

Nasogastric and Dobhoff Tubes

Who needs a tube?

- Decompression of GI tract
 - Bowel or gastric outlet obstruction
 - Unremitting emesis from any cause
- Administration of oral agents
 - Activated charcoal
 - Tube feedings
 - Medications
- Evaluation of gastrointestinal bleeding

Contraindications

- Maxillofacial trauma
 - Inability to adequately protect airway
 - Esophageal abnormalities
 - recent caustic ingestion
 - known esophageal stricture
- Esophageal varices are NOT a contraindication

What you need

- INFORMED CONSENT
- NG or dobhoff tube
- Lubricant
- 60cc syringe
- Cup of water and straw
- Stethoscope

Tube placement

- Ideally, patient should be in "sniffing" position (neck flexed, head extended)

Also, in a perfect world:

- (a) Spray nasal passage with oxymetazoline
- (b) Anesthetize nasal passage and oropharynx with lidocaine or benzocaine
- Measure how much of the tube should be inserted (xiphoid → angle of mandible → nose)

Tube placement

- Slowly insert tube through nose
- When resistance is met, or patient gags, have them start drinking water. Then, along with their swallowing, slowly advance the tube. Continue this until you reach target distance.
- Confirm position with stethoscope over diaphragm (while injecting syringe full of air through tube).
- Secure tube to nose with tape.

A note about dobhoffs

- Insert tube in same way as NG tube
- When withdrawing wire, remove slowly. If resistance is met, withdraw tube a little and try again with the wire.

→ NEVER forcefully withdraw the wire.

Do you need an xray afterwards?

- First of all: if the patient can't talk or is in respiratory distress, you're in the wrong place.
- With NG tubes, placement should be obvious:
 - When tube is connected to low intermittent suction, there should be return of gastric contents
 - If there isn't, confirm placement with xray (KUB)
- With dobhoff tubes, should always confirm placement as no suction will be applied.

What can go wrong?

- Endotracheal placement
- Epistaxis
- Sinusitis
- Esophageal perforation
- Aspiration
- Pneumothorax
