Nasogastric and Dobhoff Tubes

Who needs a tube?
- Decompression of GI tract
  - Bowel or gastric outlet obstruction
  - Unremitting emesis from any cause
- Administration of oral agents
  - Activated charcoal
  - Tube feedings
  - Medications
- Evaluation of gastrointestinal bleeding

Contraindications
- Maxillofacial trauma
- Inability to adequately protect airway
- Esophageal abnormalities
  - recent caustic ingestion
  - known esophageal stricture
  → Esophageal varices are NOT a contraindication
\textbf{What you need}

- INFORMED CONSENT
- NG or dohohff tube
- Lubricant
- 60cc syringe
- Cup of water and straw
- Stethoscope

\textbf{Tube placement}

- Ideally, patient should be in “sniffing” position (neck flexed, head extended)
- Also, in a perfect world:
  - (a) Spray nasal passage with oxymetazoline
  - (b) Anesthetize nasal passage and oropharynx with lidocaine or benzocaine
- Measure how much of the tube should be inserted (xiphoid $\rightarrow$ angle of mandible $\rightarrow$ nose)

\textbf{Tube placement}

- Slowly insert tube through nose
- When resistance is met, or patient gags, have them start drinking water. Then, along with their swallowing, slowly advance the tube. Continue this until you reach target distance.
- Confirm position with stethoscope over diaphragm (while injecting syringe full of air through tube).
- Secure tube to nose with tape.
A note about dobboffs

- Insert tube in same way as NG tube
- When withdrawing wire, remove slowly. If resistance is met, withdraw tube a little and try again with the wire.

→ NEVER forcefully withdraw the wire.

Do you need an x-ray afterwards?

- First of all: if the patient can’t talk or is in respiratory distress, you’re in the wrong place.
- With NG tubes, placement should be obvious:
  - When tube is connected to low intermittent suction, there should be return of gastric contents
  - If there isn’t, confirm placement with x-ray (KUB)
- With dobboff tubes, should always confirm placement as no suction will be applied.

What can go wrong?

- Endotracheal placement
- Epistaxis
- Sinusitis
- Esophageal perforation
- Aspiration
- Pneumothorax