Gastric Tube Insertion NG/OG

PROCEDURE

STEPS

1. Universal precautions; assemble equipment; explain the procedure to the patient
2. Sit the patient up if possible (or elevate the head); protect clothing with a pad or towel
3. Measure: nose (NG) or mouth (OG), around the ear, down to the xiphoid process; mark with adhesive tape
4. Lubricate the distal 6–8 inches of the tube with water-soluble lubricant
5. Insert: NG along the nasal floor to the posterior nasopharynx, rotating inward at the junction; OG toward the posterior oropharynx
6. Awake patient: instruct them to swallow as the tube enters the pharynx
7. Pass the tube to the pre-measured point — if resistance is met, back up and try again; do not force it
8. Check placement (aspirate gastric contents, or auscultate air over the epigastrium while injecting 20–30 mL of air); tape in place, connect to low suction

BEFORE YOU START

- Indications: evacuation of air or fluids from the stomach; dilution of ingested poisons
- Intubated patients
- Glucose solution/gel when IV failed, impossible, or glucagon contraindicated — irrigate with 20–30 mL NS to flush the Salem tube
- NG contraindications: facial trauma, basilar skull fracture, epiglottitis or croup
- OG contraindication: epiglottitis / croup

KIT YOU NEED

- Gastric (Salem) tube — see the sizes chart on the original page
- Water-soluble lubricant, adhesive tape, pad/towel, low suction

IF IT GOES WRONG

- Resistance on insertion: back the tube up and try again — never force it

Take Home Message:

Measure nose/mouth to ear to xiphoid, mark it, and never force the tube — then prove placement before you tape and suction.