

# ADVANCED AIRWAY MANAGEMENT

## NASOGASTRIC TUBE INSERTION

### OVERVIEW:

While a patient is being ventilated, trapped air can gather in the stomach increasing the risk of vomiting and aspiration. In addition, an enlarged stomach can expand and push against the diaphragm, inhibiting the ability of the heart and lung expansion.

### INDICATIONS:

- ❑ For the administration of activated charcoal in the overdose/poisoning patient who will not or cannot ingest by mouth.
- ❑ To relieve gastric distension in full arrest patients who are intubated

### CONTRAINDICATIONS:

- ❑ Facial fractures
- ❑ Known alkali or acid ingestion
- ❑ Known esophageal disease (May be performed with physician order)
- ❑ Esophageal obstruction
- ❑ Unconscious patients with unsecured airway (intubate first)

### PROCEDURE:

- ❑ Use proper PPE
- ❑ Place patient's head in neutral position.
- ❑ Measure from epigastrium to angle of jaw, then to tip of nares
- ❑ Lubricate distal end of tube
- ❑ While occluding one nostril, determine which nare the patient has the best airflow and select for placement.
- ❑ Consider placing a nasopharyngeal airway in first to facilitate placement of the NG tube
- ❑ Insert gently into the nares and move along the nasal floor, with the bevel facing the septum
- ❑ Resistance will be felt as the tip of the tube reaches the nasopharynx; this is the most uncomfortable part of the procedure.
- ❑ If there is difficulty inserting into nare, consider using opposite nare
- ❑ Direct the patient to swallow or take a sip or two of water
- ❑ Coughing or gagging is common. The patient should maintain the ability to speak throughout. Inability or difficulty speaking, or excessive coughing, indicates the tube is in the trachea.
- ❑ If the tube curls into the mouth or goes into the trachea, DO NOT completely withdraw it; move it back to the level of the nasopharynx and attempt insertion again
- ❑ Once the patient begins to swallow, the tube should be passed quickly to the measured mark
- ❑ Advance to predetermined length
- ❑ To confirm placement:
  - Ask the patient to talk
  - Using an irrigation syringe, empty 30-60cc of air into the stomach while auscultating with a stethoscope over the epigastric region for the sound of air in the stomach.
  - Aspirate stomach contents using the syringe
- ❑ Remove tube if no air sounds are heard
- ❑ Securing the tube use a piece of tape split lengthwise down the middle
- ❑ Apply tape to nose; wrap tube with split tape ends

### CONSIDERATIONS:

- ❑ This procedure should not delay transport