

**Summary Report for Individual Task  
081-833-3022  
Insert a Nasogastric Tube  
Status: Approved**

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DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

**Condition:** You have a patient requiring a nasogastric (NG) tube. You will need a NG tube (single lumen Levin or double-lumen Salem sump tube), water soluble lubricant, suction equipment if ordered, clamp for tubing, towel, tissues, and emesis basin, glass of water and straw, tincture of benzoin, hypoallergenic tape: inch and 1 inch, bio-occlusive transparent dressing, irrigating set with 20-ml syringe or a 50-ml catheter-tip syringe, clean stethoscope, tongue blade, penlight, disposable gloves, normal saline, pen, and SF 510 Nurses Note or a SF 600 Medical Record-Chronological Record of Medical Care. You have performed a patient care handwash and you are not in a CBRN environment.

**Standard:** Insert a nasogastric (NG) tube without causing injury to the patient.

**Special Condition:** None

**Special Standards:** None

**Special Equipment:**

**Safety Level:** Low

**MOPP:**

**Task Statements**

**Cue:** None

**DANGER**

None

**WARNING**

None

**CAUTION**

None

**Remarks:** None

**Notes:** None

## Performance Steps

1. Assemble equipment.

Note: NG tubes may be contraindicated in patients with nasopharyngeal or esophageal obstruction, severe, uncontrolled coagulopathy or severe maxillofacial trauma.

2. Explain the procedure to the patient.

a. Ask patient if they have ever had nasal surgery, trauma, a deviated septum or bleeding disorder.

b. Explain that mouth breathing, panting, and swallowing will make it easier to insert the tube.

c. Tell the patient that the tube will be inserted along the nasal passage.

d. Explain that the procedure may cause him or her to gag and bring tears to his or her eyes.

3. Put on gloves.

4. Place patient in a sitting or high-Fowler's position; place a towel across the chest.

Note: This will facilitate the passage of the tube into the esophagus.

a. If the patient is unconscious, place him on his left side with the uppermost arm flexed across the abdomen or supported on the body and hip.

b. Determine with the patient what sign he might use, such as raising the index finger, to indicate "wait a few moments" because of gagging or discomfort.

c. Remove dentures; place emesis basin and tissues within patient's reach.

Note: Dentures may become loose and interfere with tube insertion.

5. Inspect the tube for defects; look for partially closed holes or rough edges.

Note: Irrigation and suction may be affected by a defective tube.

6. Place rubber tubing in ice-chilled water for a few minutes to make the tube firmer.

Note: Plastic tubing may already be firm enough; if too stiff, dip in warm water.

7. Determine the length of the tube needed to reach the stomach.

Note: Determining the correct length will prevent coiling of the tube in the stomach or having the tube end in the esophagus.

a. Measure the patient's nose, earlobe and xiphoid (NEX), and mark the tube appropriately.

b. The distance from the nose to the earlobe is the first mark on the tube. This measurement represents the distance to the nasal pharynx.

c. When the tube reaches the xiphoid process (tip of the breast bone) a second mark is made on the tube. This measurement represents the length required to reach the stomach.

8. Inspect the nostrils with a penlight, observing for any obstruction.

a. Have the patient blow nose to clear nostrils.

b. Occlude each nostril and have the patient breathe.

9. Insert NG tube.

- a. Coil the first 3-4 inches (7.5-10 cm) of the tube around your fingers.

Note: This curves tubing and facilitates tube passage.

- b. Lubricate the coiled portion of the tube with water-soluble lubricant, avoiding occluding the tube's holes.

Note: Lubrication reduces friction between the mucous membranes and tube and prevents injury to the nasal passages. Using a water-soluble lubricant prevents oil aspiration pneumonia if the tube accidentally slips into the trachea.

- c. Tilt the patient's head back before inserting tube into nostril and gently pass the tube into the posterior nasopharynx, directing downward and backward toward the ear.

Note: The passage of the tube is facilitated by following the natural contours of the body. The slower the advancement of the tube at this point, the less likelihood of putting pressure on the turbinates, which could cause pain and bleeding.

- d. When the tube reaches the pharynx, the patient may gag; allow patient to rest for a few moments.

- e. Have the patient tilt the head slightly forward.

(1) Offer several sips of water through a straw or have patient suck on ice chips if not contraindicated.

(2) Advance the tube as patient swallows.

Note: Flexed head position partially occludes the airway, and the tube is less likely to enter the trachea. Swallowing closes the epiglottis over the trachea and facilitates passage of the tube into the esophagus.

## CAUTION

If there are signs of distress, such as gasping, coughing or cyanosis, immediately remove the tube.

- f. Gently rotate the tube 180 degrees to redirect the curve.

Note: This prevents the tube from entering the patient's mouth.

If obstruction appears to prevent tube from passing, do not use force. Rotating the tube may help. If unsuccessful, remove tube and try other nostril.

- g. Continue to advance tube gently each time the patient swallows.

- h. Continue to advance tube until the tape mark reaches the patient's nostril.

10. Check tube placement.

- a. Check whether the tube is in the stomach.

(1) For a conscious patient, ask the patient to talk.

(2) For an unconscious patient, use the tongue blade and penlight to examine the patient's mouth to assess proper placement of the NG tube through the posterior pharynx.

Note: The presence of stomach contents in the tube or syringe indicates correct placement.

- b. Auscultation.

(1) Position the diaphragm of the stethoscope over the patient's stomach (about 2 inches below the sternum).

(2) Inject 10 cc of air into the tube.

(3) Listen for the sound of the air entering the stomach (gurgling or whooshing sound) which indicates correct tube placement. Proceed to step 14 if placement is correct.

(4) Check for tube placement in the trachea if air is not heard entering the stomach.

(a) Reinject 10 cc of air into the tube.

(b) Auscultate over the lung field.

(c) Remove the tube if air injection is heard over the lungs.

(5) Repeat steps to reinsert the tube.

11. Secure the tube to the patient's nose with the tape and wrap the two ends of tape around the tube.

12. Connect the tube to the suction apparatus, if ordered.

13. Remove gloves and wash hands.

14. Report and record the procedure.

(Asterisks indicates a leader performance step.)

**Evaluation Preparation:** Setup: For training and evaluation, use a simulation device capable of accepting a nasogastric tube.

Brief Soldier: Tell the Soldier the simulated patient requires a nasogastric tube to be inserted.

| PERFORMANCE MEASURES   | GO | NO-GO | N/A |
|--|----|-------|-----|
| 1. Assembled equipment.  |    |       |     |
| 2. Explained the procedure to the patient.   |    |       |     |
| 3. Put on gloves.  |    |       |     |
| 4. Placed patient in a sitting or high-Fowler's position.  |    |       |     |
| 5. Inspected the tube for defects.   |    |       |     |
| 6. Placed rubber tubing in ice-chilled water. (if too stiff, dipped in warm water).                    |    |       |     |
| 7. Determined length of tube needed to reach the stomach.  |    |       |     |
| 8. Inspected the nostrils with a penlight.   |    |       |     |
| 9. Inserted the NG tube.   |    |       |     |
| 10. Checked tube placement.  |    |       |     |
| 11. Secured the tube to the patient's nose with the tape and wrapped the two ends of tape around tube. |    |       |     |
| 12. Connected the tube to the suction apparatus, if ordered.   |    |       |     |
| 13. Removed gloves and washed hands.   |    |       |     |
| 14. Reported and recorded the procedure.   |    |       |     |

**Supporting Reference(s):**

| Step Number | Reference ID       | Reference Name                                       | Required | Primary |
|-------------|--------------------|--|----------|---------|
|             | ISBN 0-7817-2296-9 | Lipincott's Manual of Nursing Practice               | No       | No      |
|             | SF FORM 510        | MEDICAL RECORD - NURSING NOTES                       | No       | No      |
|             | SF FORM 600        | HEALTH RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE | Yes      | No      |

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination. In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

**Prerequisite Individual Tasks :** None

**Supporting Individual Tasks :** None

**Supported Individual Tasks :** None

**Supported Collective Tasks :**

| Task Number | Title | Proponent    | Status   |
|-------------|-------|--------------|----------|
| N/A         | N/A   | Not Selected | Obsolete |