

OKLAHOMA BOARD OF NURSING  
2915 N. Classen Boulevard, Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800

Placement of Nasogastric Tubes by Registered Nurses in Post Bariatric or Anatomy Altering  
(Upper Gastrointestinal Tract and Stomach) Surgical Patients Guidelines

I. Introduction/Purpose:

- A. In accordance with the *Oklahoma Nursing Practice Act*, specifically 59 O.S. § 567.3a, it is within the scope of practice of registered nurses to administer treatments prescribed by any person authorized by state law to so prescribe. While the placement of nasogastric tubes is included in treatments allowed by registered nurses when consistent with educational preparation and when not in conflict with the provisions of the *Oklahoma Nursing Practice Act*, the technical complexity of bariatric surgery and resulting proximal anastomoses requires registered nurses to expand practice beyond the basic educational preparation through post-licensure continuing education and training.

II. Definitions:

- A. Bariatric Surgery is defined as a surgery promoting weight loss by changing the digestive system's anatomy, limiting the amount of food that can be eaten and digested.
- B. Fluoroscopy is a type of medical imaging that shows a continuous x-ray image on a monitor. It is used to diagnose or treat patients by displaying the movement of a body part or of an instrument through the body. According to OAC Title 310:667-23-2 (a) (2) (E): *Radiology technologists shall not independently perform fluoroscopic procedures. Fluoroscopic procedures may be performed by radiology technologists only upon the written authorization of a qualified radiologist, and in the presence of a physician or licensed independent practitioner or by real time visualization through electronic means.*
- C. A nasogastric tube is a tube inserted through the nose into the stomach. These tubes vary in length and are made of various materials.
- D. Ultrasound is a non-invasive radiological procedure based on changes in sound waves in a frequency that cannot be heard, but respond to changes in tissue composition. According to OAC Title 310:667-23-2 (b) (1-2): *Ultrasound imaging may be performed only upon order of a physician or licensed independent practitioner. Ultrasound imaging shall be performed by a physician or licensed independent practitioner or by a technologist that has specific training in ultrasound imaging and designated as qualified by the radiologist.*

### III. Policy/Guidelines:

- A. It is within the scope of practice of a registered nurse, **in a hospital setting only**, to place nasogastric tubes in post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach at the direction of a licensed provider and in the presence of a radiologist who through guided imagery guides and confirms placement of the nasogastric tube per attending physician's written specifications provided the following criteria are met:
1. Qualifications of the registered nurse as listed in Section IV of this guideline;
  2. The licensed provider orders nasogastric tube placement and specifies tube tip placement by location or measurements;
  3. The procedure is performed utilizing guided imagery as in fluoroscopy or ultrasound performed by a radiologist who guides and confirms nasogastric tube placement;
  4. Written hospital policies and procedures are developed in conjunction with licensed providers ordering nasogastric tube placement in patients post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach. Policies must include:
    - a. Requirement of licensed provider's order;
    - b. Requirement of guided imagery as performed by a radiologist, as well as confirmation of tube placement by radiologist;
    - c. Validation of initial and ongoing educational preparation and clinical competence of the registered nurse placing the nasogastric tube, specifically addressing the patients post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach;
    - d. Patient monitoring pre, intra and post tube placement; and
    - e. Protocols for handling potential complications or emergency situations.
  5. It is **NOT** within the scope of practice for a licensed Registered Nurse or Licensed Practical Nurse to interpret or read x-ray studies.

### IV. Qualifications:

- A. The registered nurse is authorized by hospital policy to place a nasogastric tube in patients post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach.
- B. The registered nurse placing the nasogastric tube shall have competency in nasogastric tube placement in patients post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach.
- C. The registered nurse placing the nasogastric tube of post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach:

1. Has documented initial and ongoing training beyond basic nursing preparation in the placement of nasogastric tubes in post bariatric or anatomy altering surgery including working with a radiologist who guides and confirms correct placement of the nasogastric tube per attending physician's documented specifications;
2. Demonstrates acquired knowledge of anatomy, physiology and nasogastric tube placement;
3. Assesses the total patient care requirements before, during and after the placement of the nasogastric tube;
4. Understands the principles of nasogastric tube placement with this special patient population (post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach) in addressing confirmed tube placement;
5. Recognizes potential complications of nasogastric tube placement in patients having undergone post bariatric or anatomy altering surgery of the upper gastrointestinal tract or stomach; and
6. Assesses and intervenes based upon orders or institutional protocols.

V. Selected References:

- Camden, S. (2009). Shedding health risks with bariatric weight loss surgery. *Nursing* 2009, January, 34-41.
- Huerta, S., Arteaga, J., Sawicki, M., Lui, C. & Livingston, E. (2002). Assessment of routine elimination of postoperative nasogastric decompression after Roux-en-Y gastric bypass. *Surgery* 132(5), 844-848.
- Oklahoma Board of Nursing. November 2013. Oklahoma Nursing Practice Act. Retrieved January 16, 2014, from <http://www.ok.gov/nursing/actwp.pdf>
- Oklahoma State Department of Health. OAC Title 310:667-23-2 retrieved on January 16, 2014, from [http://www.oar.state.ok.us/viewhtml/310\\_667-23-2.htm](http://www.oar.state.ok.us/viewhtml/310_667-23-2.htm)
- Stevens, N. (2009). Special considerations in working with gastric bypass patients for the emergency nurse. *Journal of Emergency Nursing*, 35(5), 434-436.
- Taber's Cyclopedic Medical Dictionary, (2013). (22 ed.). Philadelphia: F.A. Davis Company.
- Tyler, R. 2010. Brunner and Suddarth's textbook of medical-surgical nursing (12th ed). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, pp 1022-1026.
- U.S. Food and Drug Administration. Retrieved January 16, 2014, from <http://www.fda.gov/radiation-emittingproducts/radiationemittingproductsandprocedures/>