HERZING UNIVERSITY | SCHOOL of NURSING

NASOGASTRIC TUBE INSERTION SKILL VALIDATION

Student Name: _____ Date: _____

Supplies Needed	Salem sump tube, anti-reflux valve, lubricating jelly, paper tape, Lopez valve, piston syringe, pH paper, admission kit, disposable straw, tongue depressor
Equipment Needed	Nursing Manikin, pen light

	Points Allowed	1st Attempt	2nd Attempt
Preparation			
Perform I-CHECK: Introduce yourself; Check armband **(two patient identifiers)**; Hand hygiene; Explain procedure; Check order; Keep privacy	+1		
Assess the patient prior to procedure • nasal passages • gag reflex • mental status • determine the appropriate tube size (typically 8-12 Fr for feeds/meds; 16-18 Fr for gastric decompression)	+4		
Insertion			
Preparation: • Place the patient in high Fowler's position & apply drape to patient • Provide an emesis basin and cup of water with straw	+2		
Don clean gloves	+1		
Measure the NG tube from nose to earlobe to xiphoid process (NEX) and mark the length	+1		
Apply water-soluble lubricant to the tube tip and gently insert it into the most patent nostril, following the natural curve (if resistance occurs, reattempt with more lubrication or use the other nostril)	+1		
As the tube reaches the oropharynx, instruct the patient to swallow water and advance the tube with each swallow, monitoring for signs of distress	+1		
Check for position in the back of throat • Secure the NG tube to the patient's nose	+2		
For Salem sump tubes, attach the one-way valve to the blue air vent and a Lopez valve to the other (for other NG tubes, attach a Lopez valve to the main lumen)	+1		
Post-Procedure			
Verify correct placement by aspirating gastric contents, checking pH (≤5); • Verbalize patient would also need to go to x-ray	+2		
If ordered, connect the NG tube to low intermittent suction	+1		
Remove gloves and perform hand hygiene	+1		
Document the procedure, including the date, time, size of the NG tube, insertion depth, placement verification methods, and patient's tolerance of procedure. *No points but required*			
Total Points (successful/Unsuccessful) 15 out of 18 needed to be successful			

***Bolded** Items: If missed and not caught, will result in an automatic unsuccessful* *Updated 11/14/2024*

Comments **1st Attempt:** **2nd Attempt:**			

Evaluator Initials or Signature: _____ Date: _____

1ST Attempt Pass _____**/ Needs Remediation**_____

Evaluator Initials or Signature: _____ Date: _____

2nd Attempt Pass _____**/ Lab Fail**_____