SCOPE:
Poudre Valley Hospital EMS Division

PURPOSE: To define the indications and placement of nasogastric or orogastric tubes

Procedure Protocol: NG/OG Tube

Indications

A. Following endotracheal intubation and securing the airway in cardiac arrest or unconscious respiratory arrest patients, to decompress the stomach.
B. After King tube placement to decompress the stomach.
C. In alert, awake patients with history of bowel obstruction and uncontrolled vomiting after a direct order from medical control.
D. A written PRN order by a transferring physician during interfacility transport.

Contraindications

A. Caustic ingestions
B. Uncontrolled airway
C. Never place an NG in any patient with the possibility of facial or head trauma. The tube should be placed through the oral cavity alongside the endotracheal or through the King Tube port in this situation.
D. Always maintain spinal precautions in trauma patients.

Technique for Awake Patients

A. NG placement in awake patients is limited to adults. Assemble supplies needed [Lubricant, tape, clamp, irrigating syringe [Toomey], cup of water, emesis basin.
B. Explain the procedure and have the patient sit up.
C. Measure the tube from the nose to the approximate location of the stomach and mark the tube.
D. Lubricate the tube generously.
E. Pass the tube gently along the floor of the nasal passage as in a nasal intubation. You should feel some release of resistance when the tube enters the nasopharynx. Instruct the patient to start swallowing from the cup of water. Slight flexion of the neck helps to
avoid tracheal placement.

F. Advance the tube to the mark you noted earlier. Check tube by listening for bubbling over the stomach while passing approximately 20ml of air into tube. Confirmation can also be made by withdrawing gastric contents.

G. Tape tube securely to nose. Attach suction if necessary, regulate to 80-100 cm H2O

H. Coughing and choking indicate tracheal placement. Remove and reattempt when patient calms down. Withdraw tube into the posterior pharynx and advance again.

I. Excessive coughing and gagging may indicate a coiled tube. Visually inspect oropharynx. If tube coils are present withdraw tube and reattempt.

Technique Unconscious, Intubated Patient

A. Obtain a 14-16F NG tube for adults or a 10-12F NG tube for children. Prepare the tube, equipment, and measure the tube from the nose to the approximate location of the stomach and mark the tube.

B. Patient remains supine for this procedure.

C. Lubricate the tube generously.

D. Pass the tube gently along the floor of the nasal passage as in a nasal intubation, or through the mouth in oral intubations. In nasal intubations some mild resistance may be encountered in the nasopharynx. Never place a NG tube in patients with the possibility of head or facial trauma.

E. Slight flexion of the neck helps to avoid tracheal placement, but should never be done in trauma patients.

F. Advance the tube to the mark you noted earlier. Check tube by listening for bubbling over the stomach while passing approximately 20cc of air into tube. Confirmation can also be made by withdrawing gastric contents.

G. Tape tube securely to nose. Attach suction if necessary, regulate to 80-100 cm H2O.

H. The primary method of determining placement in cardiac arrest patients is by listening to air sounds over the stomach and lungs, and by aspirating stomach contents. If the tube is in the lungs, withdraw it and reattempt.

I. It is also common for the tube to coil up in the mouth. Check visually if having trouble.

Side Effects and Specific Information

A. Placement of an NG in a non-intubated conscious patient will be a very rare occurrence in the field. It is most appropriate as a standing order on a prolonged
interfacility transport.

B. It is appropriate to ask for this order only if the patient clinically has a presentation suggesting a bowel obstruction, if the patients vomiting cannot be controlled with medications, and the transport is going to be prolonged because of distance or other factors.

<table>
<thead>
<tr>
<th>Protocol: NG/OG Tube Placement</th>
<th>EMT- B</th>
<th>EMT - IV</th>
<th>EMT-P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NG/OG in intubated patients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult and pediatric</td>
<td></td>
<td>SO</td>
<td></td>
</tr>
<tr>
<td><strong>Awake patients with bowel obstruction and protracted vomiting</strong></td>
<td></td>
<td>DO</td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interfacility transport in awake patients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td>DWO</td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES: