

HOW TO INSERT A NASOGASTRIC (NG) TUBE FOR GASTRIC DECOMPRESSION



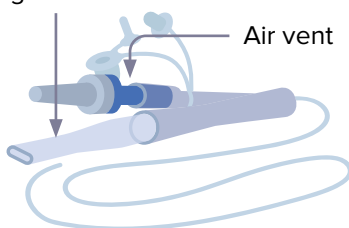
Nasogastric tubes (NGTs) can be used for removal of gastric contents or the transportation of nutrition, water, or medications into the stomach.

Single lumen for suction

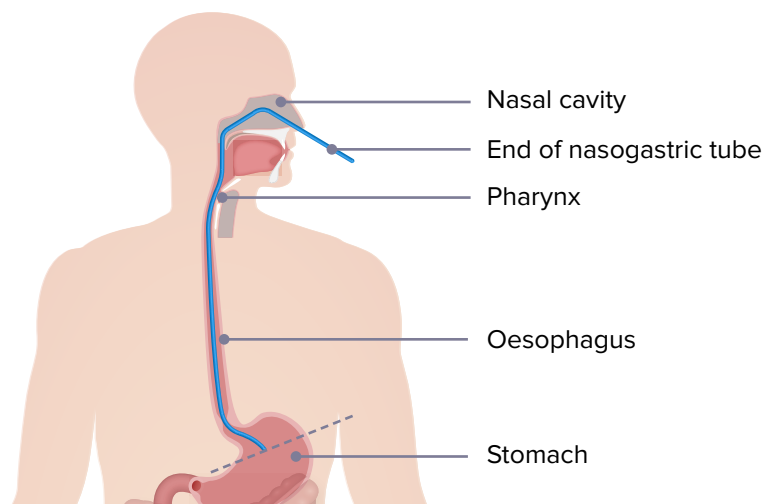


Levin tube

Large lumen for suctioning of gastric contents



Salem sump tube



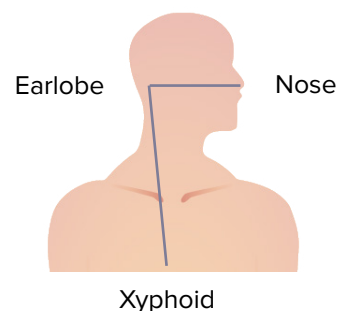
CLINICAL TIP:

Levin (single lumen) and Salem sump (double lumen) are common NGTs. Levin are best for gastric decompression, Salem sump are useful for continuous lavage or stomach irrigation.

CLINICAL TIP:

For adults, NGT should be inserted approximately 30–40 cm from the tip of the nose.

1. Verify provider's orders and check for allergies (lubricant used) for purpose and type of NGT placement. Know if NGT is connected to suction or open to air.
2. Explain procedure and complete any appropriate assessments (mental status for cooperation, cough, gag reflex, abdominal assessment).
3. Check nares for patency by having client close each nostril and breathe in and out.
4. Measure length of NGT by measuring from tip of the nose → earlobe → xiphoid process of the sternum. After measuring, add additional 15 cm to ensure placement into the stomach.
5. Mark the measured length with tape.
6. Don clean gloves.
7. Once marked and measured, apply lubricant to the tip of the tube and gently insert through identified nostril to the back of the throat (aim back and down toward the ear). Ask client to swallow to assist with movement of the NGT.
8. As the tube passes down the back of the throat, have client bend their head forward, chin to chest, to facilitate movement downward of the tube.
9. Continue to advance tube until measured length reaches tip of the client's nose.
10. Adhere tube to client's face/cheek.
11. Confirm placement of NG tube according to facility policies. Document amount and color of contents each shift or per policy.



CLINICAL TIP:

Resistance while advancing the NGT can occur if placement is not accurate. In this case, pull the tube tip back slightly, angle downward and readvance. If client begins having difficulty breathing or makes choking noises, remove the NGT and reattempt.

CLINICAL TIP:

If difficulty placing NG tube or limited drainage, follow facility policies for radiographic verification.

NOTES

