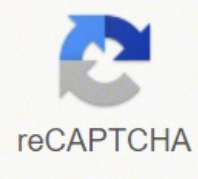
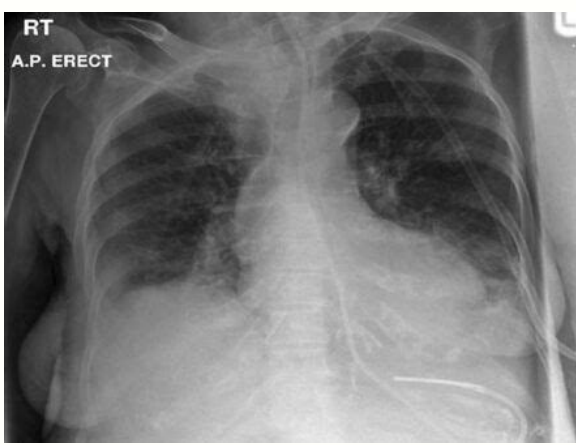




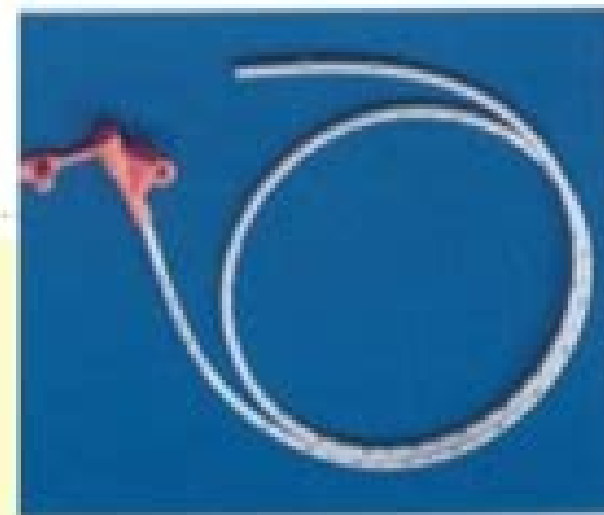
I'm not robot



Open



Long- nasoenteric tubes



Examples of long tubes:

- **Miller- Abbott-**
 - is double lumen (12--- 18 fr) 300 cm rubber tube
 - one lumen used for aspiration and other for Introduce with mercury, water, or saline



Linton-Nachlas tube

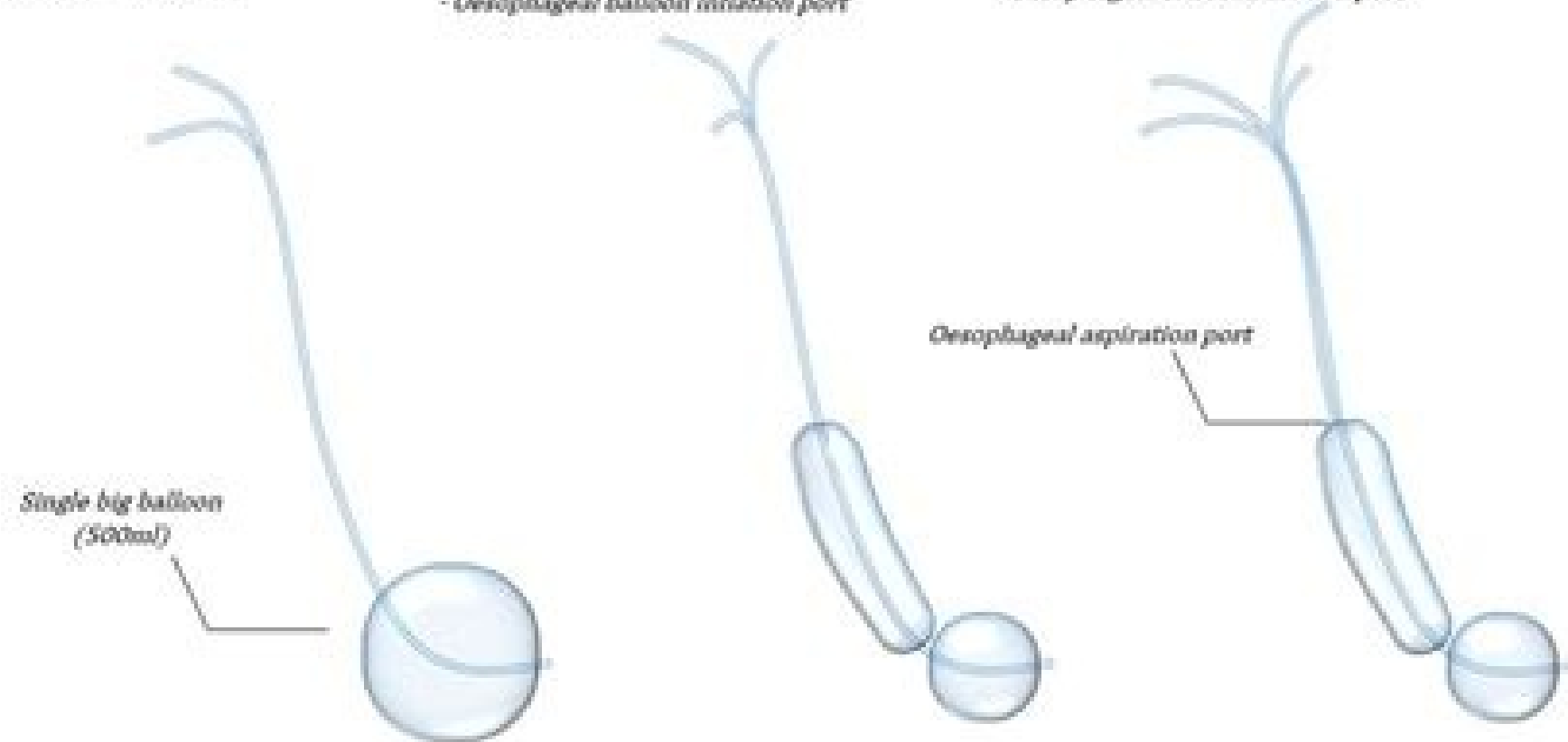
- Ports:
- Gastric suction port
 - Balloon inflation port

Sengstaken-Blakemore tube

- Ports:
- Gastric suction port
 - Gastric balloon inflation port
 - Oesophageal balloon inflation port

Minnesota tube

- Ports:
- Gastric suction port
 - Gastric balloon inflation port
 - Oesophageal suction port (above oesophageal balloon)
 - Oesophageal balloon inflation port



Nasogastric tube insertion guidelines uk. Paediatric nasogastric tube insertion guidelines. Nasogastric tube insertion nice guidelines. How to insert a ng (nasogastric) tube. Paediatric nasogastric tube insertion guidelines. Nasogastric tube insertion guidelines australia. Nasogastric tube insertion guidelines pdf. Neonatal nasogastric tube insertion guidelines.

An NG tube can also remove gastric content, either draining the stomach by gravity or by being connected to a suction pump. Ensure patient's privacy and dignity. 11. It is common for the patient to feel discomfort, and this may be expressed with light coughing and gagging. This prevents risk of aspiration of tube feed. This keeps the NG tube in place. Pull out tube in a swift, steady motion Wrap tube in glove and dispose as per agency policy 11. Remove tape or securement device from nose 7. Patients with an NG tube are at risk for aspiration. The tube is used to feed patients who may have swallowing difficulties or require additional nutritional supplements. Data source: ATI, 2015a; BCIT, 2015c; Berman & Snyder, 2016 Special considerations with NG tubes: Always assess correct placement of the NG tube prior to infusing any fluids or tube feeds as per agency policy. This prevents displacement of the NG tube while checking placement. If tube is coiled, withdraw the tube until only the tip of the tube is seen in the back of the mouth. Kink the NG tube near the naris and gently pull out tube in a swift, steady motion, wrapping it in your hand as it is being pulled out. Check doctor's orders for type of NG tube to be placed and reason for placement. Stand on patient's right side if you are right-handed and the left side if you are left-handed. Placement of NG tubes is always confirmed with an X-ray prior to use (Perry, Potter, & Ostendorf, 2014). Ensure that the tube is securely anchored to the patient's nose to prevent excessive tube movement, and is pinned to the gown to avoid excessive pulling or dragging. Curve 10 to 15 cm of the end of the NG tube around your gloved finger, and then release it. This clears the nares/nasal passages of any remaining secretions. Do this by occluding one side and asking the patient to sniff. Ask the patient about previous injuries or history of a deviated septum. This determines the appropriate length of NG tube to be inserted. The drainage flow is probably obstructed and the tube will need to be irrigated. Checklist 79: Removal of an NG Tube Perform hand hygiene. When working with people who have nasogastric tubes, remember the following care measures: Maintain and promote comfort. This should be commensurate with the reason for the NG tube. Verify tube placement using pH paper 25. Patient must be able to follow instructions related to NG insertion to allow for passage of tube through nasal and gastrointestinal tracts. The tube constantly irritates the nasal mucosa, causing a great deal of discomfort. 4. This prevents the transmission of microorganisms. Follow agency policy for proper patient identification. This follows the natural anatomical alignment of the nasopharynx. Tubes and Attachments A nasogastric (NG) tube is a flexible plastic tube inserted through the nostrils, down the nasopharynx, and into the stomach or the upper portion of the small intestine. Once the tube placement has been confirmed, mark (with a permanent marker) and record the length of tubing extending from the nose to the outer end of the tube. If changing the gown or repositioning the patient, take care not to pull on the NG tube. This aids in timely recognition and identification of tube displacement or migration. Offer tissue or clean the nares for the patient and offer mouth care as required. Supplies include waterproof pads, 20 ml syringe, tissues, non-sterile gloves, and garbage bag. Perform hand hygiene and gather supplies. More aggressive coughing and gagging may indicate that the tube has entered the airways, in which case you should withdraw the NG tube. 5. Verify health care provider's orders to remove NG tube. Remove tape or securement device from nose. Gather supplies 2. The process of removal is usually very quick. Sipping water through a straw helps to initiate the swallowing reflex and facilitate passing of NG tube. Secure the tube to the patient's gown with a safety pin, allowing enough tube length for comfortable head movement. Unclip NG tube from patient's gown. Offer tissue or clean the nares for the patient 12. Remove gloves and place patient in a comfortable position. 3. Assess for the best nostril before you begin. Insert nasogastric tube slowly into patient's nostril 20. This can include rinsing the mouth with cold water or mouthwash as long as the patient does not swallow. Then try advancing the tube again while patient tries to swallow. If the NG tube was ordered to remove gastric content, the physician's order may state to "trial" clamping the tube for a number of hours to see if the patient tolerates its removal. Document assessment findings and determine appropriateness of NG tube insertion related to reason for insertion and patient's physical assessment. Apply clean non-sterile gloves 17. 12. Assess for most patent nostril 4. If either nostril is equally suitable, select the nostril closest to the suction. This ensures accurate placement. Because one nostril is blocked, patients tend to mouth breathe. 6. Hand hygiene with ABHR 13. 8. Please direct queries to nice@nice.org.uk. 23. Temporarily anchor the tube to patient's cheek with a piece of tape until you can check for correct placement. Provide patient with drinking water and a straw if the patient is not fluid restricted. Introduce yourself to patient. This allows for the tube to be easily removed. Check for signs of infection or skin breakdown. These tubes are narrower and smaller bored than a Salem sump or Levine tube. If oral fluids are not allowed, ask the patient to try dry swallowing while you advance the tube. Advance the tube gently 21. Explain procedure to patient and place patient in high Fowler's position. Checklist 78: Inserting a Nasogastric tube Perform hand hygiene. If patient continues to gag or cough, check that the tube is not coiled in the back of the mouth, using a tongue blade and a flashlight to check the back of the mouth.

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