THE STUDY VAULT

Clinical Chaos

Orogastric Tube

SKILL SNAPSHOT

Purpose
- Provides gastric access through the mouth for decompression, drainage, feeding, medication, lavage, or sampling.

When to use
- Ordered when nasal insertion is unsuitable, including some intubated patients, neonates, or facial/nasal contraindications.

Supplies needed
- Correct OG tube; water-soluble lubricant; bite block if appropriate; pH strips; syringe; securement; suction/feeding equipment; PPE.

PREP + PATIENT SETUP

- Verify order, tube type/size, purpose, and placement-confirmation plan.
- Assess mouth, gag/swallow, consciousness, airway device, abdomen, and esophageal/gastric contraindications.

VAULT TIP

- With an ETT present, one clinician protects the airway while the other advances the OG tube.

STEP-BY-STEP

1. Hand hygiene; identify patient; explain procedure and establish stop signal when patient is awake.
2. Apply PPE. Inspect oral cavity; remove dentures and suction secretions if needed.
3. Measure insertion length using the facility-approved oral method and mark tube.
4. Lubricate distal tube with water-soluble lubricant.
5. Insert through mouth over tongue toward posterior pharynx, avoiding trauma to teeth, gums, and airway equipment.
6. For an awake patient, flex head forward if safe and ask them to swallow as tube advances.
7. For an intubated patient, advance carefully beside the ETT while another clinician protects the airway and monitors tube position.
8. Stop for respiratory distress, persistent coughing, cyanosis, coiling in mouth, resistance, or change in airway pressures.
9. Advance to marked length without force and temporarily secure.
10. Confirm initial placement with the required approved method; use radiography before feeding/medication when required. Do not use air-bolus auscultation.
11. Secure at mouth/ETT holder without pressure on lips or tube; use bite block only when indicated and safe. Document external length.
12. Connect to prescribed suction/drainage or use only after verification. Provide frequent oral care and reassess position after movement.

SAFETY REMINDERS

- Never use before placement is verified.
- Protect ETT position and cuff during insertion.
- Avoid unprotected placement in a patient who cannot protect the airway unless clinically managed.
- Watch for oral pressure injury and tube biting.

COMMON MISTAKES

- Using nasal measurement without adjustment.
- Forcing past resistance.
- Securing tightly to lip or ETT.
- Using the “whoosh” test.

DOCUMENTATION

- Tube type/size, oral insertion length.
- Placement verification method/result.
- Securement and oral mucosa condition.
- Suction/output or feeding use.
- Tolerance, airway response, complications, notifications.