

	550.914.103.005 Insertion of a Weighted Oral-Nasal Gastric Feeding Tube - Adult
Location: Clinical (CLIN)\IV Line Tube (CLIN-IVLT)	Version: 2.00
Document Owner: Patient Services Director Interprofessional Practice and Education and Surgical Services	Original Approval Date: 12/06/2017
Electronic Approval: Jacobs, April (Patient Care Manager Adult Diabetes Services Inpatient Allied Health Disciplines)	Approval Date: 07/05/2019
Review Frequency: 3 years	Next Review Date: 08/01/2021

PURPOSE AND SCOPE:

Proper insertion of an oral or nasogastric tube for the purposes of feeding or medication administration.

POLICY STATEMENT(S):

Registered Nurses and Registered Practical Nurses, who have met the criteria for competency, may insert an oral or nasogastric weighted tip feeding tube upon order of the physician. Gastric position must be confirmed by x-ray prior to feeding of patient through the feeding tube.

PROCEDURE:

Assess for contraindications

Contraindications to tube placement:

- Esophageal varices
- Esophageal surgery (esophagectomy)
- Recent ear, nose or throat surgery
- Gastrointestinal bleeding
- Facial fractures
- Basal skull fracture
- Severe coagulopathies (check that INR/PTT, hemoglobin and platelets within normal range prior to procedure)
- Nasal insertion is contraindicated in patients with head injury, epistaxis or sinusitis

Equipment:

Weighted Nasogastric Feeding Tube
60 cc Catheter Tip Syringe
Stethoscope
Water
Gloves
Incontinent pad
Nasal Bridge Tape
Lubricant

This document is for internal use only. The electronic copy is deemed to be the most current and approved version. Any documents appearing in paper form are not controlled and should be checked against the document (title as above) on the hospital network prior to use.

550.914.103.005 Insertion of a Weighted Oral-Nasal Gastric Feeding Tube - Adult

- 1) A written prescribers order is received for the insertion of an oral/nasogastric feeding tube and post insertion x-ray to confirm gastric placement.
- 2) Gather equipment. Existing non-feeding tubes (for example drainage tubes) are not recommended for feeding. All nasogastric tubes used for feeding must be radio-opaque throughout their length and have externally visible length markings.
- 3) Explain the procedure to patient.
- 4) Perform mouth care prior to feeding tube insertion.
- 5) Inspect nares for possible obstructions. Assess each nare. Note any abnormalities, lesions, injuries, bleeding, polyps or septal deviation. Determine if the patient has had a nasogastric tube in the past and if so which nare was used. Select most patent nare for tube insertion.
- 6) Wash hands, then apply non-sterile gloves.
- 7) Remove tube from package. Determine the length of the tube for insertion and make note of measurement.
Nasogastric: measure distance from tip of nose to top of the ear to the xiphoid process
Orogastric: measure distance from mouth to earlobe to the xiphoid process (approximately 5 cm less than nasogastric).
- 8) Prepare the tube for insertion by dipping the distal weighted tip in water for 5 seconds (to activate the HYDROMER coating). Add lubricant to distal tip of tube. Do not place feeding tube in freezer prior to insertion.
- 9) Position the patient in high-Fowlers or sitting position.
- 10) Instruct patient to position neck forward, chin down, while maintaining the torso upright. Place tip of tube in selected nare (or orally for orogastric). Advance the tube. Once the tube enters the nasopharynx, have the patient swallow a small sip of water (if possible); if not, have the patient do a dry swallow. This technique closes the epiglottis, making tracheal passage less likely. If resistance is met during insertion, rotate tube slowly with a downward advancement, but do not force the tube. Continue advancing until the predetermined measurement mark is reached.
- 11) Unconscious patient- stroking the throat of the unconscious patient may stimulate reflex swallowing.
- 12) **Once in place, do not manipulate or pull the stylet back and forth within the feeding tube.**
- 13) Withdraw the tube immediately if any of the following changes in the patient's status occur:
 - respiratory status
 - gasping
 - coughing
 - cyanosis
 - unable to speak
 - sudden onset ear pain
- 14) Remove stylet wire immediately after insertion. Do NOT leave stylet wire in. NEVER reinsert stylet wire, as the risk for perforation is very high.

This document is for internal use only. The electronic copy is deemed to be the most current and approved version. Any documents appearing in paper form are not controlled and should be checked against the document (title as above) on the hospital network prior to use.

550.914.103.005 Insertion of a Weighted Oral-Nasal Gastric Feeding Tube - Adult

- 15) Secure the tube with nose bridge tape.
- 16) Cap all ports until ready for use (feeding or medication administration).
- 17) Gastric placement confirmation must be determined by x-ray immediately following insertion.
- 18) Document insertion information to include size of oral/nasogastric tube, tolerance of procedure

If there is any uncertainty that the tube has been displaced since insertion or problems develop after feeds are started:

- Stop Feeds
- Notify Physician
- Obtain x-ray verification of placement by radiologist before feeds are restarted.

Note: Feeding tube is to be changed every four (4) weeks.

Note: Transpyloric positioning of the weighted oral/nasogastric tube must be completed by a Physician only

DEFINITION(S):

Oral/Nasogastric feeding tubes: a tube that is inserted into the stomach of patients who have an intact gastrointestinal tract, when the oral route cannot be used. They are inserted for the purpose of medication administration or nutritional support.

REFERENCE(S):

Boullata et al. (2017) ASPEN Safe Practices for Enteral Nutrition Therapy, Journal of Parenteral and Enteral Nutrition, Volume 41 Number 1 January 2017 15–103 c 2016 American Society for Parenteral and Enteral Nutrition

Lloyd, B.A. and Powell-Tuck J. (2004) Artificial Nutrition: principles and practice of enteral feeding, Clinics in Colon and Rectal Surgery May; 17(2) 107-118

National Patient Safety Agency (2011), Patient Safety Alert NPSA/2011/PSA002: Reducing the harm caused by misplaced nasogastric feeding tubes in adults, children and infants, National Health Services, UK

RELATED DOCUMENTS:

Not Applicable.

RESPONSIBILITY:

Required Endorsements	Sponsor	Approval Authority
Medical Operations	PPL Medicine/Surgery	Drugs & Therapeutics Committee (DTC) / Medical Advisory Committee (MAC)

This document is for internal use only. The electronic copy is deemed to be the most current and approved version. Any documents appearing in paper form are not controlled and should be checked against the document (title as above) on the hospital network prior to use.

**550.914.103.005 Insertion of a Weighted Oral-Nasal Gastric Feeding Tube -
Adult**

DOCUMENT HISTORY:

Type	Individual/Committee	Date	Outcome
Revise	Acute Medical System Q.P.C.C.	14/09/2007	Revision Approved
Revise	DTC/MAC	22/08/2017	Revision Approved
Revise	DTC/MAC	26/06/2019	Major Revision Approved

APPENDICES:

Not Applicable.

This document is for internal use only. The electronic copy is deemed to be the most current and approved version. Any documents appearing in paper form are not controlled and should be checked against the document (title as above) on the hospital network prior to use.