

PARAMEDIC STANDING ORDERS – ADULT & PEDIATRIC

INDICATIONS

- Intubated patients (Orogastric preferred)

CONTRAINDICATIONS

- If suspected basilar skull fracture, do not use nasogastric tube.
- Severe facial trauma with distortion of airway anatomy

EQUIPMENT

- Salem sump gastric tube of appropriate size; for pediatric size refer to the length based tape.
- 60 mL syringe with Toomey tip (catheter tip); use 5-10 mL syringe for pediatric
- Lubricant
- Stethoscope
- Method of securing

OROGASTRIC TUBE PROCEDURE

1. Size a Salem sump gastric tube by measuring from the epigastrium, around the ear, and to the mouth.
2. Lubricate the distal portion of the tube with water based lubricant.
3. If possible, flex the head forward to better align the esophagus for tube placement.
4. Insert the tube into the mouth and advance until the measured depth is reached. If the tube coils or does not advance, pull it back, reposition, and try again. A maximum of three attempts are allowed.
5. Once the tube is in place confirm placement by instilling air into the tube using 60 mL syringe and auscultating the epigastrium for gastric sounds.
6. Secure the tube with tape or other device as necessary.
7. Perform low intermittent suctioning.

NASOGASTRIC TUBE PROCEDURE

1. Size a Salem sump gastric tube by measuring from the epigastrium, around the ear, and to the nose. The largest and least occluded nares should be utilized.
2. Lubricate the distal portion of the tube with water based lubricant.
3. If possible, flex the head forward to better align the esophagus for tube placement.
4. Insert the tube into the nares and advance until the measured depth is reached. If the tube coils or does not advance, pull it back, reposition, and try again. A maximum of three attempts are allowed.
5. If possible, it is helpful to have the patient drink water through a straw while advancing the tube to facilitate swallowing.
6. Once the tube is in place confirm placement by instilling air into the tube using 60 mL syringe and auscultating the epigastrium for gastric sounds.
7. Secure the tube with tape or other device as necessary.
8. Perform low intermittent suctioning.

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