

ACTIVE LEARNING TEMPLATE: *Nursing Skill*

STUDENT NAME _____

SKILL NAME _____ REVIEW MODULE CHAPTER _____

Description of Skill

Nasogastric intubation is the insertion of a nasogastric (NG) tube to manage gastrointestinal (GI) dysfunction and provide enteral nutrition via NG. Nurses also give enteral feedings through jejunal and gastric tubes.

Indications

1. Decompression
 - Removal of gases or stomach contents to relieve distention, nausea, or vomiting
 - Tube types: Salem sump, Miller Abbott, Levin
2. Feeding
 - Alternative to the oral route for administering nutritional supplements
 - Tube types: Duo, Levin, Dobhoff
3. Lavage
 - Washing out the stomach to treat active bleeding, ingestion of poison, or for gastric dilation
 - Tube types: Ewald, Levin, Salem sump
4. Compression
 - Using an internal balloon to apply pressure for preventing hemorrhage
 - Tube type: Sengstaken Blakemore

Outcomes/Evaluation

1. Helps the client to get the right nutrition and medication
2. Objects in the stomach can be removed as well as toxic substances
3. Assist the healthcare manager in collecting samples from the stomach to diagnose health complications.

Potential Complications

1. Gastric residual exceeds 250 mL for each of two consecutive assessments
2. Diarrhea three times or more in a 24 hr period
3. Vomiting
4. Aspiration of formula
5. Skin irritation around the tubing site

CONSIDERATIONS

Nursing Interventions (pre, intra, post)

Preprocedure

1. Identify the client, and explain the procedure.
2. Review the client's history (nasal problems, anticoagulants, previous trauma, past history of aspiration).
3. Evaluate the client's ability to assist and cooperate.
4. Establish a means of communication to signal distress, such as the client raising a hand

Intraprocedure

1. Prepare the formula and a 60 mL syringe.
2. Remove the plunger from the syringe.
3. Hold the tubing above the instillation site.
4. Open the stopcock on the tubing, and insert the barrel of the syringe with the end up.
5. Fill the syringe with 40 to 50 mL formula.
6. If using a feeding bag, fill the bag with the total amount of formula for one feeding, and hang it to drain via gravity until empty (about 30 to 45 min).
7. If using a syringe, hold it high enough for the formula to empty gradually via gravity.
8. Continue to refill the syringe until the amount for the feeding is instilled.
9. Follow with at least 30 mL tap water to flush the tube and prevent clogging.

Postprocedure

1. The insertion and maintenance of an NG tube is a nursing responsibility, but nurses may delegate measuring output, providing comfort, and giving oral care.
2. For removal, wear clean gloves

Client Education

the healthcare attendant should inform the client on the enteral feedings

The client ought to be aware of the complications and how to deal with them. for example;

1. Excoriation of nares and stomach
2. Discomfort
3. Occlusion of the NG tube leading to distention

Nursing Interventions

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