, request that when the tip of the tube is felt in the oro pharynx (back of throat), they swallow, tilting chin down slightly at the same time – the process may also be aided by sipping water through a straw;
- Continue passing the naso gastric tube, observing patient during procedure; check tube is not coiled in pharynx by inspecting patient’s throat;
- Continue to pass naso-gastric tube until the mark is reached;
- Introduce 10-20 ml of air (by syringe) down the tube to check for kinking (if tube is kinked, air will not pass freely – partially withdraw and re-pass tube);
- Secure naso gastric tube with Mefix tape to nose;
- Check tube position (see guidelines);
- Secure naso gastric tube to patient’s cheek with transparent dressing (eg. Tegederm);
- To check position of newly passed naso gastric tube:
  - Aspirate some gastric contents with 30 ml syringe and test with PH indicator strip – PH indicator strip will record 0 – 5 with the acidity of gastric contents;
  - If in doubt, confirm position of tube with x-ray;
- Dispose of equipment as Division policy;
- Perform hand hygiene;
- Document the procedure, monitor after-effects and report abnormal findings immediately.

\textbf{REFERENCES:}