

Station: Insertion of a Nasogastric (NG) Tube

Station Overview:

- **Station Title:** Insertion of a Nasogastric (NG) Tube
- **Station Duration:** 10 minutes
- **Skill Assessed:** Clinical skill in inserting a nasogastric tube
- **Candidate Instructions:**
 - You are a medical student asked to insert a nasogastric tube into a simulated patient.
 - Please follow the procedure steps as accurately as possible.
 - Ensure you explain the procedure to the patient and gain consent before starting.

Materials Provided:

- NG tube (8-18 Fr)
- Lubricant (gel, liquid paraffin, or glycerin)
- Cotton-tipped applicators
- Saline solution
- Disposable towel
- Adhesive plasters and scissors
- Clean gloves
- Stethoscope
- Syringe (20-50 cc)
- pH indicator strips
- Glass of water
- Torch
- Kidney tray and paper bag for waste
- Bowl of water (for warming or cooling the tube as needed)
- Patient gown

Candidate Instructions:

1. **Introduction and Preparation:**
 - Introduce yourself to the patient and confirm their identity.
 - Explain the procedure to the patient, including its purpose and what to expect.
 - Obtain verbal consent from the patient.
 - Ensure the patient is in a comfortable position, preferably sitting upright (high Fowler's position). If the patient is comatose, position them in a semi-Fowler's position.
 - Place a towel across the patient's chest to protect their clothing.
2. **Equipment Preparation:**
 - Wash your hands thoroughly and put on clean gloves.
 - Gather all necessary equipment and ensure they are within reach.

- Measure the NG tube from the tip of the patient's nose to the earlobe, and then from the earlobe to the xiphoid process. Mark the measured distance on the tube.
 - Lubricate the first 6-8 inches of the tube with the lubricant to ease insertion.
3. **Insertion Procedure:**
- Ask the patient to tilt their head slightly forward.
 - Insert the lubricated end of the NG tube into the selected nostril, aiming down and backward towards the ear.
 - Gently advance the tube through the nasopharynx, and when it reaches the oropharynx, ask the patient to swallow sips of water to help guide the tube into the esophagus and down into the stomach.
 - Continue to advance the tube in small increments, allowing the patient to take sips of water intermittently until the marked point is reached.
4. **Confirmation of Placement:**
- Attach the syringe to the end of the NG tube and aspirate a small amount of gastric content to check the pH. Gastric aspirate should have a pH of 4 or less.
 - Alternatively, immerse the distal end of the tube into a bowl of water to check for air bubbles (which would indicate improper placement in the respiratory tract).
 - Confirm placement by auscultation: inject 5-10 ml of air through the tube while listening with the stethoscope over the stomach area for a "gushing" sound.
5. **Securing the Tube:**
- Once placement is confirmed, secure the tube to the patient's nose with adhesive plaster.
 - Ensure the tube is comfortable for the patient and does not cause any irritation or obstruction.
6. **Post-Procedure Care:**
- Offer the patient a mouth rinse to improve comfort.
 - Clean the patient's face and hands, removing any lubricant or fluid.
 - Ensure the patient is comfortable and in a safe position.
 - Dispose of all waste materials appropriately.
 - Remove gloves and wash your hands.
 - Document the procedure, including the type of tube used, the amount of aspirate obtained, the method of placement confirmation, and the patient's tolerance to the procedure.

OSCE station FOR NG INSERTION

Examiner Checklist:

Task	Completed
Introduced self and confirmed patient identity	
Explained the procedure and obtained consent	
Positioned the patient correctly	
Measured and marked the NG tube	
Lubricated the NG tube	
Inserted the tube with proper technique	
Confirmed tube placement with at least two methods	
Secured the tube	
Provided post-procedure care	
Documented the procedure	

Patient Information:

- **Name:** [Simulated Patient Name]
- **Age:** [Simulated Patient Age]
- **Medical History:** [Relevant medical history, if applicable]
- **Reason for NG Tube Insertion:** [e.g., unable to eat, post-surgery, etc.]