

Orogastric Tube Insertion and Maintenance – 30.135

OVERVIEW:

While a patient is being ventilated with a BVM, trapped air can gather in the stomach increasing the risk of vomiting and aspiration. In addition, an enlarged stomach pushes against the diaphragm to increase intrathoracic pressure, decrease venous return and interferes with lung ventilation.

INDICATIONS:

To alleviate gastric distention, reduce aspiration and facilitate ventilation in intubated patients.

CONTRAINDICATIONS:

- A. Known alkali or acid ingestion.
- B. Known esophageal varices.
- C. Esophageal obstruction.
- D. Suspected epiglottitis or croup.

PROCEDURE:

- A. Assemble equipment:
 - a. Proper size orogastric tube
 - b. Lubricant
 - c. 30 or 60 cc syringes
 - d. Suction unit

Gastric Tube Size Guide	
Age	Size
Less than 1 year	Refer to Pediatric Guide
1 yr. to 16 yrs.	10 – 14 French
Older than 16 yrs.	Up to 18 French

- B. With patient's head in a neutral position measure tube length from xiphoid process to angle of jaw to corner of the mouth. Place a mark on the tube to indicate how far to advance the tube.
- C. Lubricate end of tube; about 3-4 inches.
- D. Gently insert tube and advance toward posterior oropharynx.
- E. For non-traumatic patients, repositioning the head into a slightly flexed forward position may facilitate OG tube passage past the hypopharynx and into stomach.
- F. Continue to insert tube to the measured mark). Secure tube with tape.
- G. Attach syringe to the distal end of the OG tube.
- H. Confirm tube placement by placing stethoscope over epigastrium and auscultate while inserting 30-66 cc of air in tube. You should hear gastric gurgling.
- I. Secure tube in place with tape.
- J. Place the tube to low continuous suction as needed, gastric contents should be visible in tubing.
- K. Document tube size and depth; color, consistency and amount of gastric contents.

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NOTES AND PRECAUTIONS:

- A. OG tube placement can cause bradycardia
- B. Do not delay transport for this procedure
- C. Monitor oxygen saturation and end tidal CO₂ continuously