Quality improvement

A height based graphic method was more accurate than estimation based on external landmarks for determining depth of paediatric gastric tube insertion


QUESTION: Is a graphic method for determining depth of gastric tube insertion based on paediatric patient height more accurate than the traditional method based on measurements from the external landmarks of the nose or mouth, to the earlobe, to the xiphoid process (NEX method)?

Design
Randomised [allocation concealed]*, blinded (outcome assessors), controlled trial with immediate follow up.

Setting
The emergency department of a university affiliated children’s hospital in [St Louis, Missouri, USA]*.

Patients
89 children who were 6 months to 18 years of age and needed gastric intubation in the emergency department. Exclusion criteria were previous oesophageal surgery, known congenital abnormalities of the oesophagus, or need for emergency placement of the gastric tube (eg, critically ill trauma and ingestion patients in which obtaining study consent might have delayed treatment). Data from 88 children (99%) were included in the analysis (mean age 54 mo, 61% boys).

Intervention
Children were stratified (tall, medium, and short) according to percentile height on the basis of standard growth curves and block randomised. 45 children were allocated to the graphic method, whereby depth of gastric tube insertion was determined from a nomogram based on height. 44 children were allocated to the NEX method, whereby depth of tube insertion was estimated by measuring the distance from the nose or mouth to the earlobe, to a point midway between the xiphoid process and the umbilicus. A physician specified the type and size of tube and whether it was nasogastric or orogastric. Nurses placed and secured the tubes and assessed correct placement by auscultation, instillation of air, and aspiration for gastric contents.

Main outcome measures
Average length of tube overinsertion or underinsertion (0 = perfect placement, a positive number = overinsertion, and a negative number = underinsertion) and insertion accuracy (ie, distance from the centre of the stomach) based on abdominal radiographs blindly assessed by 2 paediatric emergency physicians.

Main results
3 tubes, all in the NEX group, were found to be outside of the confines of the stomach. Tubes inserted using the graphic method had a smaller mean distance from the centre of the stomach compared with the NEX method (table) and showed less variability.

Conclusion
For paediatric gastric tube insertion, a graphic method based on height was more accurate than the standard method of measuring the distance from the nose or mouth, to the earlobe, to the xiphoid process for determining depth of tube insertion.

*Information provided by author.
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