



Jackson Hole Fire/EMS Operations Manual

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Title: **Procedure Guidelines:
Naso/Orogastric tube
placement**

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NASO/OROGASTRIC TUBE PLACEMENT (Procedure Guideline)

SCOPE OF PRACTICE

All Paramedics shall operate within their authorized Scope of Practice as limited to those skills and medication approved for use by the Physician Medical Director and Physician Task Force on Pre-Hospital Care as approve and authorized by the Wyoming Board of Medicine

Scope of practice: Paramedic

NO VOICE ORDER REQUIRED

INDICATIONS:

- Gastric distention/emptying

CONTRAINDICATIONS:

- Gastric decompression should not be performed if an esophageal obstruction is present.
- Nasogastric decompression should not be attempted in a patient with facial trauma or esophageal varices.
- Use extreme caution in patients who have esophageal disease or trauma.

COMPLICATIONS:

- May induce nausea/vomiting, even when the gag reflex is depressed.
- Nasal, esophageal or gastric trauma
- Tracheal placement
- Gastric tube obstruction

PROCEDURE:

Nasogastric Decompression:

1. Prepare the patient
 - Place the head in a neutral position
 - Preoxygenate

- Instill a topical anesthetic
- Locate the larger nostril
- 2. Measure the NG tube from the patient's nose to the ear and from the ear to the xiphoid to determine the correct insertion length.
 - Lubricate the tube with a water-soluble lubricant
- 3. Advance the tube gently along the nasal floor and into the stomach.
 - Having the pt swallow during insertion may help advance the tube into the esophagus.
 - If the pt is conscious and starts to cough vigorously, ask pt to speak. If the pt is unable to speak, the tube has likely passed through the vocal cords.
- 4. Confirm placement
 - Auscultate the epigastric region while injecting 30-50 mL of air.
 - Note gastric contents in the NG tube
 - Make sure no reflux appears around the NG tube.
- 5. Secure the NG tube in place and attach to suction if indicated.

Orogastric Decompression:

1. Prepare the patient and tube as described for NG insertion
2. Introduce the orogastric tube down the midline of the oropharynx and into the stomach
3. Confirm placement.
4. Secure the tube in place.