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Nasogastric

Patient name: _____

Admission: _____

NRS
DATE INITIAL

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I. The client/caregiver can define nasogastric tube feedings.

- A. When swallowing is severely impaired, a nasogastric tube may be inserted.
- B. The nasogastric tube is inserted through the nose and it reaches to the stomach. This will bypass the mouth, throat, and esophagus.
- C. The client can receive complete nutrition without eating/swallowing.
- D. It can be given continuously or intermittently.
- E. The nasogastric tube is commonly used when the swallowing/eating problem is expected to last less than a month.

II. The client/caregiver can demonstrate the nasogastric tube feeding procedure.

- A. Gather all equipment.
- B. Wash hands.
- C. Put client in an upright position.
- D. Aspirate stomach contents to check for residual and then return aspirated contents to stomach. (Hold feeding if residual is greater than 50 to 100 ml and notify physician.)
- E. Check position of tube.
 - 1. Using a syringe, inject 10 ml of air into the tube, and listen with a stethoscope over the stomach to hear a whoosh of air.
- F. Pour room-temperature feeding solution into bag and prime tubing by filling with formula to prevent air from going into stomach.
- G. Connect to preprogrammed pump and attach to the nasogastric tube. Set the pump for amount required and rate for flow.
- H. If pump is unavailable, attach the feeding bag tube to the nasogastric tube and open clamp to allow solution to flow.

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- I. Use drip rate as ordered by physician if ordered continuously.
- J. Allow approximately 20 to 30 minutes for each feeding if feedings are intermittent. Avoid rapid infusion to avoid nausea and vomiting.
- K. Assess tolerance of feeding. Stop feedings and report to physician for symptoms such as
 - Coughing
 - Choking
 - Gagging
 - Vomiting
- L. Follow feeding by flushing with 50 to 150 cc of water.
- M. Keep client in an upright position for at least 15 to 30 minutes after the feeding.

III. The client/caregiver can list measures to prevent complications.

- A. Wash hands well, and keep working area very clean to prevent infection.
- B. Weigh regularly to prevent weight loss.
- C. Keep head of bed elevated at least 30 degrees.
- D. Refrigerate opened cans of feeding solutions, and discard after 24 hours to prevent spoilage.
- E. Formula must not hang for more than 8 hours.
- F. Check position of tube before each feeding or administration of medications.
- G. Flush tube as ordered to prevent clogging.
- H. Monitor blood sugar if diabetic, and report to physician.
- I. Cleanse nose and apply a water-based jelly to prevent skin breakdown.
- J. Provide mouth care.
- K. Check that the tube is secure to face, and avoid tension on the tube during feedings.
- L. Wear Medic Alert bracelet to inform others of medical information.

(Continued)

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- M. Report any intolerance of feeding solution to physician (i.e., nausea, vomiting, cramping, diarrhea, and abdominal distention).
- N. Keep follow-up appointments with physician and laboratory.

IV. The client/caregiver can list possible complications.

- A. Infection
- B. Aspiration pneumonia
- C. Clogging of the tubing
- D. Respiratory distress
- E. Diarrhea, nausea, or vomiting
- F. Inadequate nutrition

RESOURCES

Medical supply companies
Dietician

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