

ACTIVE LEARNING TEMPLATE: *Nursing Skill*

STUDENT NAME _____

SKILL NAME Nasogastric intubation and Enteral Feedings

REVIEW MODULE CHAPTER _____

Description of Skill

Nasogastric intubation is the insertion of a nasogastric (NG) tube to manage gastrointestinal dysfunction and provide enteral nutrition via NG, jejunal, or gastric tubes

Indications

Decompression to remove gas or stomach contents

Feeding to provide oral nutrition and medications and/or supplements

Lavage to wash the stomach

Compression to apply pressure and prevent hemorrhage

Outcomes/Evaluation

Expected Outcomes

- * Distention, nausea, or vomiting relieved
- * Feeding and/or nutrition provided
- * Active bleeding, ingestion of poison, gastric dilation has been washed from the stomach
- * hemorrhage prevented or stopped

Evaluation:

Pt comfort, tube functioning properly

Potential Complications

Excoriation of Nares and stomach

Discomfort

Occlusion of the NG tube leading to distension

Displaced tube

CONSIDERATIONS

Nursing Interventions (pre, intra, post)

Pre: Review the prescription and purpose, identify the Client, provide teaching, evaluate client understanding, perform hand hygiene, Set up equipment, Provide Privacy

Intra: Abdominal Assessment, raise bed, position patient to high-Fowler's (if possible), assess nares, use correct procedure to insert tube. To check placement, aspirate gently to collect gastric contents (pH of 4 or less is expected) and assess odor, color, and consistency. Confirm initial placement with an x-ray before use.

Post: maintain NG Tube, measure output, provide comfort, oral hygiene, abdominal assessment

Client Education

- * Explain the procedure to the client prior to starting the procedure
- * Communicate with the client during the procedure to ensure the client is aware of what is happening and what they need to do.
- * Evaluate the client's ability to assist and/or cooperate.
- * Establish a means of communication to signal distress, such as the client raising a hand

Nursing Interventions

- * Apply lubricant to the nares as needed.
- * Assess the color of the drainage. Report dark, "coffee-ground," or blood-streaked drainage immediately.
- * Consider switching the tube to the other nares.
- * Rinse the mouth with water for dryness.
- * Throat lozenges may help.
- * Provide oral hygiene frequently.
- * Irrigate the tube per facility protocol to unclog blockages. Use tap water with enteral feedings.
- * Have the client change position in case the tube is against the stomach wall.
- * Verify that suction equipment functions properly

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Annelies Wilder-Smith



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