



Nasogastric/Orogastric tube insertion

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I. Definition

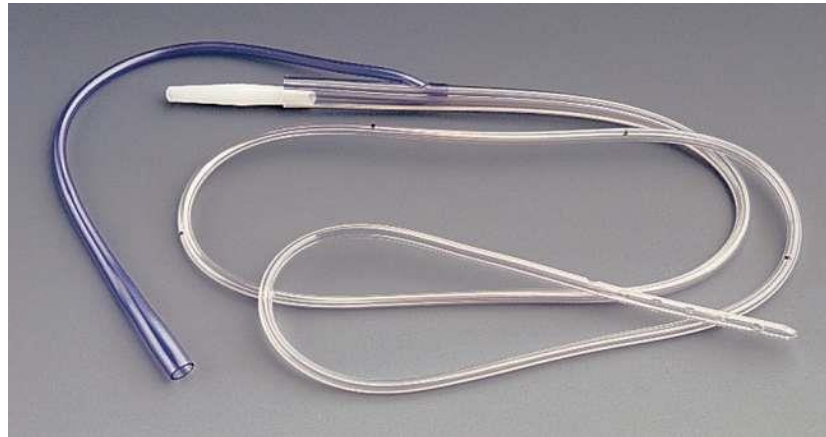
What?

- (Plastic) tube
- From nose (nasogastric) or mouth (orogastric) to stomach
- Length between 1,2 or 1,5 m
- Flexible
- Radiopaque
- Diameter in Charrière (CH)

I. Definition

Different types – Location – Gastric tubes

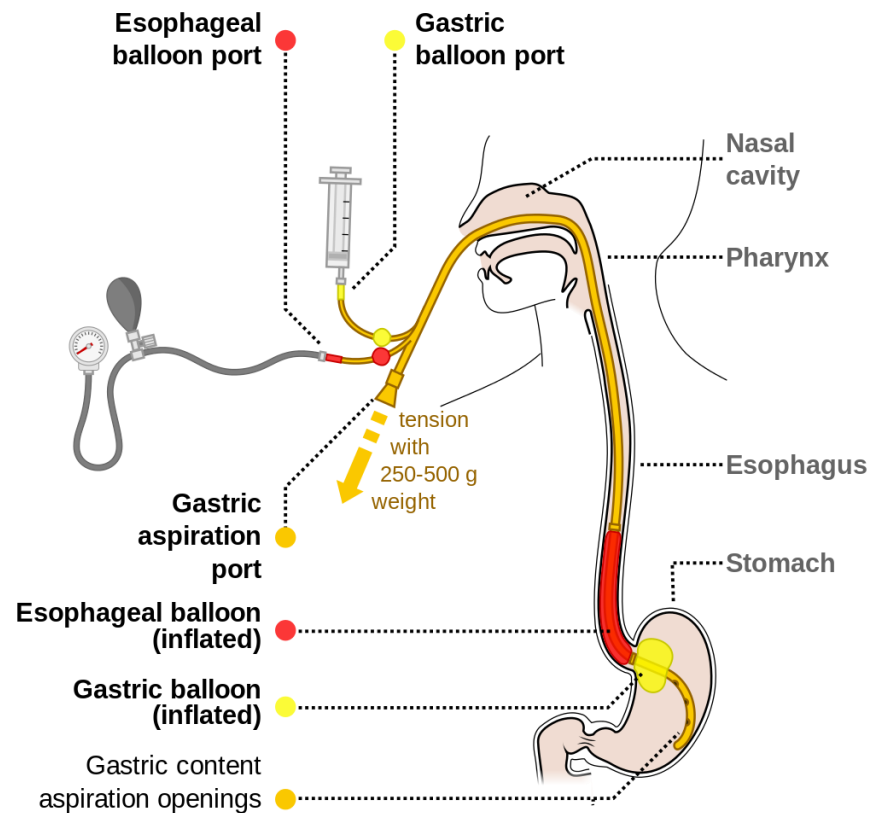
- Microtube (tube feeding)
- Levin tube (instillation or irrigation of fluids and/or medication)
- Salem-Sump tube (stomach decompression and irrigation of fluids)



I. Definition

Different types – location – Gastric tubes

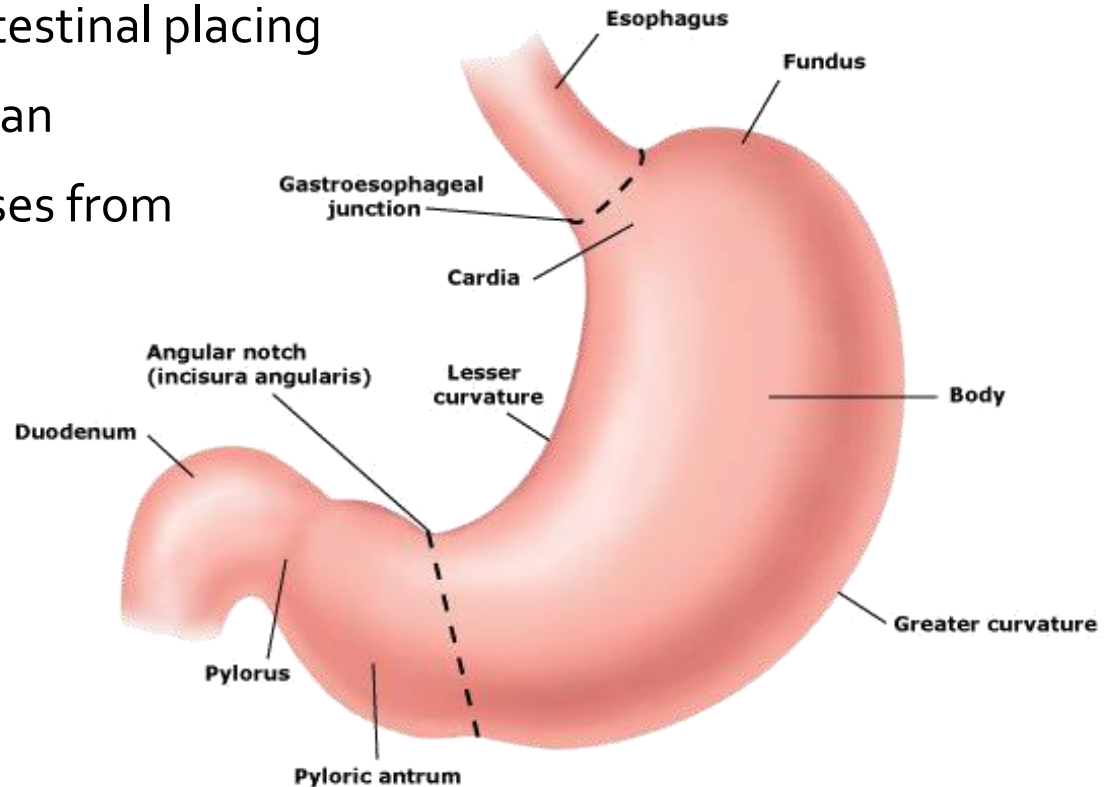
- Sengstaken-Blakemore tube (bleeding esophageal varices)



I. Definition

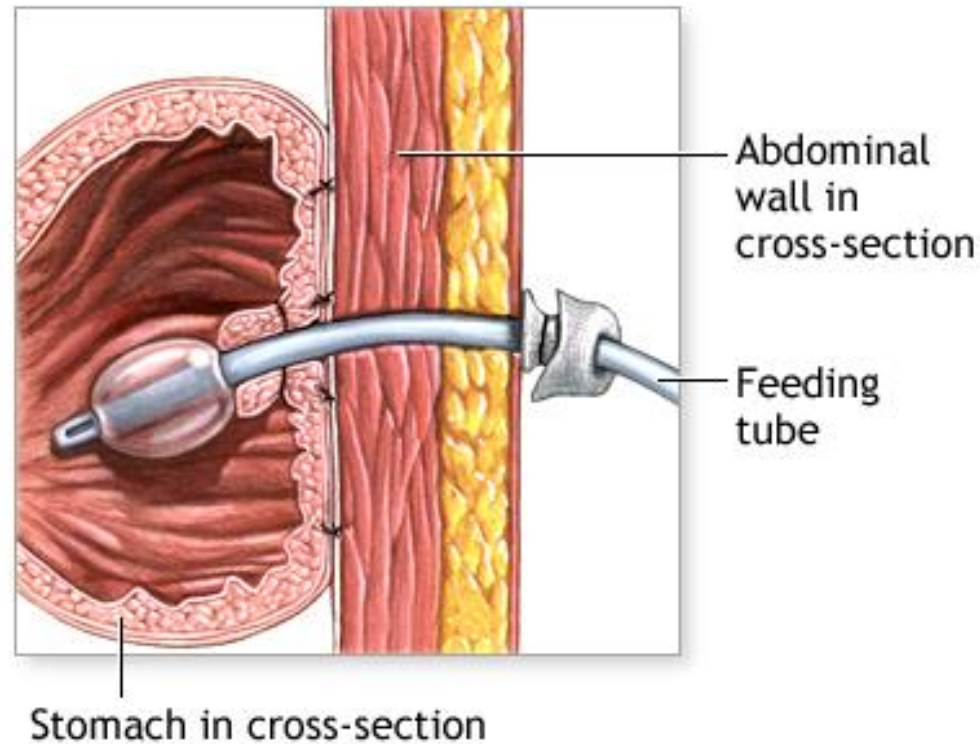
Different types – location – Intestinal tubes

- Placed beyond the pyloric sphincter
- Oro-intestinal or naso-intestinal placing
- Usually done by a physician
- Irrigation of liquids or gases from the upper intestine.
- Different specific types



I. Definition

Different types – location – **Gastrostomy** tubes



I. Definition

Different types – material – PVC

- Polyvinylchloride
- Short-term use (7 – 10 days)
- Loss of flexibility
- Inserting without guide wire

Different types – material – PUR

- Polyurethane
- Change tube after 6 weeks
- Keeps its softness and flexibility
- Inserting with a guide wire

I. Definition

Different types – material – **Silicone**

- Flexible and comfortable
- Long-term use
- Relatively expensive as compared to PVC and polyurethane tubes
- Inserting with a guide wire

II. Indications

Therapeutic purposes

- Tube feeding
- Administration of medication
- Aspiration of gastric contents

Diagnostic purposes

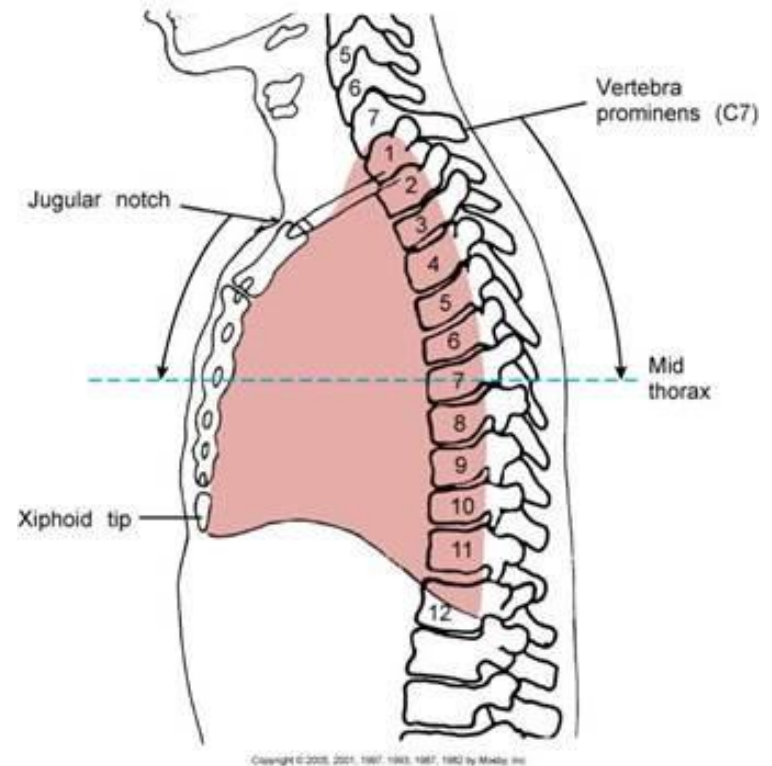
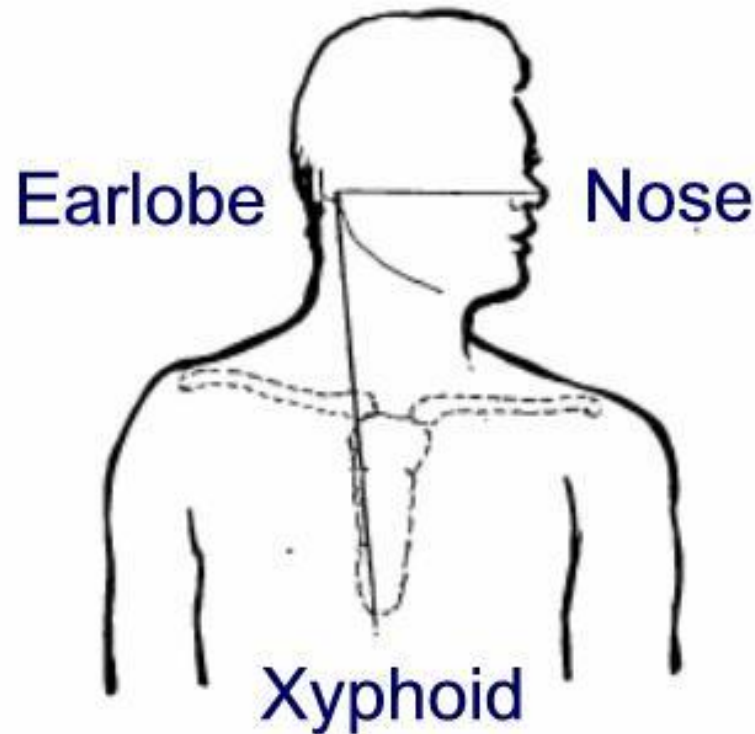
- Endoscopy
- Localize gastro-intestinal bleeding

III. Contra-indications

- Fractures in the skull base
- Old or recent trauma to the nose
- Nasal polyps or other obstructions from the nose
- Congenital or acquired abnormalities of the nasal septum
- Poisoning by corrosive substances will give a too high risk of perforations
- Maxillofacial traumas
- Oesophageal diverticula: the thin wall of the diverticula increases risk of perforations
- Diaphragmatic hernia: danger of curling of the tube into the bulge
- Oesophageal tumors: this gives a narrowing of the esophagus

IV. Inserting a nasogastric tube

Preliminary comments – Length determination



IV. Inserting a nasogastric tube

Preliminary comments – Length determination

$$((\text{NEX} \times 0.38696) + 30.37) + 6$$

NEX	In te brengen lengte sonde	NEX	In te brengen lengte sonde	NEX	In te brengen lengte sonde	NEX	In te brengen lengte sonde
40	52	50	56	60	60	70	63
41	52	51	56	61	60	71	64
42	53	52	56	62	60	72	64
43	53	53	57	63	61	73	65
44	53	54	57	64	61	74	65
45	54	55	58	65	62	75	65
46	54	56	58	66	62	76	66
47	55	57	58	67	62	77	66
48	55	58	59	68	63	78	67
49	55	59	59	69	63	79	67

IV. Inserting a nasogastric tube

Preliminary comments – **Fixation of the tube**

- Method 1:



- Method 2:



IV. Inserting a nasogastric tube

Actual placement

<video>

<https://www.youtube.com/watch?v=XLxtuyBgCwQ&t=1026s>

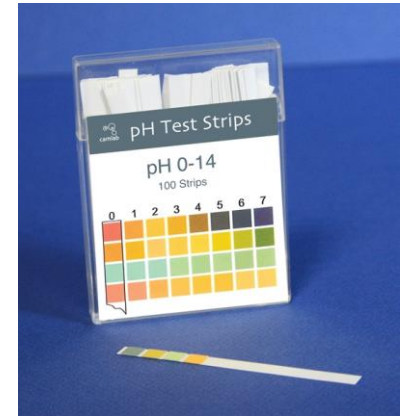
V. Position check

To do

1. Check pH gastric fluid → ≤ 5
Inspection of aspirate
2. Through visual inspection of marking point, fixation and, if possible, mouth / pharynx.
3. Optional: radiography

Don't do

- The use of auscultation to determine whether the tube is in the gastrointestinal tract or in the respiratory tract.



LET'S DO THIS

