

ALS**1. Prepare equipment:**

- a) Salem sump tube
 - 1. Only vented tubes may be used.
 - 2. Available in 10, 12, 14, and 16 French sizes.
 - 3. Size used is dependent on size of nasal passage.
 - 4. 8 French unvented feeding tubes may be used for newborns and small infants using the same procedure as follows.
- b) Catheter tip syringe (Toomey syringe)
- c) Suction
- d) Stethoscope
- e) Lubricant

2. Size and measure the tube:

- a) Always choose the largest tube to fit into the nares.
- b) Measure the distance a nasogastric tube is to be passed to ensure placement in the stomach.
 - 1. Measure the distance on the tube from the patient's ear lobe to the bridge of the nose, PLUS, the distance from the bridge of the nose to the bottom of the xiphoid process.
 - 2. Mark the distance with a piece of tape or note the tube markings.

3. Placement of the tube:

- a) Lubricate the tube.
- b) Gently insert the tube into one nostril, directing the tube downward along the floor of the nose.
- c) Insert the tube until the marked area is at the nares. Encourage the patient to swallow, if able.
- d) Secure the tube in place with tape, taking care not to pull the tube upward on the nostril. Do not block the other nostril.
- e) Restrain the patient as needed to prevent tube dislodgment.



4. Test for tube position:

- a) Gently aspirate the tube with the syringe. Correct placement is obtained if stomach contents are obtained.
- b) Gently instill 5-15 mL of air into the tube while listening over the stomach for a "whooshing" sound, using a stethoscope.

General Information

1. For suctioning, use only the Toomey syringe. DO NOT use the suction machine.
2. The sump vent is to be left open during transports and while suctioning.
3. Keep the vent above the patient's midline to prevent reflux (back flow) through the vent.
4. If reflux occurs, inject 5-10 mL of air through the vent tube, repeat if necessary.