NR33 NASOGASTRIC TUBE/PEG TUBE MANAGEMENT

Review Clinical Nursing Skills Text – Chapter 19 Insertion and removal of a Nasogastric tube prior to lab.

List the supplies necessary for nasogastric tube insertion:

1. __________
2. __________
3. __________
4. __________
5. __________
6. __________
7. __________
8. __________
9. __________

Match the following terms with the appropriate description related to management and types of nasogastric tubes:

1. Levine Tube  a. This tube is often used when there is clinical indication to provide nutrition but not utilizing the stomach and feed directly into either the duodenum or jejunum.
2. Feeding Tube  b. This tube is surgically inserted directly into the stomach and is utilized when long term enteral nutrition is anticipated.
3. Anderson  c. This single lumen tube is inserted through the nose into the upper alimentary canal is used to facilitate intestinal decompression.
2. Salem-Sump  d. This bilumenal gastric tube is designed to keep the stomach continuously and completely empty.
3. Intestinal Tubes  e. This tube is bilumenal and has an air vent to keep the tube away from the gastric wall to prevent damage to the mucosa.
6. PEG Tube  

f. A large bore tube by which enteral feeding can be administered. It is necessary to perform an x-ray to determine placement after intubation and prior to using this tube.

Nasogastric Tube Purpose and Indication and Management:
Circle the statements that are correct:

1. Water based lubrication should be utilized when inserting a nasogastric tube.

2. Measure from the tip of nose to earlobe to xiphoid (NEX) process of sternum to determine appropriate length for tube insertion.

3. To confirm NGT placement obtain an x-ray.

4. It is OK to lay your patient flat in the bed while inserting the NGT.

5. If the client coughs and is unable to speak and is cyanotic while inserting an NGT quickly advance the tube so not to occlude the airway for too long.

6. One means the RN can utilized to confirm placement is to listen with the stethoscope over the epigastric region for gastric ‘whooshing’ sound after injecting 10-15 cc of air into the tube.

7. An indication for NGT insertion may include intestinal obstruction.

8. A common indication for NGT insertion is for gastric lavage.

9. Recent research has indicated that nutrition is of paramount importance to facilitate healing.

10. An appropriate nursing intervention to managing an occluded Salem Sump Tube is to inject 20 ml of air directly into the pigtail.

11. When the client is unable to ingest food or fluids by mouth it is not necessary to provide regular oral hygiene.

12. The purpose of the antireflux valve in a Salem Sump Tube is to allow air to enter the tube and prevent gastric secretions from leaking.

13. It is important to flush the NGT prior to removing it with 20 ml of normal saline.

14. The NET return for client who is undergoing lavage is the amount of irrigant instilled added to the amount of aspirated return.
15. It is important to return the aspirate contents to the stomach to prevent electrolyte imbalance.

Circle which of the following critical thinking option(s) does not belong to the unexpected outcome:

1. Monitoring Labs
   a. It is necessary to monitor the serum electrolytes especially the glucose throughout the duration of enteral tube feedings/gastric lavage/gastric decompression.
   b. The most frequently affected electrolytes include glucose, sodium, potassium and bicarbonate.
   c. If there is extensive frank blood noted in the aspirate of an NGT hooked up to continuous wall suction (Which was previously draining small amounts of bilious drainage), turn off the suction and notify the MD/NP immediately. A common lab utilized to determine how much blood is lost through a NGT is the CBC.
   d. It is always necessary to initiate blood glucose monitoring utilizing finger sticks when an NGT is being utilized.

2. Weights
   a. Weights are one means of evaluating the effectiveness of the enteral tube feeding.
   b. May only be ordered by an MD or NP.
   c. Should only be done on an ICU patient.

3. GI Exam
   a. Includes noting the amount and character of NGT drainage, the amount and type of tube feeding being utilized, verifying placement of the NGT, assessing for distention, bowel sounds, flatus, diarrhea, nausea and vomiting.
   b. Documentation should only include normal findings.
   c. Intake and output should be obtained at least on a daily basis when a client is undergoing gastric decompression.

Identify the Prevention (P)/Management (M) Strategies for each of the following conditions and record the letter that represents them in the space provided:

1. ___ Tube Obstruction
   a. P & M may include securing the NGT securely to the nose by utilizing tube tape or an attachment device that prevents the tube from traumatizing the nares.

2. ___ Tube Dislodgement
   b. (P) may include securing the NGT when inserted to prevent migration. Frequently assess the patency and placement of the tube as part of the GI assessment.
(M) Verify NGT placement. Instill 10-15 cc of air into The pigtail if Salem Sump tube. If client is receiving continuous feedings, turn off feeding pump and try to flush with warm water with a small luer lock syringe. Do not use carbonated beverage or juice for irrigation. Use push and pull technique.

3. ___ Infection c. (P & M) may include securing the NGT when inserted. Verify NGT placement prior to instilling tube feeding or medications. Do not use force to administer anything through the tube, whenever possible allow gravity to do the work for you. If residual is greater than 50% of the volume to be instilled hold the feeding and notify the MD/NP.

4. ___ Gastric Ulceration d. (P) Utilize an isotonic or slightly hypotonic formula whenever possible. Utilize careful handwashing when setting up or opening the tube feeding system. (M) Do not add blue dye to the formula container. Check the expiration date on the tube and bag hanging. Consider requesting an order to decrease the continuous feeding rate or bolus volume. Assess bowel sounds.

5. ___ Diarrhea e. (P) Utilize an isotonic or slightly hypotonic formula whenever possible. Utilize careful handwashing when setting up or opening the tube feeding system. (M) Monitor characteristics or aspirate including foul smelling odor and pus. If GT or PEG is present monitor the insertion site for redness swelling and drainage. Monitor vital signs as per order and PRN especially noting fever.
5. **Vomiting**

   f. (P & M) may include securing the NGT when inserted. Verify NGT placement and gastric contents/residual prior to intermittent feedings. Maintain HOB up at 30-45° at all times. Do not use force to administer medications or tube feedings if resistance is met.

6. **Aspiration**

   g. (P & M) may include securing the NGT when inserted. Verify NGT placement and gastric contents/residual prior to intermittent feedings. Maintain HOB up at 30-45° at all times. Do not use force to administer medications or tube feedings if resistance is met. If cyanosis is encountered assess airway, stop continuous tube feedings or bolus feeding if present. Verify tube placement and provide client with a complete respiratory assessment including lung sounds and a pulse oximetry reading. If necessary suction patient and call for assistance.

7. **Nasal tissue trauma**

   g. (P & M) may include securing the NGT when inserted. Verify NGT placement and gastric contents/residual prior to intermittent feedings. Provide comprehensive GI examination of patient with focus on abdominal pain and discomfort. Monitor the aspirate for any changes including the new noted presence of frank blood. If it is determined that enteral feeding is necessary for long period of time, consider surgically implanting a more permanent feeding tube.