

OROGASTRIC TUBE INSERTION

INDICATIONS:

Gastric decompression in the SGA/ETT-intubated patient when the degree of distension appears to compromise oxygenation and ventilation.

CONTRAINDICATIONS:

- ✓ Esophageal varices, including recent banding
- ✓ Alkaline ingestion
- ✓ Esophageal rupture

TECHNIQUE:

1. If i-gel airway is present, consider placement of an OG tube through the gastric port for i-gel sizes 1.5–5 using the sizes indicated below:
 - ✓ 1.5–10 French
 - ✓ 2–4–12 French
 - ✓ 5–14 French
2. If ETT is present, consider placement of an OG tube using the sizes indicated below:

✓ 1–2.5 kg: 5	✓ 13–15 kg: 10
✓ 2.5–4.0 kg: 5–8	✓ 16–18 kg: 10–12
✓ 6.0–8.0 kg: 8	✓ 19–23 kg: 12–14
✓ 10–12 kg: 10	✓ 24–30 kg: 14–18
3. Lubricate the tube.
4. Measure the estimated depth of insertion by assessing the length from the OG port (i-gel) or the lip (ETT) to the left costal margin and mark the tube.
5. Gently introduce the tube and withdraw carefully if unable to pass.

6. Confirm tube placement by insufflating 20cc air while auscultating over the epigastrium.
7. Place the OG tube to continuous low suction volume.

COMPLICATIONS

- ✓ Tracheal positioning
- ✓ Coiling in esophagus