Determining the Correct Placement of Gastric Tubes

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It is common for patients in the intensive care unit to have some type of gastric tube placed for a variety of purposes (eg, drainage, medication administration, feeding). Although nurses place both large- and small-bore gastric tubes, there is constant discussion regarding the best method for validating proper placement at the time the tube is placed and during routine care thereafter. Radiologic confirmation of correct placement is considered the “gold standard.”

Here’s what you can do:
- Evaluate unit and hospital policies and procedures for consistency with current best evidence.
- Assess the current standard practice by all nurses in your unit for determining correct gastric tube placement.
- Standardize the method for ensuring correct initial placement beforehand. Evaluation must be made prior to medication administration or initiation of tube feedings.
- Incorporate marking of the gastric tube once radiographic validation of placement has been determined.
- Determine the best bedside techniques and frequency for consistent ongoing evaluation of placement in your unit or institution. Do not rely on auscultation as the only method.
- Ensure that appropriate equipment for the bedside technique selected is consistently available.
- Incorporate changes into policies and procedures.
- Educate staff regarding standard of practice expectations and documentation requirements.

Other helpful resources:
- E-mail the AACN Practice Resource Network at practice@aacn.org.

Adapted from an AACN Practice Alert originally issued May 2005 (available at www.aacn.org) and published as a supplement to the article by Elpern and colleagues, “Capnometry and Air Insufflation for Assessing Initial Placement of Gastric Tubes” (American Journal of Critical Care. 2007;16:544-550).
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