PR14: Orogastric Tube Placement

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Applicable To

ACP and higher

Introduction

High volumes of air or fluid in the stomach can significantly affect a patient's ability to be ventilated by bag-valve mask and limit the effectiveness of chest compressions by inhibiting the return of venous blood to the thorax. In these cases, the stomach should be decompressed by placement of an orogastric tube.

Indications

- Cardiac arrest
- Gastric distension interfering with effective ventilations

Contraindications

- Use extreme caution if there is a history of caustic ingestion or esophageal varices

Procedure

1. Assemble and prepare equipment:
   - Gastric tube (14 Fr or 16 Fr)
   - Water soluble lubricating gel
   - Laryngoscope
   - 30–60 mL catheter-tip syringe (not Luer lock)
   - Stethoscope
   - Personal protective equipment, including gloves and face shield
   - Suction tubing
   - Tape
2. Estimate the length of tube required: measure the distance from the epigastrium to the corner of the mouth or nose, passing by the earlobe.
3. Using aseptic technique, lubricate the distal 7.5 to 10 cm of the tube.
4. Visualize the esophagus using a laryngoscope.
5. Insert the tube and advance to the desired depth.
6. Check tube placement by auscultating over the epigastrium while injecting 20-30 mL of air down the tube. Bubbling or "whooshing" sounds should be heard. If sounds are not heard, advance the tube by another 2.5-5 cm and re-check.
7. Once tube placement has been confirmed, secure the tube with tape. Connect to suction at low vacuum.