



Clinical Practice Procedures: Other/Orogastric tube insertion

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Date	April, 2016
Purpose	To ensure a consistent procedural approach to orogastric tube insertion.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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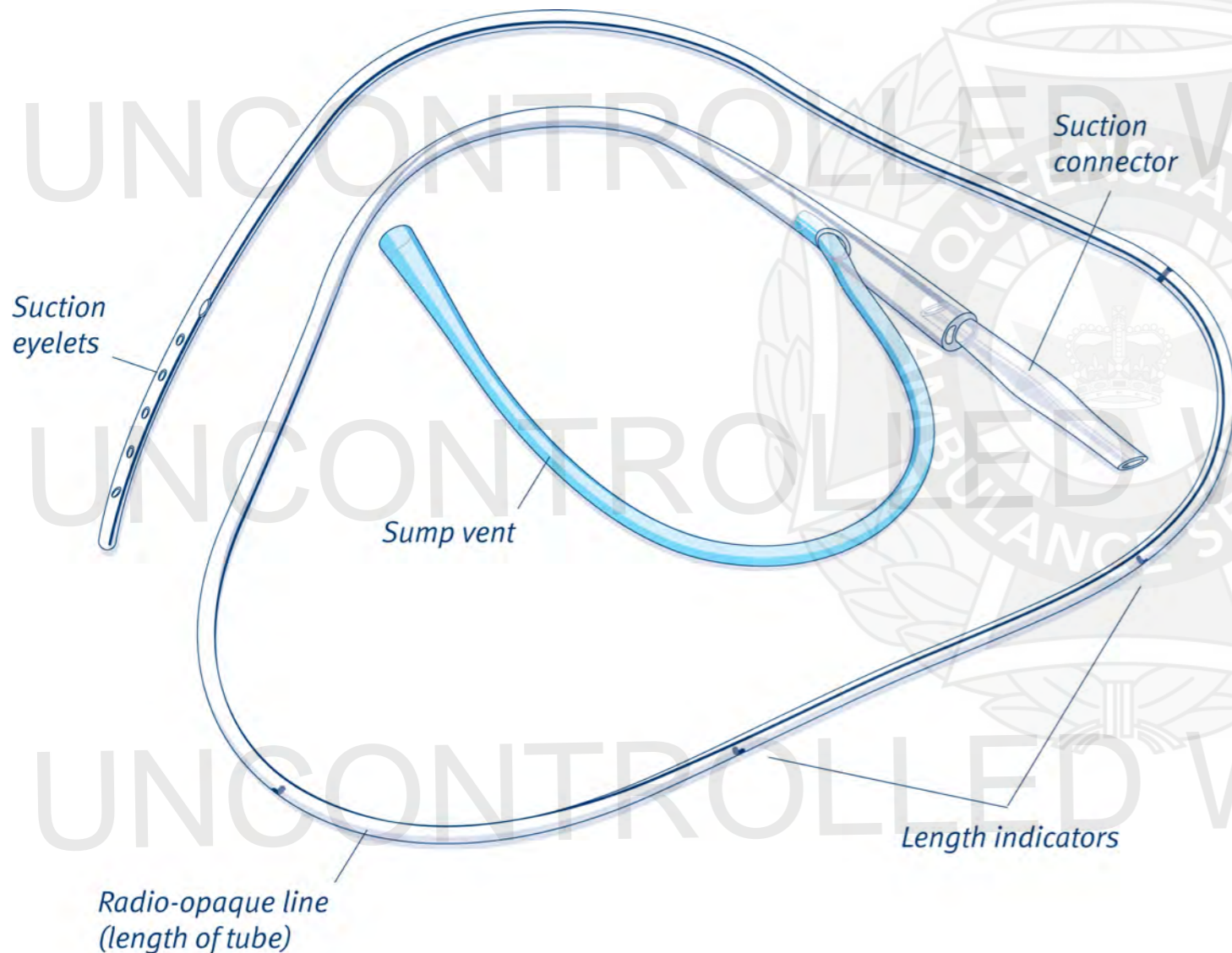
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Orogastric tube insertion

April, 2016

Orogastric (OG) tube insertion involves the placement of a dual lumen tube into the stomach via the oropharynx to facilitate gastric suctioning and/or decompression. The large lumen allows for suctioning of gastric contents and decompression with the sump vent allowing for atmospheric air to be drawn into the tube. This prevents the suction eyelets from adhering to and damaging the stomach.



The QAS supplies two sizes of Salem Sump™ Tubes.

Suggested age	Fr
> 16 years	18
≤ 16 years	12

Indications

- Gastric suctioning **AND/OR** decompression in the intubated patient

Contraindications

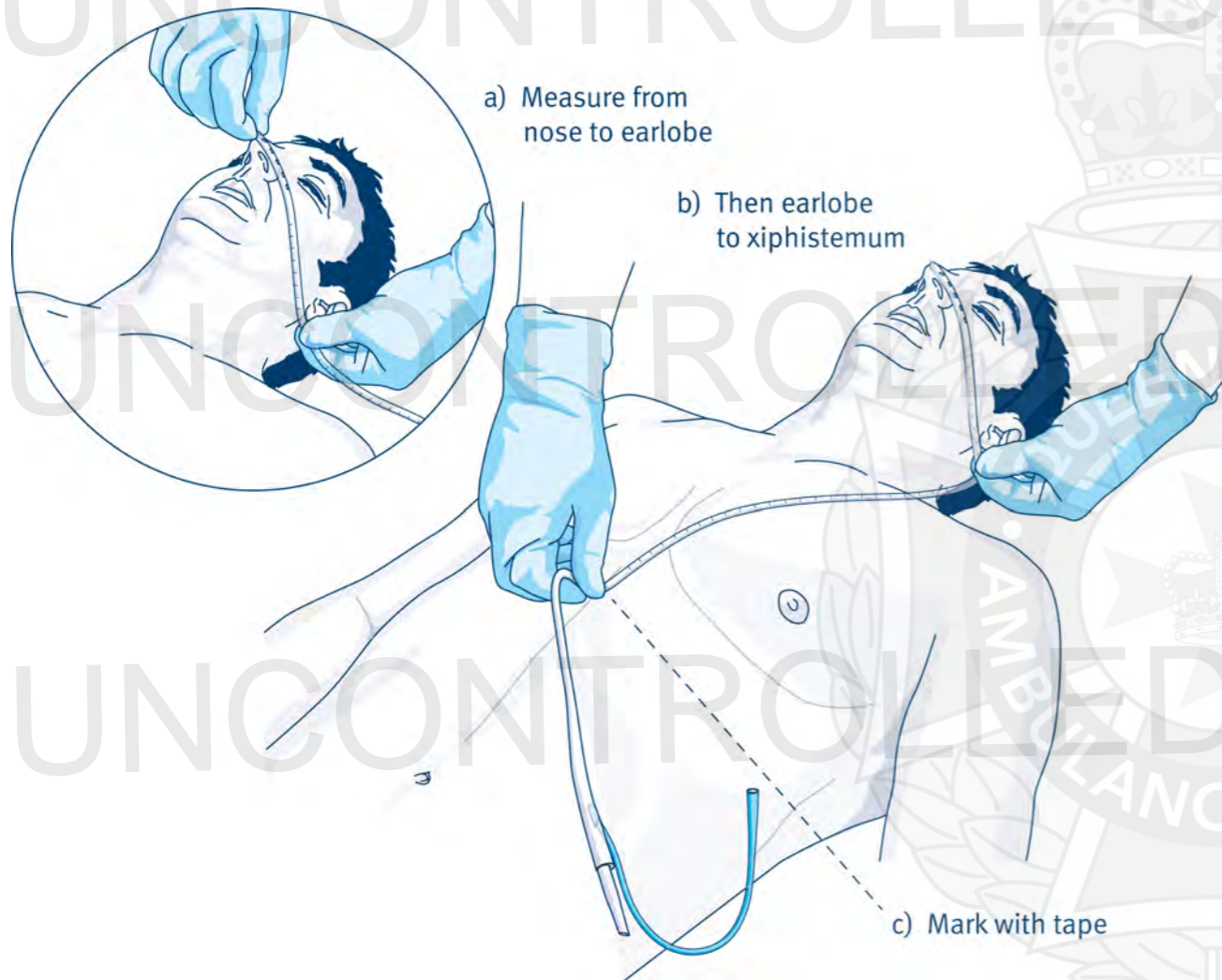
- Nil in this setting

Complications

- Passage of the tube into the trachea
- Coiling of the tube in the posterior pharynx
- Localised trauma

Procedure – Orogastric tube insertion

1. Identify the appropriate size orogastric tube for insertion.
2. Measure length of the OG tube from the tip of the patient's nose to the earlobe and then to the xiphisternum.



3. Mark the desired length of the tube with a piece of tape.
4. Insert the tube into the oral cavity and then direct tube downward through the oropharynx to the pre-measured length.
5. If resistance is met during insertion, stop advancement and adjust direction slightly before reattempting.

6. Confirm placement by:
 - aspirating gastric content with a 50 mL catheter syringe.
 - injection of air into the OG tube (via the large lumen) whilst auscultating the stomach for a 'swoosh' indicating gastric placement.
 - *Adults:* 20 mL
 - *Paediatric:* 10 mL
7. If correct placement is unable to be confirmed, the OG tube must be removed immediately.
8. Secure with tape to the patient's ETT.
9. Suction as required.
10. Connect OG tube to disposable drainage bag (Urimaax™).

+ Additional information

- The potential for body fluid exposure for this procedure is **HIGH**. All precautions that serve to minimise risk to the clinician are to be applied.
- QAS does not authorise the insertion of gastric tubes via the nasogastric route.

NUMBER OF ATTEMPTS

- This procedure is limited to **two** attempts.