

**PARKLAND HEALTH & HOSPITAL SYSTEM**  
**Nursing Services**

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Section: Gastrointestinal  
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**INSERTION OF NASOENTERAL (Small-Bore) FEEDING TUBES**

**PRACTICE**

**STATEMENT:** The registered nurse may insert a nasoenteral (small-bore) feeding tube upon the order of the provider.

An abdominal X-ray KUB (Kidney, Ureter, Bladder) shall be ordered by the provider approximately 4 hours after placement to confirm tube placement is post-pyloric. Verification of placement shall be documented on the provider's order sheet; include provider name, date, time and location of the tip of tube as a verbal order. Feeding shall be started only after placement is verified by the provider.

**PURPOSE:** To administer liquid enteral feeding to patients who cannot or who will not consume adequate nutrients by mouth.

**EQUIPMENT:** Small-bore feeding tube, pump, bag, tubing  
Tape - 1 inch  
Stethoscope  
Non-luer lock Syringe - 50 ml or larger  
Alcohol prep pads  
Benzoin swab  
Tap water  
Personal Protective Equipment (PPE)

**PROCEDURE:**

1. Identify the patient using two identifiers (name and medical record number) and explain the procedure, if applicable.
2. Wash hands.
3. Don PPE.
4. Place patient in upright position, at least a 30-degree angle, unless contraindicated.
5. Remove the tube with stylet from the package. The stylet is inside the feeding tube.
6. Close access port on side.
7. Measure the length of tube to be inserted.

- a. If the feeding tube is to be inserted into the stomach, measure the distance with the feeding tube from the tip of the nose, to the earlobe, to the xiphoid process; mark the distance.
  - b. If the feeding tube is to be inserted post-pyloric, measure the distance with the feeding tube, from the tip of the nose, to the earlobe, to the xiphoid process and add 9 inches (23 cm); mark the distance to be inserted on the tube.
8. Determine the preferred nostril for insertion.
  9. Prior to feeding tube insertion, the tube should be flushed with tap water to activate the lubricant coating inside the tube.
  10. Dip the tip of the feeding tube in tap water to activate the lubricant on the tip of the tube.
  11. Insert the feeding tube along the floor of the nasopharynx and advance to the oropharynx.
  12. Instruct the patient to swallow while passing the feeding tube to the predetermined length.
- Note:**
- If resistance is encountered, it may indicate passage of the tube into the trachea. If this is suspected, remove the tube and reinsert once patient is comfortable.
  - If resistance is encountered, after passage of tube through the epiglottis, pull back feeding tube and rotate slightly before re-advancing. **Do not** push against resistance.
  - If resistance continues, remove the feeding tube and notify the provider or consult with the unit manager/charge nurse.
13. Thoroughly cleanse the skin of the nose and cheek with an alcohol prep pad and apply benzoin unless patient is allergic to benzoin.
  14. Secure the tube with tape.
  15. Make a preliminary assessment of the feeding tube location by injecting air into the tube while simultaneously auscultating over the epigastrium. If unable to auscultate air sounds, remove and reinsert the feeding tube following the above procedure.

- If at any point during procedure if the patient coughs excessively remove tube immediately and reinsert tube.

16. **Remove stylet.**

17. Repeat the assessment of the feeding tube location as in #15 (above). If unable to auscultate air sounds, remove the feeding tube.
18. A KUB (Kidney, Ureter, and Bladder) abdominal X-ray shall be ordered by the provider 4-24 hours after insertion to document location of the feeding tube tip below the gastroesophageal junction.
19. The patient may be placed on right side to facilitate passage of feeding tube.
20. Metoclopramide 10-20 mg IVP may be administered as ordered by the provider to facilitate passage of feeding tube.
21. Document the procedure in the Nurses Notes to include the date and time of insertion, size and length inserted, verification of placement, patient tolerance and patient teaching, X-ray order.
22. Following verification by X-ray of the feeding tube placement, document the name of the provider who checked the X-ray, date, time and tube location (where tip of tube is in stomach or duodenum) on the Physician's Order Sheet as a verbal order.
23. Feeding should be started only after placement has been verified and upon order of the provider.

**NOTE:**

- Never replace the stylet into the feeding tube while it is located in the patient. This may cause an esophageal or gastrointestinal perforation.
- Patients with compromised sensorium, patients who are heavily sedated, intubated, or patients without cough or gag reflexes shall have a KUB to document proper feeding tube placement. If placement not verified by the KUB, the provider may obtain a chest film.
- Particular care should be taken for endotracheal tubes. It may tend to guide the feeding tube into the trachea.