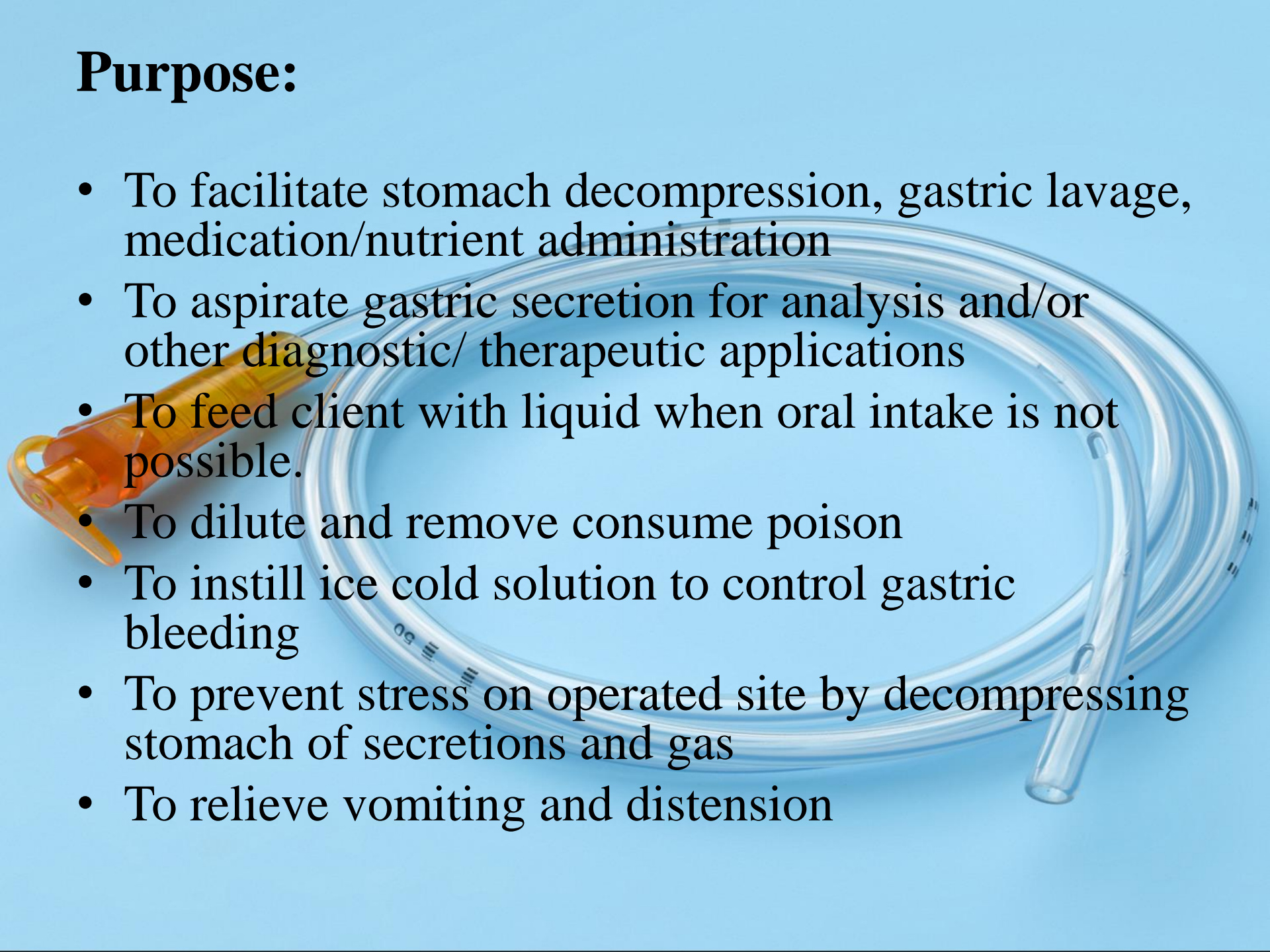




RYLES TUBE INSERTION

MS. TEJASVINI KALEKAR
Assistant Professor
MES College of Nursing

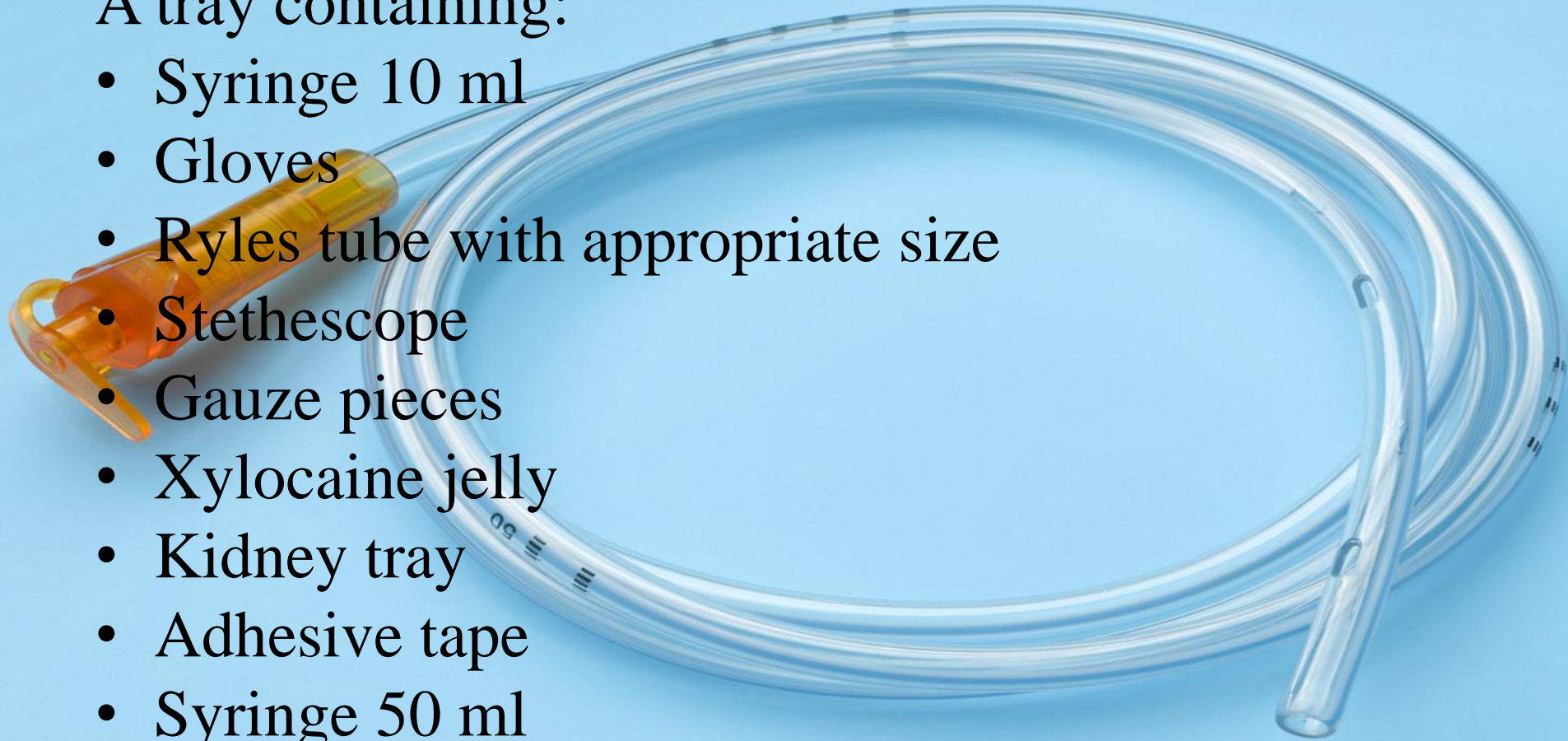
Purpose:

- To facilitate stomach decompression, gastric lavage, medication/nutrient administration
 - To aspirate gastric secretion for analysis and/or other diagnostic/ therapeutic applications
 - To feed client with liquid when oral intake is not possible.
 - To dilute and remove consumed poison
 - To instill ice cold solution to control gastric bleeding
 - To prevent stress on operated site by decompressing stomach of secretions and gas
 - To relieve vomiting and distension
- 

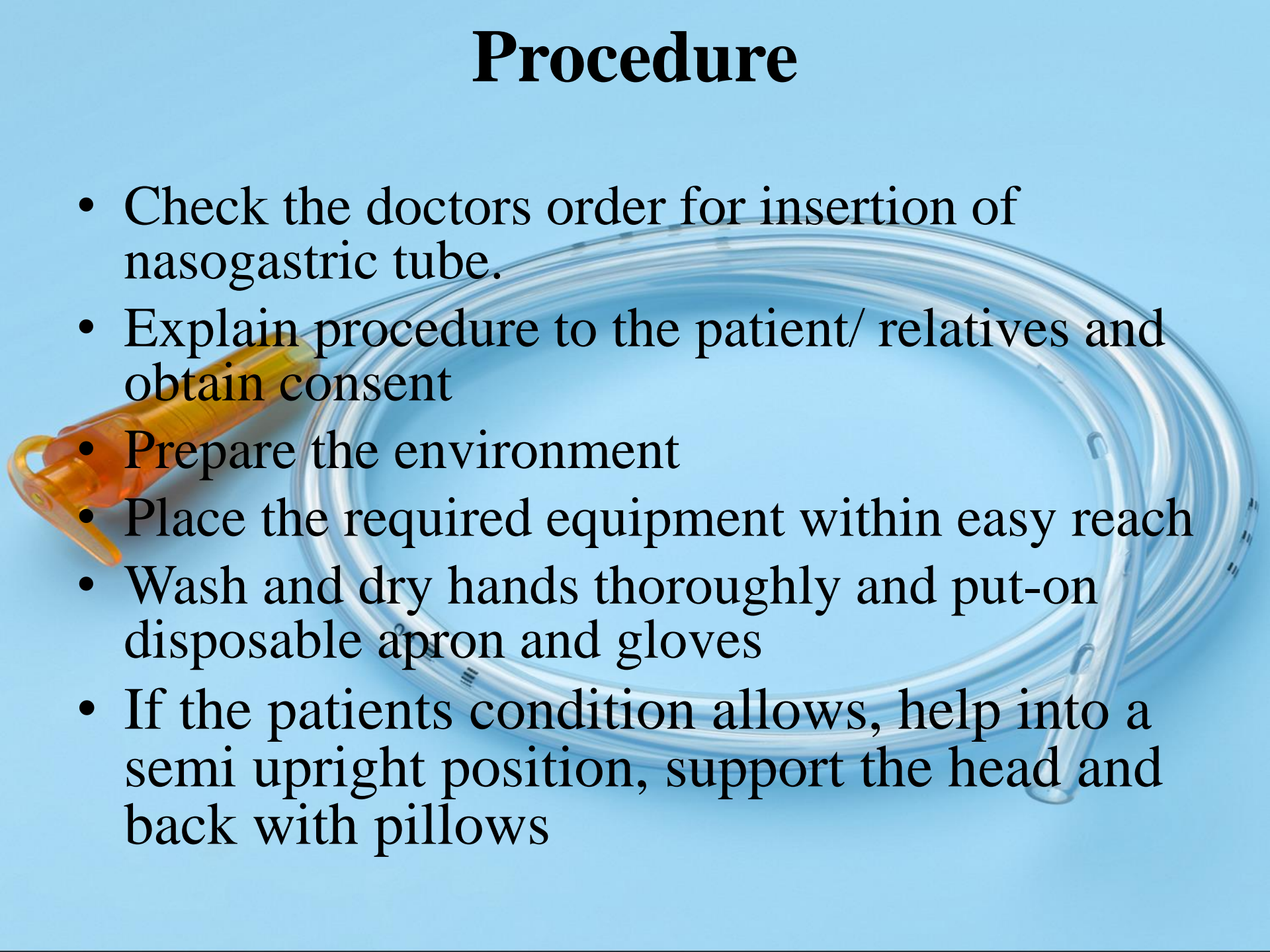
ARTICLES:

A tray containing:

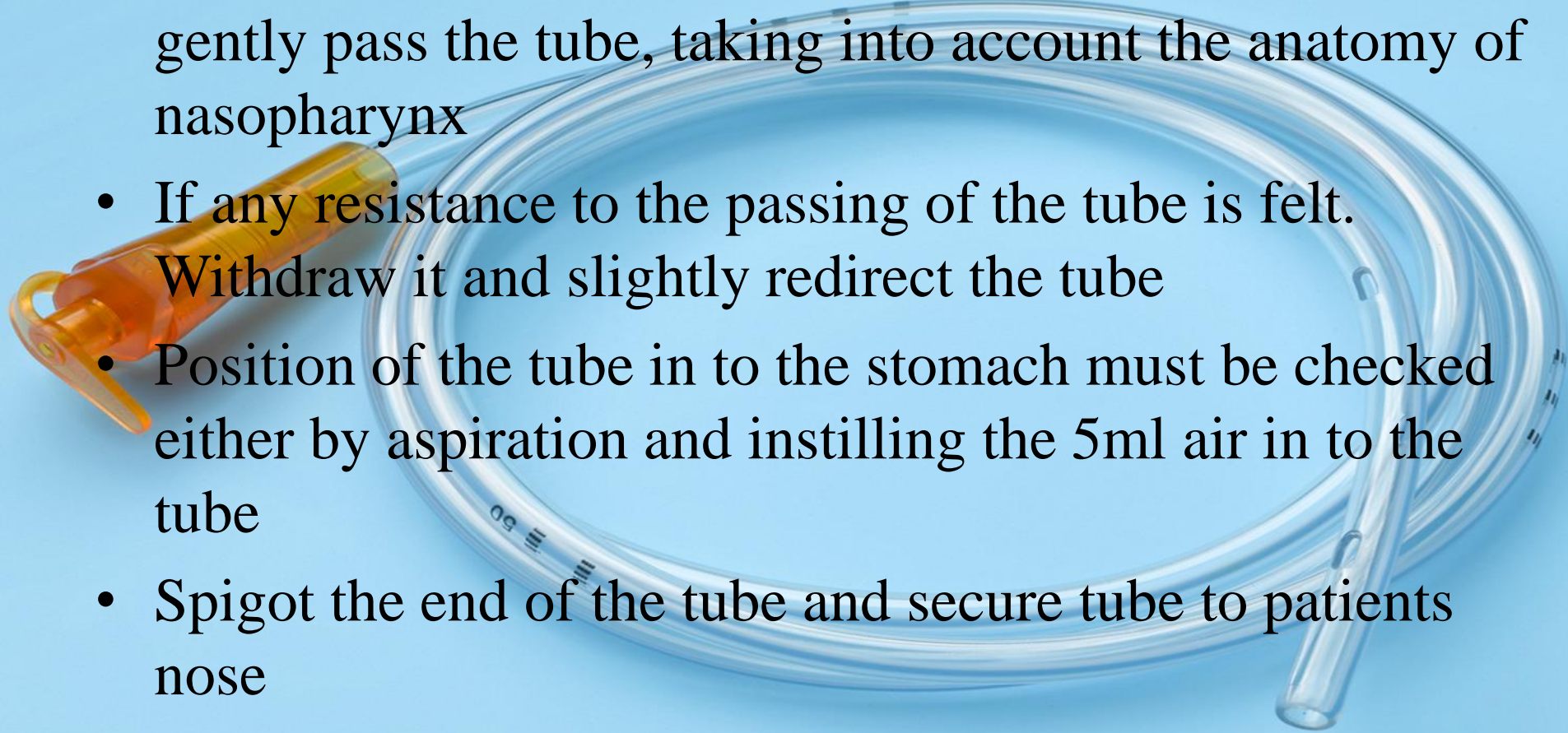
- Syringe 10 ml
- Gloves
- Ryles tube with appropriate size
- Stethoscope
- Gauze pieces
- Xylocaine jelly
- Kidney tray
- Adhesive tape
- Syringe 50 ml



Procedure

- Check the doctors order for insertion of nasogastric tube.
 - Explain procedure to the patient/ relatives and obtain consent
 - Prepare the environment
 - Place the required equipment within easy reach
 - Wash and dry hands thoroughly and put-on disposable apron and gloves
 - If the patients condition allows, help into a semi upright position, support the head and back with pillows
- 

- Approximate the required length of tube
- Inserted lubricated tip end of the tube into the nostrils gently pass the tube, taking into account the anatomy of nasopharynx
- If any resistance to the passing of the tube is felt. Withdraw it and slightly redirect the tube
- Position of the tube in to the stomach must be checked either by aspiration and instilling the 5ml air in to the tube
- Spigot the end of the tube and secure tube to patients nose
- Wash hands



Documentation:

- Record the type and size of tube inserted, drainage aspirated in nurses notes

