NG/OG TUBES

PURPOSE

To familiarize and acquaint the transfer Paramedic with the skills and knowledge necessary to adequately maintain a nasogastric/orogastric tube during in the interfacility transfer environment.

OBJECTIVES

COGNITIVE

- ☑ Recall the five indications for the placement of an NG/OG tube
- ☑ Explain some of the problems associated with an NG/OG tube
- ☑ Discuss what the drainage from an NG/OG tube should be assessed for

PSYCHOMOTOR

- ☑ View various types of NG/OG tubes
- ☑ Observe the proper method involved in clearing an obstructed tube

AFFECTIVE

- ☑ Defend the need to avoid lying the patient supine when an NG/OG tube is in place

OVERVIEW

Many different types of NG/OG tubes are in existence today. Examples include, Levin, Salem sump, Ewald, Sengsten-Blakemore and Dubhoff.

The three most common tubes in use today are the Levin, Salem sump, and Moss tube. The Levin tube is about 30 inches long with several holes along its side and at the end. It has one proximal opening.

The Salem sump tube is approximately 48 inches in length and it resembles the Levin tube except for the addition of the blue sump port. This port allows free air to enter the stomach thus preventing the tube from adhering to the mucosal lining.

The last tube, Moss, is usually inserted during surgery. It has three openings, the first serves as a balloon inflation port. The second is for esophageal aspiration. Finally, the third is for duodenal feeding.

INDICATIONS

- Provides for short term enteral feeding
- Provides a means for medication administration
- Provides a means for gastric lavage and/or decompression
- Allows for removal of large particulate pills in cases of overdose
- Provides a quick means for hemostasis in upper GI bleeding

PROBLEMS

- Vomiting may occur due to an improperly placed or clogged tube
- Dehydration and/or electrolyte imbalances may occur due to removal of gastric contents.
- Aspiration pneumonia is always a possibility due to capillary action occurring around the tube.

DRAINAGE MONITORING

Check drainage for:

- Amount
- Color

- Consistency
- Odor

*Normal gastric secretions have either no color or are yellow-green due to the presence of bile.

TIPS FOR NG/OG TUBES

- Avoid laying the patient flat if possible; gastric juices may follow up the tube and be aspirated into the lungs.
- If using the NG tube to administer medications, irrigate the tube with 30 ml of sterile water before and after administration.
- Wait approximately 30 minutes after medication administration to replace suction, if ordered.
- Keep a precise record of fluid input and output
- If the NG/OG does not appear to function it is usually due to one of two things, either a clogged tube or the positioning is incorrect. Attempt to irrigate the tube, reposition the patient (if permitted), or rotate the tube.
- Correct tube placement may be confirmed by instilling ten ml of air from a syringe into the NG/OG tube while listening for bubbling sounds over the epigastrium.
- Usually the NG/OG tube will need to be irrigated every four hours. Consult with the hospital staff as to their procedure prior to transport if you anticipate the patient contact time to be over four hours.