

Nasogastric Tube Insertion Checklist

* WEST COAST

	Peer I	Pour 2	Evaluation
Wash hands per CDC guidelines.			
Provide patient privacy			
Introduce yourself.			
Identify patient correctly using two identifiers (check to chart)	100		
Verify aller gy status.			
Perform environmental safety check			3
	100		1.5
Explain procedure. Educate patient about the rationale of procedure and associated adverse reaction.			
Perform GI Assessment – assessing need for NG Tube placement.			
Place patient in high fowler's position and cover chest with towel or chux.	× 1		-
Explain the procedure and develop appropriate hand signal for patient.			
Use the penlight to view the cheat's nostrils. Assess for any facial or pasal passage			
issue commaindicated for this procedure. Have patient blow nose one nostril at a time if needed.			
Obtain the appropriate equipment for NG tabe placement. If sactioning is ordered, verify saction source at this time. Connect saction tube to source of negative			
		_	
then to the highoid process of the sternum. Mark the distance on the tube with a			
Ask Patient to slightly flex the neck backward. Gently insert tabe into a nare.	F. 2		
When the patient starts to gag, pull back tube slightly (until gaging ceases) and ask patient to tip forehead forward (give water with straw if applicable, have patient dry swallow if necessary). Advance the tube several inches at a time as the client swallows. Advance the tube until the taped or marked point reaches the nare.			
If there are any signs of respiratory distress – pull back tube immediately.			
Secure NG tabe in place (do not let go of the tabe tast) secured).			
Verify placement of the tabe. Aspirate stomach contents to test pH.	100		
After placement is verified per evidenced based guidelines, connect the distal end			
		I	
			=- 3
	100		
and appropriate side rales up, and call light within reach.			
Wash hands per CDC graidelines.	175 77		4.
	Provide patient privacy Introduce yourself. Identify patient correctly using two identifiers (check to chart) Verify allergy tasts. Perform environmental safety check. Ensure proper body mechanics. Gather all supplies, egu-prent and PPE as needed. Yestry MD order. Assets for procedure need. Explain procedure. Educate patient about the rationale of procedure and associated adverse reaction. Perform GI Assetsment – assetsing need for NG Tabe placement. Place patient in high fowler's position and cover chest with tower or chus. Explain the procedure and develop appropriate hand signal for patient. Use the peologist to view the client's nostrils. Assets for any facial or need passage insec contraindicated for this procedure. Have patient blow note one nostril at a time of needed. Obtain the appropriate equipment for NG tabe placement. If sectioning is ordered, verify section source at this time. Connect vection tabe to source of negative treateurs as time contrain contrain the inner to the suphoid process of the stemans. Mark the distance on the tabe with a piece of tage or marker. Listing the NG tabe, measure the distance from tip of the nare to the earlobe, and then to the suphoid process of the stemans. Mark the distance on the tabe with a piece of tage or marker. Listing the NG tabe, measure the distance from tip of the nare to the earlobe, and then to the suphoid process of the stemans. Mark the distance on the tabe with a piece of tage or marker. Listing the NG tabe, the states to gag, gulf back to be slightly (total gaging coates) and ask patient to sightly flex the neets backward. Gently insert tube into a nare. When the patient starts to gag, gulf back to be slightly flex tipe of the patient dry strailows. Advance the tabe to rid the taped or marked point reaches the nare. If there are any signs of respiratory districts - pull back tabe internediately. Secure NG table in place (so not let go of the tabe cents i see test pill. After placement of the tabe. Aspirate stomach contests to test pill. Aft	Wash hands per CDC guidelines. Promide patient primacy Introduced yearself. Identify patient connecting using two identifiers (check to chart) Verify alter gy status. Perform environmental safety check. Ensure proper body mechanics. Gather all supplies, eggsprent and PPE as needed. Verify NED order. Assess for procedure need. De plain procedure. Educate patient about the rationate of procedure and associated adverse reaction. Perform GI Assessment – assessing need for ING Tube placement. Place patient in logic forwier's position and cover chest with towel or chus. Displain the procedure and develop appropriate hand signal for patient. Use the penlight to view the client's nostals. Assess for any facial or need passage issue contraindicated for this procedure. Have patient blow note one nostril at a time of needed. Obtain the appropriate equi present for ING tabe placement. If suchosing is ordered, verify sociols socioece at this to time. Connect socioe table to socioe of negative resistance is flag control per placetian's order. Using the ING tabe, measure the distance floors tip of the name to the earlobe, and then to the repholod process of the stermen. Mark the distance on the table with a packet first of topics. Using the NG tabe, measure the distance floors tip of the name to the earlobe, and then to the repholod process of the stermen. Mark the distance on the table with a packet first of topics or globe in the table with a packet first of topics or globe in the table with a packet for the status of the stermen. Mark the distance on the table with a packet for the patient status of the stermen. Mark the distance on the table with a packet for the patient status of the stermen with a section of the table with a packet for the status of the stat	Waith hands per CDC guidelines. 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Connect socioe rate to source of negative parameters at this time. Connect socioe rate to source of negative parameters at the order. Using the ING table, measure the distance from tip of the same to the earliche, and then to the suppoper appropriate for the termina. Mark the distance on the table with a peace of tage or marker. Lubricale first 4 inches of the termina, Mark the distance on the table with a peace of tage or marker. Ask Patient to slightly flex the neck backward. Centify insert table into a mare. When the patient starts to gag, put back to be slightly (tast) gaging ceates) and ask patient to slightly the the tage of the table into a mare. When the patient starts to gag, put back to be slightly final in gaging ceates) and ask patient to slightly the time to the fallows. Advance the table several inches at a time as the client swallows. 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Faculty Explusion:	100 #81

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Richard Bailey

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provide the necessary tools for guiding correct laboratory findings interpretation Indeed it is now widely recognized that laboratory medicine has a pivotal role in clinical medicine significantly influencing clinical decisions. Thus it is crucial to understand and use laboratory data appropriately. This book has the great advantage of describing each topic exhaustively in order to facilitate its understanding Specifically it describes both diseases with a high incidence in the population such as Diabetes Mellitus Cardiovascular Diseases Dyslipidemias and Autoimmune Diseases as well as rare diseases such as Hereditary Metabolic Diseases In addition unusual topics are treated such as Clinical Biochemistry of the Mind as well as hot topics such as Biological Drugs Biobanks Health Technology Assessment and Omics Sciences Finally the book includes a chapter on the new health emergency the SARS CoV 2 pandemic Two appendices are provided at the end of the book a table summarizing the reference range and decisional cut off for the main laboratory parameters and instructions on performing a venous blood sample The book will be an invaluable tool for medical and biomedical students as well as for practitioners

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