

Nasogastric / Orogastric Tube Insertion Performance Checklist

Provider's Name _____ Date _____
 Mass. EMT Number # _____ Level (circle) EMT EMT-I EMT-P
 Service _____

When demonstrating the insertion of an NG/OG tube, The provider should:

	Pass	Fail
Verbalizes the indications for the tube	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizes the contraindications for the tube	<input type="checkbox"/>	<input type="checkbox"/>
Proper use of PPE	<input type="checkbox"/>	<input type="checkbox"/>
Assembles all necessary equipment	<input type="checkbox"/>	<input type="checkbox"/>
Assess the nares for deformity and/or obstruction	<input type="checkbox"/>	<input type="checkbox"/>
Measures and marks the tube appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Lubricate the tip of the NG tube for insertion	<input type="checkbox"/>	<input type="checkbox"/>
Inserts the tube into the proper place and gently advances it	<input type="checkbox"/>	<input type="checkbox"/>
Continues to pass the tube to the desired point	<input type="checkbox"/>	<input type="checkbox"/>
Checks the placement location (demonstrates two methods)	<input type="checkbox"/>	<input type="checkbox"/>
Secures tube to patient's nose with tape	<input type="checkbox"/>	<input type="checkbox"/>
Describes the (5) necessary components of documentation	<input type="checkbox"/>	<input type="checkbox"/>

Final Performance - **PASS** **FAIL**

Comments _____

Instructor / Examiner (print name) _____

Instructor / Examiner Signature _____

Credentials

Date