

TITLE: NASO/OROGASTRIC INTUBATION PERFORMANCE CRITERIA EMS Policy No. 2550

NASO/OROGASTRIC INTUBATION				
Name: _____ Date: _____ License # _____				
<p>A. <u>Assessment/treatment indicators:</u></p> <ol style="list-style-type: none"> 1. Gastric distention which impedes ABC's: <ol style="list-style-type: none"> a. Full arrest b. Near drowning 2. Gastrointestinal bleeding. 3. Possible drug overdose. 4. <u>Insertion considerations:</u> <ol style="list-style-type: none"> a. Nasal route for children and adults (if nasal flaring occurs in children, take out and use oral route). b. Oral route for infants under six (6) months. c. Oral route for patients with mid-facial trauma. <p>B. <u>Contraindications:</u></p> <ol style="list-style-type: none"> 1. Known esophageal strictures, varices and/or other esophageal disease. 2. Ingested caustics. 3. Significant facial or head trauma. 4. Patients with bleeding disorders. <p>C. <u>Potential complications and interventions:</u></p> <ol style="list-style-type: none"> 1. Insertion of N/G or O/G tube into trachea/lung. If patient experiences respiratory distress at any time during the procedure remove the tube immediately. 				
<p><u>Equipment:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> 1. Adults: 16 - 18 Fr tube; Peds: 10 Fr tube 2. Yankauer Tonsil Tip Suction Catheter 3. Appropriate size Suction Catheter 4. Battery powered suction equipment, should be immediately available. </td> <td style="width: 50%; border: none; vertical-align: top;"> <ol style="list-style-type: none"> 5. 60 ml cath-tipped syringe. 6. Water-soluble lubricating jelly. 7. Adhesive tape 8. Stethoscope 9. 2% Lidocaine Jelly </td> </tr> </table>			<ol style="list-style-type: none"> 1. Adults: 16 - 18 Fr tube; Peds: 10 Fr tube 2. Yankauer Tonsil Tip Suction Catheter 3. Appropriate size Suction Catheter 4. Battery powered suction equipment, should be immediately available. 	<ol style="list-style-type: none"> 5. 60 ml cath-tipped syringe. 6. Water-soluble lubricating jelly. 7. Adhesive tape 8. Stethoscope 9. 2% Lidocaine Jelly
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Performance Criteria		Pass		
1.	Uses universal precautions.	Fail		
2.	States indications and contraindications.	Fail		
3.	Places patient in High Fowlers, unless otherwise contraindicated.	Fail		
4.	Assembles equipment and checks suction equipment.	Fail		

Effective: January 1, 2010
Supersedes: January 1, 2009

Approved: Signature on File
Medical Director

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EMS Administrator

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Performance Criteria			Pass	Fail
	NASOGASTRIC INSERTION	OROGASTRIC INSERTION		
5.	Measures combined distance between the tip of the nose to the ear lobe to the xiphoid process.	Measures the combined distance between the corner of the mouth to the ear lobe to the xiphoid process.		
6.	Examines nares to determine nare with best airflow.	Examines oropharyngeal cavity for obstructions/secretions.		
7.	Lubricates distal 2-3" of N/G tube with water-soluble lubricant. 2% Lidocaine Jelly not to exceed 5 ml, may also be applied to distal end of N/G tube.	Lubricates distal 2-3" of O/G tube with water-soluble lubricant.		
8.	Inserts nasogastric tube: a. Gently passes tube into selected nostril. b. When resistance is met, has the patient lower chin to chest. c. Then rotates tube inward toward the other nostril while inserting. d. Instructs patient to swallow (if conscious). e. If resistance is still met, removes and attempts other nostril.	Inserts orogastric tube: a. Gently passes tube into the oral cavity and instructs the patient to swallow (if conscious). b. Slowly rotates tube while inserting to desired length. c. If resistance is met, removes tube and re-attempts.		
9.	Advances N/G or O/G tube to previously measured location			
10.	Confirms proper placement by: a. Aspiration of stomach contents. b. Injection of 30-60 ml of air into tube as you auscultate for the sound of air over the epigastric region.			
11.	Secures tube to bridge of nose (N/G), or to side of mouth (O/G).			
12.	Attaches tube to suction and adjust to low suction.			
13.	Reassesses vital signs and notes response to therapy.			

Please provide comments for any item that is marked as failed: _____

Name & Signature of Evaluator

Date

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