

PROCEDURE CHECKLIST
Inserting Nasogastric and Nasoenteric Tubes

PROCEDURE STEPS	Yes	No	COMMENTS
Before, during, and after the procedure, follows “Principles-Based Checklist to Use with All Procedures,” including: Identifies the patient according to agency policy; attends appropriately to standard precautions, hand hygiene, safety, privacy, and body mechanics. All steps in bold are critical requirements. The student must perform the skill within 15 minutes to be satisfactory.			
1. Assists patient into a high Fowler’s position, pillow behind head and shoulders. Variations: a. If patient is comatose, places patient into a low Fowler’s position. Asks a co-worker help position patient’s head for insertion.			
b. If patient is confused and combative, asks a co-worker to assist with insertion.			
2. Checks patency of nares; chooses appropriate naris.			
3. Measures the tube length correctly. a. Nasogastric (NG) tube: Measures from the tip of the nose to the earlobe, and from the earlobe to the xiphoid process. Marks the length with tape or indelible ink on the NG tube.			
b. Nasoenteric (NE) tube: Adds 8–10 cm (3–4 in.), or as directed, to NG measurement and marks with tape or indelible ink.			
4. Stands on patient’s right side if right-handed and left side if left-handed. Drapes a linen-saver pad over patient’s chest and hands him an emesis basin and facial tissues.			
5. Prepares fixation device or cuts a 10-cm (4-in.) piece of hypoallergenic tape; splits the bottom end lengthways.			
6. Arranges a signal for patient to communicate if he wants to stop.			
7. Dons procedure gloves, if not done previously.			
8. Wraps 10–15 cm (5–6 in.) of end of the tube tightly around index finger, then releases it.			
9. Lubricates the distal 10 cm (4 in.) of the tube with a water-soluble lubricant.			
10. If patient is awake, alert, and able to swallow, hands him a glass of water with a straw.			
11. Instructs patient to hold his head straight up and extend his neck back against the pillow (slight hyperextension).			
12. Begins to insert the NG tube: a. Grasps the tube above the lubricant with the curved end pointing downward.			
b. Gently inserts the tip of the tube into the nostril. Advances the tube slowly along floor of nasal passage, on the lateral side, aiming toward the near ear.			
c. If resistance is felt when the tube reaches the nasopharynx, uses gentle pressure, but does not force the tube to advance.			
d. Provides tissues if patient’s eyes tear.			
e. Continues insertion until just past the nasopharynx by gently rotating the tube toward the opposite naris.			
13. Stops briefly for patient to relax; explains that the next step requires him to swallow.			
14. Directs patient to flex his head toward the chest, take a small sip of water, and swallow.			

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15. Rotates the tube 180° and directs patient to sip and swallow the water while the nurse slowly advances the tube.			
16. Advances tube 5–10 cm (2–4 in.) with each swallow until marked length is reached.			
a. If patient gags, stops advancing the tube and instructs patient to take deep breaths and drink a few sips of water.			
b. If gagging continues, uses a tongue blade and penlight to check the tube position in the back of the throat.			
c. If the tube is coiled in the back of the throat, patient coughs excessively during insertion, the tube does not advance with each swallow, or patient develops respiratory distress, withdraws the tube and allows patient to rest before reinserting.			
d. Variation: To advance the tube into the small intestine: After the tube is in the stomach, positions patient on his right side; advances the tube 5–7.5 cm (2–3 in.) hourly, over several hours (up to 24 hours) until radiography confirms placement.			
17. When the tube is in place, secures it temporarily with one piece of tape so it does not move while the nurse confirms placement.			
18. Verifies tube placement at the bedside (Check agency policy for preferred method for checking tube placement):			
a. Ask patient to talk			
b. Inspects the posterior pharynx for the presence of coiled tube			
c. Aspirates stomach contents and measures pH; notes color and consistency of aspirate.			
19. If tube is not in stomach, advances it another 2.5–5 cm (1–2 in.) and repeats steps 17 through 19.			
20. After confirming placement, clamps the end of the tube.			
21. Secures the tube with tape or a tube fixation device.			
<i>Tape:</i>			
a. Applies skin adhesive to patient's nose and allows it to dry.			
b. Using the 2-inch split tape and applies the intact end of the tape to patient's nose.			
c. Wraps the 5-cm (2-in.) strips around the tube where it exits the nose.			
<i>Alternative:</i> Uses a fixation device: Places the wide end of the pad over the bridge of the nose; positions the connector around the tube where it exits the nose.			
22. Have ordered x-ray examination performed of chest/abdomen.			
23. Ties a slipknot around the tube with a rubber band near the connection; secures the rubber band to patient's gown with a safety pin. Alternatively, uses tape instead of a rubber band.			
24. Elevates the head of the bed to 30° unless contraindicated.			
25. Marks the tube where it enters the naris with tape or indelible ink. Measures the length from the naris to the connector, and records.			

Recommendation: Satisfactory _____ Unsatisfactory _____

Unsatisfactory (Must document how the student was unsatisfactory on the reverse side of this form)

Student: _____ Date _____

Instructor _____ Date: _____