

- I. **Equipment** *(May vary between sites)*
  - a. Nasogastric tube
  - b. Large emesis basin filled halfway with warm water
  - c. Lidocaine gel
  - d. 5mL luer lock Syringe for gel
  - e. HurriCaine One- Benzocaine Oral Anesthetic (if available)
  - f. Towel
  - g. Nasal attachment, silk tape or bridle *(bridle requests must be included with order)*
    - i. Scissors and hemostat needed for bridle placement
    - ii. Double check bridle size (match to tube)
  - h. Alcohol pads
  - i. Adhesive remover
  - j. Suction hooked up and ready
  - k. Solidifier (open if needed)
  
- II. **Personnel**
  - a. Radiologist/RA
    - i. Responsible for placing tube under fluoroscopic guidance
    - ii. Responsible for placing bridle when ordered
  - b. Hospital Technologist
    - i. Prints order for radiologist/RA review
    - ii. Documents patient history and pregnancy status prior to exam
    - iii. Assists the radiologist/RA during procedure
    - iv. Provides patient and floor nurse with aftercare instructions
  
- III. **Procedure**
  - a. Warm NG tube by placing in emesis basin + warm water
  - b. Inject lidocaine gel in patients nare (administer Benzocaine spray PRN)
  - c. Under fluoroscopic guidance- place NG tube with tip in stomach
  - d. If gastric fluid spills from NG tube- hook to suction immediately
  - e. Secure NG tube to patients nose with nasal attachment, silk tape, or nasal bridle (if ordered)
  
- IV. **Required Images**
  - a. KUB or fluoro screen capture - NG tube placement with tip in stomach
  
- V. **Special Considerations**
  - a. Suction should be connected and ready for use before NG tube placement
  - b. Nasal bridles to be placed by order only
  - c. Nasal bridles come in different sizes, make sure you have the correct size to match tube
  - d. Patients should be NPO for this exam

<b>Approved by:</b>	Keith Dangleis, MD
<b>Role:</b>	Physician Supervisor, RIA Fluoroscopy Technologists