



<b>Department:</b>	Emergency Room		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Gastric Lavage		
<b>Applies To:</b>	All Emergency Room Staff		
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## 1. PURPOSE:

- 1.1 To prevent or reduce absorption of a substance after it has been ingested.

## 2. DEFINITIONS:

- 2.1 **Gastric Lavage** – is insertion large bore (12 – 14 French) oro-gastric tube to perform gastrointestinal irrigation/cleaning in case of poisoning.

## 3. POLICY:

- 3.1 Identify the patient by 2 identifiers (4 names for the Saudi and complete names for the Non – Saudi and Medical Record Number).
- 3.2 Generally carried out by the physician and assisted by the nurse.
- 3.3 Airway must be secured by intubation prior to procedure, if patient is comatose.
- 3.4 Ensure patient's safety.
- 3.5 Follow infection control Policy
- 3.6 Contraindications:
  - 3.6.1 Ingestion of strong corrosive agents.
  - 3.6.2 Ingestion of Volatile Hydrocarbon.
  - 3.6.3 If there is significant time lapse from ingestion to treatment (more than 2 hours).

## 4. PROCEDURE:

- 4.1 Explain the procedure to the patient. Patient identification ( 4 names for the Saudi or Complete Name for the Non-Saudi and Medical Record Number).
- 4.2 Provide privacy, wash hands, wear gloves, gown, and face shield.
- 4.3 Gather all equipment
  - 4.3.1 If unconscious, prepare the necessary equipment.
- 4.4 Take vital signs as baseline, attach to cardiac monitor.
- 4.5 Remove any dentures, inspect for loose teeth.
- 4.6 Remove debris or suction vomitus from the buccal cavity.
- 4.7 Administer medication as prescribed.
- 4.8 The patient should be placed in the left lateral decubitus position with the head of the bed in the Trendelenburg position.
- 4.9 Insert OGT and instilling approximately 250 ml (10 ml/kg in pediatric patient) of water or saline with immediate lavage of that same amount of fluid.
- 4.10 The nurse should assist the physician during the procedure.
  - 4.10.1 Maintain a record of input and output.
  - 4.10.2 Anticipate the needs.
  - 4.10.3 Procedure is done by the physician until return flow is clear.
- 4.11 Observe the outflow for the color, fragments, and amount.
- 4.12 Suction the buccal cavity throughout the procedure to prevent aspiration.

- 4.13 For ingested poison or drugs save the specimen for laboratory analysis.
- 4.14 Observe for complication like:
  - 4.14.1 Bradyarrhythmias/ Tachyarrhythmia/ Dysarrhythmias
  - 4.14.2 Hypothermia
  - 4.14.3 Aspiration
  - 4.14.4 Esophageal or stomach perforation
  - 4.14.5 Epistaxis
- 4.15 Follow procedure for removal of tubes.
- 4.16 Aftercare of equipment.
- 4.17 Remove of gloves, gown, and face shield. Wash hands.
- 4.18 Documentation of the following:
  - 4.18.1 Date and time of lavage.
  - 4.18.2 Size and type of tube inserted.
  - 4.18.3 Volume and type of irrigating solution used.
  - 4.18.4 Volume, color, and consistency of gastric contents drained.
  - 4.18.5 Vital signs and level of consciousness.
  - 4.18.6 Drugs instilled through the tube or medication given.
  - 4.18.7 Duration of the procedure.
- 4.19 Special Consideration
  - 4.19.1 Continuous blood pressure and cardiac monitoring should be done as vagal stimulation from the tube or gastric distension may cause bradycardia, and many ingested substances affect the blood pressure and heart rate (if indicated per physician order).
  - 4.19.2 To secure small child, place protective pad under head and assess airways patency.
  - 4.19.3 Careful assessment is needed. Specific amount and type of poison ingested must be taken into consideration prior to performing the procedure.
  - 4.19.4 Gastric lavage should not be used as a punitive measure in case of nontoxic overdose or forced on patients who are combative or otherwise uncooperative.

## **5. MATERIAL AND EQUIPMENT:**

- 5.1 OGT
- 5.2 Lavage Solution
- 5.3 Syringe
- 5.4 Plaster
- 5.5 Specimen Bottle
- 5.6 Gloves

## **6. RESPONSIBILITIES:**

- 6.1 Physician
- 6.2 Nurse




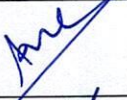



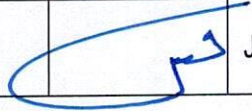
## **7. APPENDICES:**

N/A

## **8. REFERENCES:**

- 8.1 Kingdom of Saudi Arabia Ministry of Health Baish General Hospital, 2018

9. APPROVALS:

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