17.5: Checklist for NG Tube Enteral Feeding By Gravity with Irrigation

Use the checklist below to review the steps for completion of the “NG Tube Enteral Feeding by Gravity with Irrigation.”

Steps

Disclaimer: Always review and follow agency policy regarding this specific skill.

1. Verify the provider’s order.
2. Gather supplies: stethoscope, gloves, towel, irrigating solution (usually water), and irrigation set with irrigating syringe, pH tape, and prescribed tube feeding.
3. Perform safety steps:
   ◦ Perform hand hygiene.
   ◦ Check the room for transmission-based precautions.
   ◦ Introduce yourself, your role, the purpose of your visit, and an estimate of the time it will take.
   ◦ Confirm patient ID using two patient identifiers (e.g., name and date of birth).
   ◦ Explain the process to the patient and ask if they have any questions.
   ◦ Be organized and systematic.
   ◦ Use appropriate listening and questioning skills.
   ◦ Listen and attend to patient cues.
   ◦ Ensure the patient’s privacy and dignity.
   ◦ Assess ABCs.
4. Don the appropriate PPE as indicated.
5. Perform abdominal and nasogastric tube assessment:
Assess skin integrity on the nose and ensure the tube is securely attached.

Use a flashlight to look in the nares to assess swelling, redness, or bleeding.

Ask the patient to open their mouth and look for curling of the tube in the patient’s mouth. The tube should go straight down into the esophagus.

Lower the blankets and move the gown up to expose the abdomen. Inspect from two locations.

Auscultate bowel sounds and then palpate the abdomen. If the patient is receiving NG suctioning, turn off the suction prior to auscultation.

6. Check for tube placement:
   - Verify tube measurement at insertion site based on documentation.
   - If agency policy dictates, test the pH of the aspirate. The pH should be equal or less than 5.5.
   - If agency policy dictates, measure and document residual amount. Instill residual back into gastric tube if placement was confirmed.

7. Draw up 30 mL of water in a 60-mL syringe. (If applicable, use sterile water according to agency policy.)

8. Connect the syringe to the tubing port (not the blue pigtail).

9. Instill 30 mL water.

10. Reconnect the plug tube or clamp tube.

11. Remove the plunger from the syringe and attach the syringe to the NG tube.

12. Complete tube feeding administration:
   - Verify the order for the type of formula, amount, method of administration, and rate.
   - Check the expiration date on the formula.
   - Verify if the tops of the containers need cleaning or if feeding needs mixing/shaking.
   - Add the formula to the syringe until the ordered amount is administered. Hold the syringe above the insertion site and allow it to enter via gravity.
   - Assess the patient for tolerance of the feeding. Slow infusion as necessary. Do not allow air to enter the tube when refilling the syringe.
   - After formula is administered, flush the NG tube with 30 mL of water.
   - If a patient is unable to tolerate the feeding, slow or stop the infusion. Document and report the intolerance.

13. Disconnect the syringe and plug the NG tube.

14. Maintain the patient at or above a 30-degree angle for a minimum of one hour to prevent aspiration. Ask the patient if they have any questions and thank them for their time.

15. Perform hand hygiene.

16. Ensure safety measures when leaving the room:
   - CALL LIGHT: Within reach
   - BED: Low and locked (in lowest position and brakes on)
   - SIDE RAILS: Secured
   - TABLE: Within reach
   - ROOM: Risk-free for falls (scan room and clear any obstacles)

17. Document assessment findings and report any concerns according to agency policy. When documenting the procedure, include the following:
   - Time performed
- Irrigation solution used
- Quantity instilled
- Residual amount, color, odor, and consistency
- Method for checking the placement (including pH of gastric contents, if performed)
- Related assessments
- Amount of tube feeding
- Patient tolerance for the procedure