

NASOGASTRIC TUBE FOR DECOMPRESSION AND GASTRIC LAVAGE

- PURPOSE:** To outline the management of the patient who has a nasogastric (NG) or orogastric (OG) tube in place for gastric decompression or gastric lavage.
- SUPPORTIVE DATA:** NG/OG tubes vary depending on method of decompression ordered:
- Straight, non-vented tube for patients requiring low intermittent suction or to gravity drainage
 - Vented (Salem sump-type) for patients requiring continuous suction
- NG or OG tubes that are used only for lavage in an emergency situation (e.g. for drug overdose or gastrointestinal bleed) or for decompression do not need radiologic placement confirmation. Tube placement must be confirmed by Xray, though, before the tube is used for medication administration or for tube feeding. See Enteral Feeding and Medication Administration Nursing Clinical Protocol for more information.
- ASSESSMENT:**
1. Verify the placement and patency of tube
 - At time of insertion and prior to lavage/ irrigation by assessing for:
 - Absence of gagging, coughing, respiratory distress, inability to talk (would indicate tube is in trachea)
 - Aspiration of gastric contents (fluid or blood)
 - Every 4 hours for:
 - Presence of fluid or blood draining into suction catheter or per aspiration from tube
 - Respiratory distress
 2. Assess for the following a minimum of every 8 hours (ICU: 4 hours):
 - Presence of abdominal distention
 - Quantity and color of drainage
 - Bowel sounds (turn off suction to assess)
 - NGT/OGT insertion site/ presence of skin breakdown/wound
 3. Measure the following a minimum of every 8 hours:
 - Abdominal girth in pediatric patients as ordered
 - Intake and Output
 - Residual to ensure suctioning is working
 4. Monitor the following during gastric lavage:
 - Presence of respiratory distress
 - Drainage/aspirate
- LAVAGE/ IRRIGATION:**
5. Irrigate NG tube with water if clogged.
 - 5-10 mL for pediatric patients as ordered
 - 25-50 mL for adults
 6. Lavage stomach per NG/OG tube with water as ordered – instill no more than 250 mL at a time (per physician order for pediatrics).
- SUCTION:**
7. Instill 5 mL air into vented port of vented tubes every 4 hours (use air only, do not instill fluid or medications).
 8. Do not clamp or tie vented port.
 9. Maintain suction (intermittent or continuous) as ordered.
- MOUTH CARE:**
10. Provide mouth and naris cares a minimum of every 4 hours.
- TUBE MAINTENANCE:**
11. Prevent injury to naris by positioning tubing to create least amount of pressure on tissue.
 12. Provide care daily (every 24 hour) or as needed for NG or OG to include:
 - Inspect and clean skin
 - Laterally reposition tube
 - Apply fresh tape

- Dab water-soluble lubricant on the nostrils as needed

SAFETY:

13. Check tube placement prior to irrigation.
14. Tape tube securely.
15. Clamp tube only for transport of patient or for 30 minutes after medication administration if on suction.

PATIENT/ FAMILY TEACHING:

16. Teach the following:
 - Purpose and function of NG/OG tube
 - How to avoid accidental dislodgement
 - Signs and symptoms to report
 - Nausea
 - Pain at naris
 - Abdominal pain
 - Respiratory distress
 - Role in maintaining accurate intake and output

REPORTABLE CONDITIONS:

17. Notify the physician immediately for the following:
 - Vomiting
 - Increased abdominal girth
 - Loss of bowel sounds
 - Respiratory distress
 - Suspected misplacement of the tube (e.g. gagging, coughing, inability to speak). Remove tube before notifying physician unless physician has ordered not to remove tube, e.g.. if tube was placed in the operating room.

ADDITIONAL STANDARDS:

18. Implement the following as indicated:
 - Intravenous Therapy
 - Restraints

DOCUMENTATION:

19. Document in accordance with documentation standards
20. Document assessment and care including daily tube repositioning and tape change in Gastrointestinal tubes section of iView.

REFERENCES:

Hodin, R. A., & Bordeianou, L. (2016). Nasogastric and nasoenteric tubes. Retrieved from www.uptodate.com

Phillips, J. K. (2011). Gastric lavage in hemorrhage and overdose. In D. L. M. Wiegand (ed), *AACN Procedure manual for critical care*, 6th Ed. St. Louis: Elsevier Saunders.

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