


<p><b>Name of Policy:</b> <u>Naso-gastric Tube Placement</u></p> <p><b>Policy Number:</b> 3364-87-37</p> <p><b>Approving Officer:</b> Chief of Staff Medical Director</p> <p><b>Responsible Agent:</b> Medical Director</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective date:</b> 02/11/04</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement


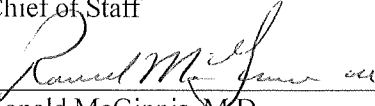
It is the policy of the University Medical Center and its Medical Staff that NG tube placement will be verified as outlined below.

(B) Purpose of policy

To ensure adequate verification of NG tube placement.

(C) Procedure

- (1) An order must be placed for naso-gastric (NG) tube placement and pH testing of gastric contents for placement verification.
- (2) Position of the NG tube should be tested as outlined in the *Nursing Service Standard of Care and Practice for Insertion of Naso-gastric Tube*. If placement of the NG tube cannot be confirmed by the method outlined, or if there is any doubt as to the quality of the test performed, a chest x-ray must be obtained in order to confirm the correct placement of the NG tube. If a pH test result of 6.0 is received, confirmation should be via a chest x-ray. If any of the following conditions cannot be met, placement should be confirmed by x-ray:
  - (a) no feedings given orally or by NG tube within the previous four hours;
  - (b) no antacids given within the previous four hours and no other medications given within the last hour orally or by NG tube;
  - (c) NG tube was flushed with 30 ml of air before fluid was aspirated for pH testing.

<p>Approved by:</p> <p> _____ John T. Kane, M.D. Chief of Staff</p> <p> _____ Ronald McGinnis, M.D. Medical Director</p> <p>2-23-11 _____ Date</p> <p><i>Review/Revision Completed by:</i> Nursing Service Medical Executive Committee</p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>MS-037 Naso-gastric Tube Placement</i></li></ul> <p><b>Review/Revision Date:</b> 08/08/07 02/23/11</p> <p><b>Next review date:</b> 02/23/14</p>
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