

ACTIVE LEARNING TEMPLATE: *Nursing Skill*

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SKILL NAME NGT REVIEW MODULE CHAPTER _____

Description of Skill

NGT insertion is to help manage GI dysfunction and provide enteral nutrition.

Indications

- Removal of gas of stomach contents to decompress or analyze the contents.
- To provide medications and administer enteral feedings.
- For lavage to diagnose GI bleeding when endoscopy is not available or to treat medication toxicity of poisoning.
- Tx an obstruction.

Outcomes/Evaluation

- Patient takes food by mouth without nausea or vomiting.
- patient gained 1/2 lb/wk while receiving tube feedings.
- Patient takes food by mouth w/o aspiration of stomach contents into the airway.
- Has formed stools.

Potential Complications

- Excoriation of nares and stomach.
- Discomfort; mouth dryness.
- Occlusion of NG tube which causes distention.

CONSIDERATIONS

Nursing Interventions (pre, intra, post)

Pre: check the providers perscription and the client's care plan, assess relevant diagnostic data, assess the method of insertion depending on client, explain the purpose the the client, let them know discomfort is likely as the tube passes, agree on a signal during the procedure that tells the nurse to stop. Assess naris for obstruction and patency, assess gag reflex, have suction ready due to risk for vomiting, place client in high fowlers, apply gloves, give topical anesthetic for pain relief and to help the tube pass easier.
Intra: Hand hygiene, gloves. Measure tube from nose to tip of ear, and then the tip of the ear to the xiphoid process mark measurements, lubricate tip of tube with water-soluble lubricant, tell patient to breathe deeply through their mouth, insert tube through naris toward posterior pharynx, as patient to tilt head forward, have patient drink water, advance tube without using force, if patient has respiratory distress, unable to speak, or significant nasal bleeding or if the tube meets resistance withdrawal the tube, tape tube to the client's nose.
Post: check placement according to protocol, secure tube, record any drainage, ensure comfort, document all relevant infromation.

Client Education

- Perform oral care every 2 hours when patient is awake.
- Keep the patient in an upright angle of 30 degrees.
- Tape the tube to the nose, face, or gown.
- Administer feeding at room temperature.

Nursing Interventions

- Ongoing assessment of GU function, safe and accurate placement of NG tube, monitoring gastric input and output, assessing the client's response to therapy.
- Selecting the most appropriate tube for indicated use, verifying correct tube placement, promoting tube patency, and preventing mucosal damage.
- Apply lubricant to nares as needed, assess drainage color, use water with enteral feedings, rinse the mouth with water, irrigate tube as per protocol.