Procedure Guidelines

<table>
<thead>
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<th>Protocol Title:</th>
<th>Gastric Tube Placement</th>
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<td>Original Adoption Date:</td>
<td>08/2000</td>
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<td>Past Protocol Updates</td>
<td>08/2000</td>
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<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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Indications:
1. Prevention and/or alleviation of gastric distention in patients who have regained a spontaneous pulse following cardiopulmonary resuscitation.

Contraindications:
1. Patients with severe facial trauma, especially those involving the nasal area
2. Patients with suspected or possible epiglottitis or croup

Complications:
1. Epistaxis
2. Coiling of tube in posterior pharynx
3. Placement of tube into trachea
4. Retching in conscious patient

Procedure

Nasal:
1. Mark the distance the tube should be inserted by measuring the distance from the ear lobe to the bridge of the nose, then from the bridge of the nose to the xiphoid process.
2. Examine the nose for septal deviation.
3. Select most patent nostril, place patient in semi-Fowler position and flex head slightly forward.
4. Insert lubricated tube and pass carefully along nasal floor, instructing patient to swallow as tube enters oropharynx.
5. Pass the tube to desired point as marked on tube.
6. Check placement of tube by aspirating gastric contents or by auscultation over epigastrium while injecting 20-30 ml of air.
7. Secure tube and perform evacuation as needed.

**Oral:**
1. Mark the distance the tube should be inserted by measuring the distance from the ear lobe to the corner of the mouth then from the corner of the mouth to the xiphoid process.
2. Insert lubricated (if needed) tube into mouth, instruct patient to swallow as tube enters oropharynx.
3. Pass the tube to desired point as marked on tube.
4. Check placement by aspirating gastric contents or by auscultating over epigastrium while injecting 20-30 ml of air.
5. Secure tube and perform evacuation as required.