

Standard operating procedure for naso gastric tube insertion

Equipment:

- Sterile gloves
- Nasogastric tube appropriate for newborns
- Lubricating gel
- Tape
- Syringe
- Adhesive strip
- Stethoscope

Procedure:

- Confirm the newborn's identification and explain the procedure to the parents or legal guardian.
- Perform hand hygiene and put on sterile gloves.
- Assess newborn's respiratory status and ensure adequate ventilation before starting.
- Select the appropriate size nasogastric tube based on the newborn's weight and length.
- Measure the length of the tube from the tip of the nose to the tip of the earlobe and then to the midpoint between the xiphoid process and the umbilicus.
- Lubricate the tip of the nasogastric tube with a water-soluble lubricating gel.
- Gently insert the tube through one nostril while tilting the newborn's head backward and directing the tube toward the posterior pharynx.
- Advance the tube slowly while the newborn swallows or coughs.
- Once the tube is in the gastric cavity, aspirate gastric contents with a syringe to confirm correct placement.
- Secure the tube to the newborn's cheek or nose using tape.
- Check for proper tube placement and any signs of distress every 4-8 hours.
- Record the length inserted, aspiration of gastric contents.
- Flush the tube with sterile water before and after each feeding or medication administration.
- Monitor the newborn for any signs of complications such as respiratory distress, tube dislodgement, or infection.
- Document all actions taken, including observations, assessments, and interventions.

Discontinuation:

- The attending paediatrician will determine when to remove the nasogastric tube.
- Gently remove the tape securing the tube.
- Instruct the Healthcare assistant to assist in holding the newborn still.
- Slowly pull the tube out while observing for any signs of discomfort or resistance.
- Record the removal procedure and document the condition and any complications observed.