

# 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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**Terry C. Jones**



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