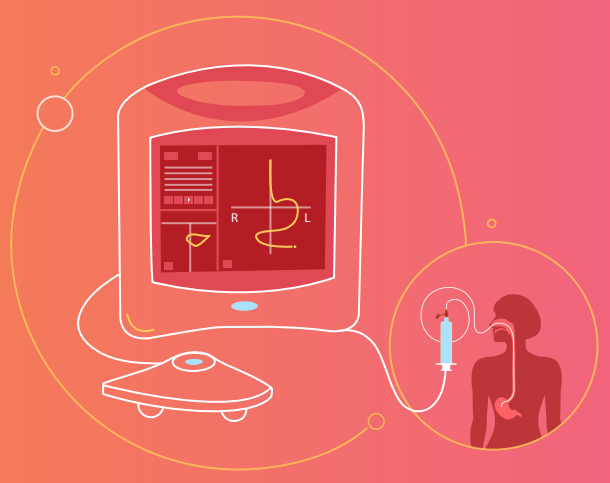


CHALLENGES OF MISPLACEMENT OF NASOENTERIC FEEDING TUBES



Insertion of a nasogastric tube is not always successful. Misplacement is common—¹

- Occurs in 13%-20% of adult and 39%-55% of pediatric patients.¹
- Associated with a higher morbidity and mortality rates.¹

Complications of misplacement of nasogastric tubes

 Pneumonitis/aspiration pneumonia with or without emphysema ^{1,2}	 Atelectasis ²	 Pneumothorax and vocal cord injury ^{1,2}
 Pulmonary hemorrhage ¹	 Tracheal-esophageal and broncho-pleural fistula ^{1,2}	 Pleural effusion ¹
 Empyema ¹	 Respiratory failure ¹	 Asphyxia ¹
 Mediastinitis ²	 Enteric or membranous trachea/pleural parenchyma perforation ^{1,2}	 Peritonitis ¹
 Hydrothorax ²	 Intracranial placement ¹	 Death ¹

Apart from these, numerous patient-related factors may escalate the risk of nasogastric tube misplacement. Such factors include—²

 Vocal cord dysfunction ²	 Swallowing dysfunction ²
 Tracheal intubation and mechanical ventilation ²	 Depressed levels of consciousness (irrespective of cause) ²

Moreover, a reduced reflex or impaired gag reflex may contribute to poor recognition of a misplaced NG tube.²

Did you know ?

Bronchial placement occurs in 2%-4% of blind insertions of nasogastric tubes. Evidence suggests a 18.7%-26% rate of pneumothorax due to bronchial tube placements, with an associated mortality of 2.7%-4%. Moreover, bronchial intubation may cause pulmonary trauma between placement and radiological confirmation of the inappropriate position.²

Benefits of using an electromagnetic sensor-guided enteral access system (EMS-EAS) for nasogastric tube placement

 Reliability	<ul style="list-style-type: none"> Allows for real-time visualization and confirmation of feeding tube tip during placement³ Timely placement completion and therapy initiation⁴ Specialized training for using EMS-EAS allows for confident placement of tubes by skilled clinicians³
 Safety	<ul style="list-style-type: none"> Avoidance of lung placements⁴ Immediate recognition and redirection of feeding tube³

Our Solution

Feed patients faster, so they recover faster.⁵

An electromagnetic stylet provides real-time location information on tube tip placement within a patient's anatomy.⁵

On-screen visualization provides immediate feedback on tube placement.⁵



CORTRAK* 2 allows clinicians to—⁵

Confidently place tubes in an optimal feeding position ⁵
Quickly confirm location ⁵
Reduce time to nutrition delivery ⁵

Institution protocols must always supersede the use of CORTRAK*2. Clinical judgment must always take precedence.⁶

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