

#68 - MANAGING A NASOGASTRIC TUBE

(Partner Check-Off)

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

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Verified the health care provider's orders.				
2. Checked the length of the tube in previous documentation, and followed agency policy and procedure.				
3. Gathered the necessary equipment and supplies.				
4. Performed hand hygiene, and provided for patient privacy.				
5. Introduced self to the patient and family.				
6. Identified the patient using two identifiers.				
7. Prepared equipment at the patient's bedside, and applied clean gloves.				
8. Assessed the patient for nausea or abdominal pain. Checked bowel sounds. Ensured that suction was turned off prior to auscultating for bowel sounds.				
9. Traced tubing or catheter from the patient to point of origin (1) before connecting or reconnecting any device or infusion, (2) at any transition (e.g., new setting), and (3) as part of the hand-off process.				
10. Verified NG tube placement: <ol style="list-style-type: none"> Followed guidelines for time of testing based on situation and feedings/suction orders. Drew 30 mL of air into a 60-mL syringe, and attached the syringe to the end of the feeding tube. Flushed the tube with 30 mL of air before attempting to aspirate fluid. When necessary, repositioned the patient from side to side. Used more than one bolus of air when required to flush the tube. Drew back the syringe plunger slowly, and obtained 5 mL to 10 mL of gastric aspirate. Observed the appearance of the aspirate. Gently mixed the aspirate in the syringe. Expelled a few drops into a clean medicine cup. Measured the pH by dipping a pH strip into the fluid or by applying a few drops of aspirate to the strip. Compared the color of the strip to the color on the manufacturer's chart. If after repeated attempts aspirate cannot be obtained from a tube confirmed by x-ray to be in the desired position, and if there were no risk factors for tube dislocation, monitored the external length of the tube and observed the patient for evidence of respiratory distress. 				

- | | | | | |
|---|--|--|--|--|
| <p>11. Irrigated the NG tube: Irrigated routinely and before, between, and after final medication, and before an intermittent feeding.</p> <ol style="list-style-type: none"> Drew up the amount and type of irrigant prescribed by the practitioner or per the organization's practice into a catheter-tip syringe. Made sure not to use irrigation fluids from bottles that had been used on other patients. Changed the irrigation bottle every 24 hours. Clamped the feeding tube while disconnecting it from the administration tubing or while removing the plug at the end of the tube. If a plunger was present, removed it and inserted the tip of the catheter syringe into the end of the feeding tube. Unclamped the NG tube, and slowly instilled the irrigation solution. When unable to instill the fluid, repositioned the patient onto his or her left side and tried again. When the water had been instilled, removed the syringe. Reconnected the tubing, recorded the amount and type of fluid instilled, and reinstated the tube feeding, or administered a medication as ordered. Flushed each medication completely through the tube. Removed and discarded gloves. Disposed of used supplies. Performed hand hygiene. | | | | |
| <p>12. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.</p> | | | | |
| <p>13. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.</p> | | | | |
| <p>14. Raised the appropriate number of side rails and lowered the bed to the lowest position.</p> | | | | |
| <p>15. Disposed of used supplies and equipment. Left the patient's room tidy.</p> | | | | |
| <p>16. Removed and disposed of gloves. Performed hand hygiene.</p> | | | | |

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *****=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____