THE STUDY VAULT

Clinical Chaos

Nasogastric Tube

SKILL SNAPSHOT

Purpose
- Provides gastric decompression, drainage, medication, feeding, lavage, or sampling through the nose into the stomach.

When to use
- Ordered for obstruction/ileus decompression, enteral access, gastric drainage, or other specific indication.

Supplies needed
- Correct NG tube; water-soluble lubricant; pH strips; syringe; securement; glass of water/straw if allowed; suction setup; PPE; basin; capnography device if available/policy.

PREP + PATIENT SETUP

- Verify order, tube type/size, purpose, suction/feeding plan, and contraindications.
- Assess nares, gag/swallow, consciousness, abdomen, respiratory status, and facial/skull/esophageal history.

VAULT TIP

- Placement is an ongoing assessment, not a one-time event. Compare the external mark before every use.

STEP-BY-STEP

1. Hand hygiene; identify patient; explain procedure and establish stop signal. Position high Fowler unless contraindicated.
2. Apply PPE. Choose most patent nostril; inspect mucosa and remove dentures if needed.
3. Measure insertion length using facility-approved method and mark tube; do not rely on a method prohibited by policy.
4. Lubricate distal tube with water-soluble lubricant.
5. Insert gently along floor of nasal passage toward ear, not upward. Never force against resistance.
6. At nasopharynx, flex head forward if safe. Ask patient to swallow water if allowed while advancing during swallows.
7. Stop immediately for persistent coughing, choking, cyanosis, inability to speak, respiratory distress, or coiling in mouth. Withdraw and reassess.
8. Advance to marked length without forcing. Temporarily secure tube.
9. Confirm initial position using the required approved method; radiography is the standard before feeding/medication when required. Do not use air-bolus auscultation.
10. After confirmation, secure to nose without pressure; anchor tubing to gown and document external length.
11. Connect to prescribed suction/drainage or begin use only after placement is verified. Keep suction and vent lumen set up per tube instructions.
12. Provide oral/nasal care, maintain head elevation, monitor output and abdomen, and verify position before each use and after coughing, vomiting, or movement.

SAFETY REMINDERS

- Never use an unverified tube for feeding or medications.
- Do not rely on the “whoosh” test.
- Suspected basilar skull/midface trauma may contraindicate nasal insertion.
- Stop for respiratory distress or unexpected resistance.

COMMON MISTAKES

- Directing tube upward in nostril.
- Forcing through resistance.
- Using auscultation to confirm placement.
- Failing to document external length.

DOCUMENTATION

- Tube type/size, nostril, insertion length.
- Placement verification method/result.
- Securement and skin/mucosa condition.
- Suction setting/output or feeding use.
- Tolerance, teaching, complications, notifications.