

Document Code:	DPOTMH-I-29-P01-S08	
Effective Date:	10-30-2021	
Document Type:	Standard Operating Procedure	
Page Number:	1 of 4	
Department/Section:	Neonatal Intensive Care Unit	
Document Title:	ASSISTING IN GASTRIC LAVAGE AND GAVAGE IN NEONATES	

PURPOSE:

To institute procedures of assisting in gastric lavage and gavage for patients in the Neonatal Intensive Care Unit.

SCOPE:

Applies to all Neonatal Intensive Care Unit staffs of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Physicians, Staff Nurses, Midwife



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PROCEDURE:

- 1. The Doctor clearly explains the procedure, indication and risks to the family or significant others.
- 2. The Nurse confirms the doctor's order, as well as the correct patient, and procedure.
- 3. The Nurse performs hand washing, and gathers all equipment and supplies necessary for the procedure.
- 4. The Nurse positions the infant comfortably, and correctly for the procedure.
- 5. The Doctor performs proper hand washing, and dons on clean gloves.
- 6. The Assisting Nurse hands the equipment and supplies necessary to the doctor in the order that they are needed.
- 7. The Doctor measures the length of the tube for insertion by positioning the tube from the mouth, to the ear, then to the xiphoid process.
- 8. The Doctor carefully inserts the tube at the midline of the patient's mouth.
- 9. The Doctor advances the tube until the measured mark is reached.
- 10. The Doctor confirms the proper position of the tube by pushing 1-2 ml of air into the tube using the 10 ml syringe while listening to the epigastrium using a stethoscope.
- 11. Once the correct placement of the orogastric tube is confirmed, the doctor aspirate gastric contents slowly and note down the amount, color and consistency of gastric aspirate.
- 12. The Doctor irrigates the stomach with warmed 0.9% Sodium Chloride for Irrigation in aliquots of 5-10 ml.
- 13. The Doctor aspirates the instilled fluid from the stomach, every aliquot should be aspirated prior to instilling more warmed 0.9% Sodium Chloride for Irrigation.
- 14. The Doctor stops the washout once the aspirate is clear.
- 15. The Assisting Nurse performs after care and discards supplies used as per policy, and documents the procedure on the chart.



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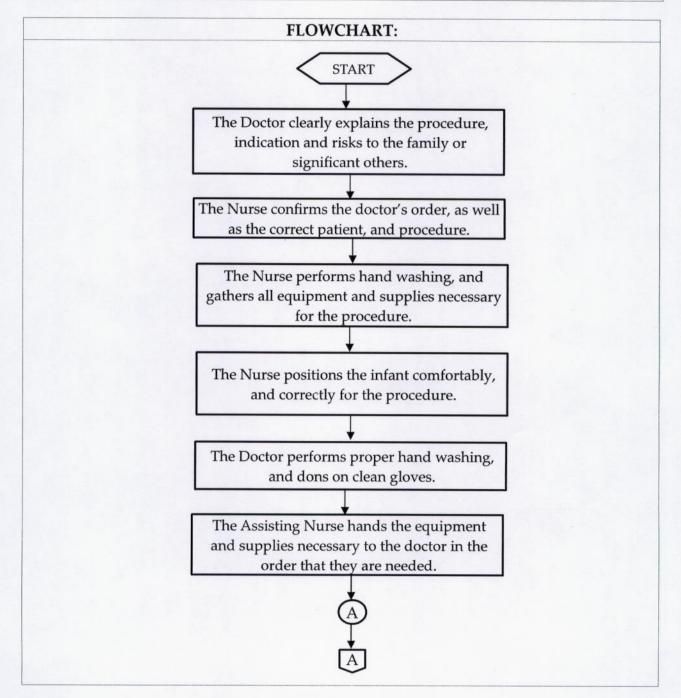
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74	Name/Title	Signature	Date
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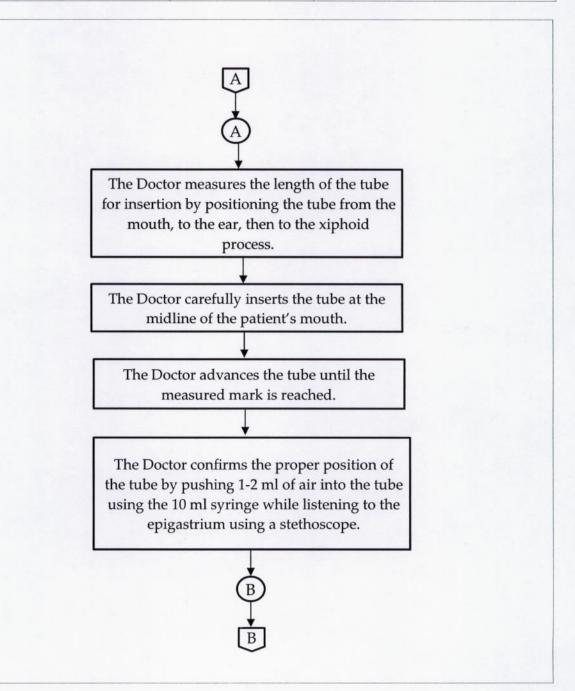


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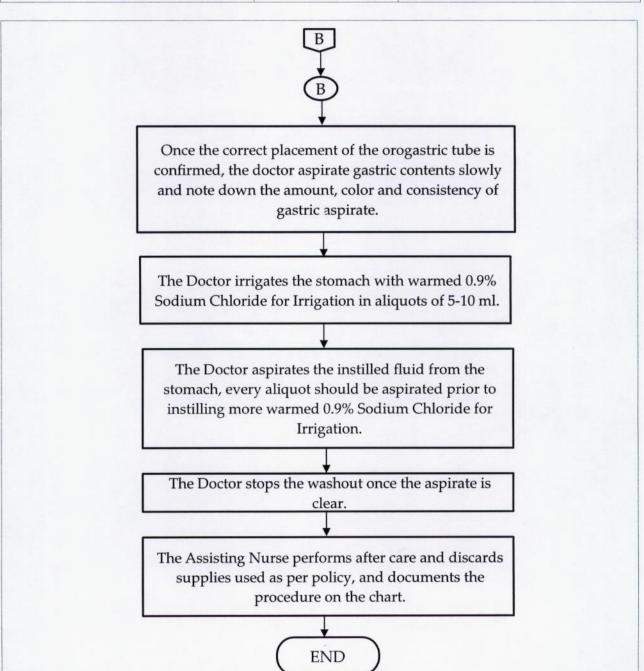


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KEYTASKS	PERSON RESPONSIBLE
1. Explains the procedure, indication and risks family or significant others.	to the Attending Physician
2. Confirms the doctor's order, as well as the confirms and procedure.	orrect Staff Nurse
3. Performs hand washing, and gathers all equipand supplies necessary for the procedure.	
4. Positions the infant comfortably, and correct the procedure.	Staff Nurse
5. Hands the equipment and supplies necessary doctor in the order that they are needed.	to the Staff Nurse
6. Measures the length of the tube for insertic positioning the tube from the mouth, to the then to the xiphoid process.	
7. Carefully inserts the tube at the midline of patient's mouth.	of the Attending Physician
8. Advances the tube until the measured mareached.	Attending Physician
9. Confirms the proper position of the tube pushing 1-2 ml of air into the tube using the syringe while listening to the epigastrium us stethoscope.	10 ml Attending Physician
10. Aspirates gastric contents slowly once the confirmed placement of the orogastric tube is confirmed note down the amount, color and consister gastric aspirate.	d and Attending Physician



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11. Irrigate s the stomach with warmed 0.9% Sodium Chloride for Irrigation in aliquots of 5-10 ml.	Attending Physician	
12. Aspirates the instilled fluid from the stomach, every aliquot should be aspirated prior to instilling more warmed 0.9% Sodium Chloride for Irrigation.	Attending Physician	
13. Stops the washout once the aspirate is clear.	Attending Physician	
14. Performs after care and discards supplies used as per policy, and documents the procedure on the chart.	Staff Nurse	



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