

**#66 & #67 - INSERTING A NASOGASTRIC TUBE & REMOVING A FEEDING TUBE**

**(TEST)**

**I acknowledge I have physically practiced and successfully learned the following skill(s):**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TIME LIMIT: 30 Minutes**

**\*Must Complete Charting Note and ICP (Altered Nutrition) before Testing**

	<b>P2</b>	<b>P3</b>	<b>TEST</b>	<b>Points/Comments</b>
<b><u>REMOVAL OF FEEDING TUBE</u></b>				
1. Verified the health care provider's orders.				*
2. Gathered the necessary equipment and supplies.				1
3. Provided for the patient's privacy, performed hand hygiene				*
4. Introduced self to the patient and family.				*
5. Identified the patient using two identifiers.				*
6. Explained the procedure to the patient and put on clean gloves.				2
7. Positioned the patient in semi-Fowler or high-Fowler position as tolerated. Raised the bed to a comfortable working level.				1
8. Placed a clean towel over the patient's chest and provide facial tissues.				1
9. Clamp the NG tube.				
a. If connected to suction, turn off suction and disconnect the NG tube from it.				1
b. If connected to an enteral feeding system, turn off the feeding pump and disconnect the NG tube from the tubing.				1
10. Removed the tape, membrane dressing, or tube-fixation device with which the feeding tube is secured.				1
11. Instructed the patient to take a deep breath and hold it.				1
12. Grasped the tube and pulled it out steadily and smoothly. Disposed of the tube in the appropriate receptacle.				*

13. Instructed the patient to breathe normally.			1
14. Offered tissues to the patient to blow his or her nose. Offered mouth care to the patient.			2
<b><u>INSERTING A NASOGASTRIC TUBE</u></b>			
1. Explained the procedure. Assessed the patient's cough and gag reflexes.			*
2. Positioned the patient upright in the high Fowler's position, unless contraindicated. When the patient was comatose, raised the head of the bed into the semi-Fowler's position. When the patient must lie supine, placed him or her in the reverse Trendelenburg position.			2
3. Applied the pulse oximeter, and measured the patient's vital signs.			*
4. Assessed the patency of each nare.			1
5. Measured the distance from the tip of the nose to the earlobe, and then from the earlobe to the xiphoid process of the sternum. Marked the required tube length.			1
6. When the tube had a surface lubricant, dipped it into a glass of room-temperature water. For other tubes, applied a water-soluble lubricant.			1
7. Applied clean gloves.			*
8. Prepared the NG or nasogastric tube for intubation:			1
a. Used a 30-mL to 60-mL catheter-tip syringe, injected 10 mL of water into the tube.			
9. Explained the procedure to the patient, and then gently inserted the tube through one nostril to the back of the throat.			1
10. As the tube passed the nasopharynx, had the patient bend his or her head toward the chest.			*
11. If drinking water is not contraindicated and the patient preferred, provided small sips of water along with encouragement to swallow as the tube is inserted and advanced. Advanced the tube as the patient swallowed. Emphasized that the patient needed to mouth breathe and swallow throughout the procedure.			2
12. When the tip of the tube was approximately 25 cm to 30 cm, assessed for air coming out of the tubing. If air was present, withdrew the tube and started again. If there was no air, continued to advance the tube to the distance marker.			*

13. Checked the tube position at the back of the patient's throat with a penlight and tongue blade. Ensured tube was not coiled in posterior pharynx.			1
14. Anchored tube to patient's cheek with tape.			1
15. Verified placement of nasogastric tube per organization's practice. Air Bolus or pH strip.			*
16. Clamped the tube.			*
17. Anchored the tube to the patient's nose, avoiding pressure on the nares. Marked the exit site on the tube with indelible ink.			*
18. Labeled tubing at a site close to patient and at a site close to source when there are different access sites or several bags.			1
19. Fastened the end of the NG tube to the patient's gown using a clip or a piece of tape.			1
20. Helped the patient into a comfortable position.			1
21. Obtained a chest or abdominal x-ray to verify placement.			*
22. Applied clean gloves, and administered oral hygiene. Cleaned the tubing at the nostril with a washcloth dampened in mild soap and water.			2
23. Disposed of used supplies.			1
24. Removed and disposed of used gloves. Performed hand hygiene.			*
25. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.			1
26. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.			*
27. Raised the appropriate number of side rails and lowered the bed to the lowest position.			*
28. Documented and reported the patient's response and expected or unexpected outcomes.			*

