

NASOGASTRIC/OROGASTRIC TUBE PLACEMENT AND USE

1. Level: Air Med personnel only
2. Purpose:
 - 2.1 Gastric decompression of air and stomach contents.
 - 2.2 Clearance of gastric secretions to prevent recurrent vomiting and aspiration.
- 3 Indication: All intubated patients should have a nasogastric (NG) or orogastric (OG) tube in place prior to Air Med transport.
 - 3.1 Previously placed NG tube is acceptable for inter-facility transfer patients but use of the OG tube is strongly preferred for Air Med staff placement in the field due to easier placement in the supine patient and decreased risk of adverse events related to the procedure.
- 4 Contraindications:
 - 4.1 Known esophageal stricture (risk for esophageal perforation).
 - 4.2 Known esophageal varices (risk for rupture; relative contraindication).
 - 4.3 Basilar skull fracture (risk for intracranial misplacement; NG tube only).
- 5 Procedure – OG Tube Insertion:
 - 5.1 Ensure proper ETT securement with EtCO₂ monitoring in place.
 - 5.2 Gather materials: NG/OG Tube (14, 16, or 18 Fr in adults), lubricant, 60cc syringe, tape, Salem Sump tubing, functioning suction equipment.
 - 5.3 Measure distance starting with the tip of the tube from nose to earlobe, then earlobe to xiphoid process.
 - 5.4 Mark approximated tube insertion length (from previous measurement) with marker or small piece of tape.
 - 5.5 Insert the tube into the oral cavity, then direct tube downward through the oropharynx to the pre-determined depth. Note: laryngoscopy can be used to assist in proper tube orientation and placement.
 - 5.6 If resistance is met, stop advancement, re-adjust insertion angle direction slightly, and re-attempt.
 - 5.6.1 Maximum number of OG tube placement attempts is 2.
 - 5.6.2 If significant bleeding or resistance persists, stop the procedure.
 - 5.7 Confirm placement:
 - 5.7.1 Aspirate and visualize gastric content with 60cc syringe.
 - 5.7.2 Inject 20cc of air into the large lumen of the OG tube while simultaneously auscultating over the stomach with a stethoscope. Listen for a ‘whoosh’ sound.
 - 5.7.3 Repeat the injection of air while auscultation for placement verification if needed.
 - 5.8 If correct placement cannot be confirmed, remove the OG tube and discard.
 - 5.9 If correct placement is confirmed, secure the OG tube directly to the ET tube or to the ET tube securement device.
 - 5.9.1 Use tape as necessary to prevent accidental removal of the OG tube.
 - 5.10 Connect to intermittent low-power suction or ensure the OG tube is occluded/locked off to prevent spillage of gastric contents.
 - 5.11 Document the procedure including tube size, depth, securement, patient response, and any complications.