# GASTRIC TUBE PLACEMENT

**Purpose:** To decompress gastric dilatation following placement of an endotracheal tube

**Indications:** Intubated patient with gastric dilatation

**Advantages:**
- Decompresses the stomach, reducing the chance for regurgitation and aspiration
- Allows freer downward movement of the diaphragm, making ventilation easier

**Disadvantages:**
- May stimulate vomiting

**Complications:**
- Epistaxis
- Accidental passage into the trachea may stimulate coughing

**Contraindications:**
- May NOT be used with an uncuffed ET tube

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1. **Estimate amount of tubing needed by measuring from the tip of the patient’s nose to the ear lobe and then to the xiphoid process**

2. **Lubricate the tube with water soluble lubricant**

3. **Insert the tube into the patient’s nostril, directing the advancement straight back along the floor of the nasal passage**

4. **Advance the tube until one of the following occurs:**
   a. the measured length of the tube has been reached, or
   b. gastric contents appear in the tube, or
   c. gastric distention has been relieved

5. **Check posterior pharynx to be sure the tube is not curled up in the back of the mouth; if so, withdraw and reinsert the tube, using the Magill forceps as necessary**

6. **Inject ~ 30 cc of air into the tube while listening over the stomach with the stethoscope to confirm placement**

7. **Secure the tube with tape**

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**NOTES:**
- The tube may be inserted orally if difficulty is encountered during attempt at nasal insertion.

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3-7