

PARAMEDIC TIP SHEET #6:
Nasogastric & Orogastric Intubation

Indications for Nasogastric & Orogastric Intubation

Gastric Intubation is indicated as needed for:

- ◆ **Evacuation of gastric contents**
- ◆ **Evacuation of gastric air, particularly following prolonged BVM ventilation prior to endotracheal intubation**

Relative Contraindications

Gastric intubation is contraindicated in the following settings:

- ◆ **Known esophageal disease**
- ◆ **Nasogastric: Suspected Facial fractures or suspected basilar skull fracture**
- ◆ **Orogastric: May induce emesis in awake patients with a gag reflex**
- ◆ **Orogastric: May interfere with BVM seal**

Methods

The following methods assume that initial care of the patient has already begun.

1. Select the appropriate size gastric tube. Measured in units described as “French”
2. Measure the length from the nose or mouth (mouth for orogastric) to the ear to the xiphoid
3. Lubricate the end of the gastric tube with a water soluble lubricant
4. Attempt to maintain aseptic technique
5. Position the patient sitting upright if possible for nasogastric insertion
6. Insert the gastric tube into the nare (largest). Direct the tube downward towards the base. For orogastric tube insertion, insert into the mouth and direct posteriorly.
7. Advance gradually but steadily to the measured length (length may be slightly long for orogastric tube)
8. Ask the patient to swallow as the tube is being advanced.
9. Assess placement by instilling a small amount of air into tube while auscultating over the epigastrium. Assessment may also include an attempt to aspirate gastric contents.
10. Apply suction to evacuate gastric contents or air. For continuous suction, connect to low vacuum (~80-100 mm Hg)

Tips

- ◆ Use the orogastric tube for patients who have suspected facial or basilar skull fractures
- ◆ Nasogastric tube insertion is preferred for patients who are awake or with a gag reflex
- ◆ Orogastric tube insertion in the patient who is awake or with a gag reflex is at high risk for emesis and therefore aspiration
- ◆ Orogastric tube insertion is not well tolerated in the awake patient and should be avoided