



NASOGASTRIC TUBE



Escambia County, Florida - ALS/BLS Medical Protocol

Nasogastric Tube insertion is indicated to relieve gastric distention in the ventilated patient who meet the following criteria:

1. The adult patient with noticeable gastric distention that interferes with ventilatory support.
2. Any pediatric patient that is intubated or receives long term (>3 minutes) ventilation by Bag Valve Mask.

Cautions

1. **This procedure must not be performed in the presence of frontal head or mid-facial trauma where the cribriform plate may be fractured.**
2. **DO NOT FORCE THE NG TUBE.** If resistance is felt, withdraw slightly and gently reinsert using a twisting motion to avoid the turbinates in the nose.
3. The NG tube should be passed through the nasal cavity in a horizontal position.

Procedure


1. Ready the proper size tube (adult 16 french/pediatric as per the Broselow Tape 6 - 16 french), 60 cc syringe, water soluble lubricant, and tape.
2. Measure the tube by placing over the stomach region and extend to the ear and then to the nose. (Note tube mark at this time.)
3. Lubricate the end of the tube with Lidocaine gel and insert into the largest nares, advancing until the tube mark noted above is at the nares opening. (The conscious patient can assist while swallowing during insertion.) It may also be advisable to spray the mouth and nose with Cetacaine.



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Approved by:


Charles Neal, D.O. Medical Director

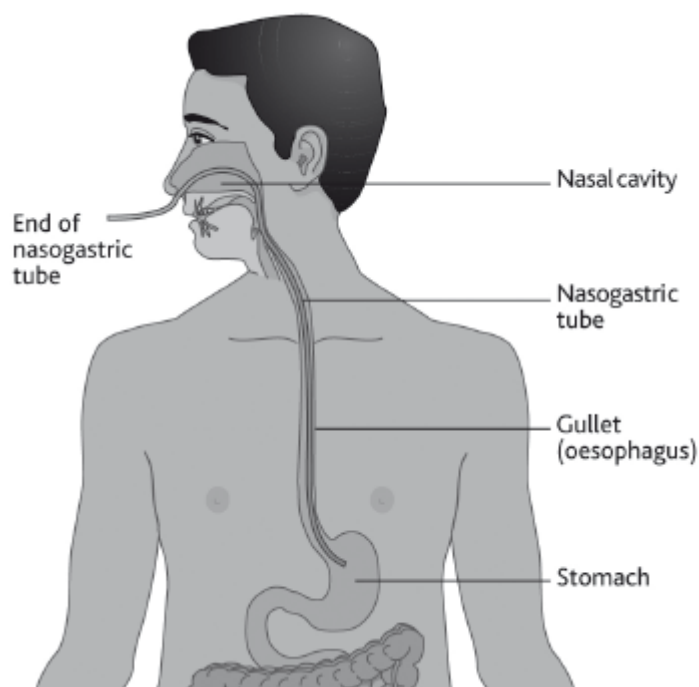


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4. Verify placement by auscultating epigastric sounds while inserting 20-30 cc's of air.
5. Tape in place and note depth of tube on the run report.



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