



**BASIC NURSING SKILLS EXAM
STUDENT EVALUATION FORM**

DATE:

**FUNDAMENTALS OF
NURSING**

NUR102

**NEAR EAST
UNIVERSITY**

Nasogastric Tube Set

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Naso-Gastric Tube Placement Student Evaluation Form

Procedure Steps	Score Value	Score Obtained
1. The physician's order is verified. All necessary supplies are prepared and arranged in the order of use.	1	
2. The patient and family are informed about the procedure, consent is obtained, and the patient's identity is verified.	1	
3. Hand hygiene is performed, and the patient's privacy is protected with a curtain or screen.	0.5	
4. The patient is positioned in a sitting upright position; if this is not possible, the patient is placed in the left lateral position.	1	
5. The patient's chest area is covered with a towel or a disposable drape.	0.5	
6. The kidney basin is placed under the patient's chin (held in place by the patient or an assistant).	0.5	
7. The patient's glasses and, if present, dentures are removed.	1	
8. Simple hand signals are established for communication during the procedure.	1.5	
9. Gloves are put on.	1	
10. The nostrils are examined using a light source, and the wider nostril is selected.	1	
11. The distance the probe will be advanced is measured (10–15 cm below the line connecting the nose, earlobe, and xiphoid process) and marked.	1	
12. The patient is asked to relax and breathe normally.	0.5	
13. The patient is asked to tilt their head back slightly; the head is held in an extended position.	1	
14. The nasogastric tube is gently advanced from the nostril into the nasopharynx.	0.5	
15. The position of the nasogastric tube in the stomach is verified (via aspiration, pH measurement, or X-ray if necessary).	1.5	
16. Once the correct placement of the catheter has been confirmed, it is secured to the nose with tape.	1	
17. The patient's breathing is assessed; the catheter must not completely block the nasal opening.	0.5	
18. The catheter is clamped according to the purpose of the procedure.	1	
19. To prevent the catheter from being pulled out, it is secured to the clothing with tape; this should not restrict head movement.	0.5	
20. The point where the catheter exits the nose is marked, or the length protruding outside is measured and recorded.	1	
21. If there are no contraindications, the head of the bed is raised to approximately 30°.	0.5	
22. The materials used are collected, and hand hygiene is performed.	1	
23. The catheter type, insertion date, measurements, and observations are recorded.	1	

TOTAL SCORE:

Öğretim Elemanının Adı Soyadı ve İmzası

Öğrencinin Adı Soyadı, Okul Numarası ve İmzası



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➤ **RELATED QUESTIONS**

• **Question Pool 1**

1. What is a nasogastric tube?
2. What is the most common purpose for using an NG tube?
3. In what position should the patient be placed before inserting an NG tube?
4. How is the length of the tube measured?
5. Why is hand hygiene performed before inserting an NG tube?
6. What is the first thing to do after the tube is inserted?

• **Question Pool 2**

1. What is the sign that the NG tube has accidentally entered the airway?
2. What should be done if no gastric contents are aspirated?
3. What should the pH level of the gastric contents be during pH monitoring?
4. When is X-ray confirmation of the NG tube necessary?
5. What problem does incorrect placement of the tube in the nose cause?
6. What is the purpose of elevating the head of the bed to 30°?

Note: The instructor should select one question each from Question Pool 1 and Question Pool 2 and ask them to the student orally. The questions asked should not be asked to another student on the same day.

