STUDENT'S NAME

DATE

FOR FACULTY USE ONLY DATE

EDUCATOR'S NAME PASS / FAIL

Skills Modules 3.0 Checklist: Nasogastric Intubation
Inserting Nasogastric Tube

INSTRUCTIONS: Use the following checklist to evaluate competency in completing this skill. Select Satisfactory (S) or Unsatisfactory (U) for each step and provide comments as needed.

*Document the relevant information (assessment findings, pharmacological and nonpharmacological interventions) in the client's medical record.

Step by Step

STEP	S	U	EVALUATOR'S COMMENTS
*Provide privacy as needed.			
*Introduce yourself to the client.			
*Perform hand hygiene.			
*Verify client identification.			
*Determine whether the client has allergies.			
*Provide client education. Develop signals for client to communicate during procedure.			
Inspect client nares and check for patency			

STEP	S	U	EVALUATOR'S COMMENTS
Assist client into high-Fowler's position or at a 45-degree angle.	☐	☐	
Place a towel over the client's chest.	☐	☐	
Measure the length of tubing required for the client, then mark it with an indelible marker.	☐	☐	
If using a stylet, ensure it is secure and inject 10 mL of water into the tube.	☐	☐	
Prepare tape or fixation device.	☐	☐	
Apply clean gloves.	☐	☐	
Lubricate the tip of the tube and apply anesthetics if policy indicates.	☐	☐	
Give the client a cup of water with straw, and either have the client keep their neck in a neutral position or have them flex their head back on a pillow, depending on policy.	☐	☐	
Insert tube following nasal passage. Rotate tube to help pass through the nasopharynx.	☐	☐	
Provide reassurance to client if gagging occurs when tube reaches pharynx. Ensure the tube is not coiled in the≈pharynx.	☐	☐	
Have the client flex their chin to their chest and encourage client to sip through a straw while tube advances.	☐	☐	

STEP	S	U	EVALUATOR'S COMMENTS
Stop the procedure if the client becomes cyanotic, is unable to speak or hum, or has continuous coughing or gagging, or if unable to advance the tube after rotating it.	☐	☐	
Continue advancing tubing until measured mark is reached. Secure tubing temporarily with tape	☐	☐	
Determine tube placement by checking aspirate pH or bilirubin or use a CO_2 detector.	☐	☐	
Mark the tube at the client's nostril.	☐	☐	
Apply skin barrier to the nose and secure tube in place with tape or a fixation device.	☐	☐	
Secure tubing to the client's gown. If a double-lumen is used, ensure vent is above stomach level.	☐	☐	
Remove gloves and perform hand hygiene.	☐	☐	
Arrange for an x-ray to confirm placement.	☐	☐	
Apply clean gloves and provide oral hygiene.	☐	☐	

STEP	S	U	EVALUATOR'S COMMENTS
Discard supplies, remove gloves, and perform hand hygiene.	☐	☐	
*Ensure that the client is in a safe position prior to leaving the room and has the call light within reach.	☐	☐	
Following x-ray confirmation, remove stylet.	☐	☐	

References

Berman, A., Snyder, S., & Frandsen, G. (2016). *Kozier & Erb's fundamentals of nursing: Concepts, process, and practice* (10th ed.). Upper Saddle River, NJ: Prentice-Hall, pp. 1154-1157.

Lynn, P. (2019). *Taylor's clinical nursing skills* (5th ed.) Philadelphia: Wolters Kluwer, pp. 779-785.

Perry, A.G., Potter, P.A., and Ostendorf, W.R. (2018). *Clinical nursing skills & techniques* (9th ed.) St. Louis, MO: Elsevier, pp. 841-845.

Taylor, C., Lynn, P. and Bartlett, J. (2019). *Fundamentals of nursing* (9th ed.). Philadelphia: Wolters Kluwer, pp. 1457-1462.