NG TUBES

Aims

- Understand when/why placed
- Support the woman having an NG Tube
- Place an NG (trust dependent)
- Care for women with an NG tube
- Safely remove an NG Tube

Reasons for use

- Gastric emptying in bowel obstruction
- Decompression of the stomach
- Obtaining a specimen of gastric contents
- Enteral feeding
- Gastric lavage

Contraindications

- In the following circumstances
- Maxillo – facial disorders, surgery or trauma
- Oesophageal tumours or surgery
- Laryngectomy
- Patients who have had oro-pharyngeal tumours or oro-pharyngeal surgery
- Skull fractures
- Nasal C.P.A.P
- Unstable Cervical Spinal Injuries (involving vertebrae 4 or above)
- Oesophageal varices.

Considerations

- Do not attempt to pass more than 3 times, refer on
- Stop if evidence of respiratory depression
- May induce gagging or vomiting
- If unsuccessful refer on- consider use of anaesthetic team or ENT

Types of tubes

- Gastric emptying:
- Ryles Tube (portex) can be kept in place for 10 days- PVC tube
- (connected to drainage bag that hangs below level of stomach)

Feeding:

- Fine bore tubes made of polyurethane

- NB do not use a feeding tube (with guide wire for gastric emptying)

Equipment required

- Non sterile gloves, apron
- NG Tube and drainage bag
- Fresh water- straw
- Tape to secure tube
- 50ml catheter syringe
- Kidney dish
- pH paper

Inserting (or supporting through insertion)

- Consent
- Prepare yourself and patient
- Measure length required by measuring from 5cms below xiphisternum around the ear to the tip of the nose, get patient to blow nose then press on nostril and breathe in and see which side clearer

- Lubricate proximal end of tube (with water not aquagel)
- Insert into nostril, follow floor of nose to nasopharynx
- Then ask patient to drink water via straw to close glottis
- Advance tube through pharynx until predetermined mark has been reached
- Check position of the tube- aspirate sample of fluid, this may take up to 5 minutes of gentle pressure, check aspirate with pH paper
- Finally, secure tube, ensure comfortable to patient and explain why drainage bag in place, if they feel sick aspirate as required
- If give medication via NG/ Orally spiggot until absorbed
- Document passage, site, amount of aspirate and how tested in place

Checking position

- pH
- CXR
- Syringe test no longer deemed as safe (NPSA)

- Document method of confirmation

- Reconfirmation:
- Pre each feed
- Pre medications
- If dislodged
- Patient complains of pain
- Vomiting/ coughing with reduction in O2 Saturations

- To remove: Gloves, apron, kidney dish required. Remove tape and pull steadily, check integrity of tube after removal

- They may feel nauseous on removal

Reference

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- Others:
- Video demo on you tube: www.youtube.com/watch?v=en5ctZInOyA
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