Gastric Decompression Tubes: Understanding the basics and avoiding complications

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Disclosure Information

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Objectives

Enable the learner to…

• Discuss the various uses for a gastric decompression tube in the pediatric patient.
• Describe the correct placement, verification, and maintenance of gastric decompression tubes in the pediatric patient.
• Recognize common complications by utilizing appropriate assessment techniques for gastric decompression tubes.
Gastric Decompression Tube Examples

- Salem
- Kendall Argyle Repogle
- Anderson

Why would you use a nasogastric tube?

- Obstruction
  - Adhesions
  - Strictures
- Bowel ileus
  - Post-operative
  - Electrolyte imbalance
  - Enterocolitis
  - Sepsis

Placing a nasogastric tube
Methods of verification
- Measurement
- PH
- Visual Appearance of Aspirate
- X-Ray (GOLD Standard)

Verification for High Risk Patients

High Risk for Complications is defined as any alteration in the patient’s physiologic make-up, cognitive state, or other that could result in complications as a result of NG, OG, or ND placement
- Patients with complex cardiac defects;
- Patients with epidermolysis bullosa;
- Sedated and/or medically paralyzed patients;
- Neurologically compromised patients;
- Patients with vocal cord paralysis;
- Patients with an artificial airway;
- Patients with abnormal anatomy (ex: scoliosis, midline defects, or facial abnormalities).

Common Complications
- Decreased suction/occlusion of the tube
- Blood-tinged output
- Pressure wounds at nare
- Fluid back-up in the air vent lumen
Coffee Cup Demonstration

Troubleshooting

- Flushing tube with air and water
- Reposition patient on left side for 30 minutes
- Equipment (suction canister, wall suction)

Closing Remarks

Decompression tubes may seem overwhelming to the novice nurse, however correct use can prevent complications and lead to successful outcomes for patients.
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References


