Seattle Cancer Care Alliance

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Nasogastric/Feeding Tube Placement and COVID-19

Nasogastric (NG) tubes and feeding tubes are uncommon procedures performed at SCCA with a few exceptions – GI Oncology and Pediatric HCT. Major national and international organizations do not consider NG tube placement to be an aerosol-generating procedure, and many recommend that they can be placed using standard precautions. As pediatric patients are considered unique, available policies from other children's hospitals were also reviewed and suggest that NG tube placement does not require airborne precautions.

Data on COVID-19 are less clear. However, two available studies from the SARS outbreak in Toronto suggest that NG tubes are not aerosol generating procedures. In a systematic review by Tran and colleagues, the authors found that insertion of a nasogastric tube was not considered to be an aerosol generating procedure.[1] When reviewing supporting data for recommendations for novel coronavirus, two studies during the SARS outbreak in Toronto suggest that there is no association between NG tube placement and transmission of SARS. The first by Raboud and colleagues found no statistical difference between NG tube placement and health care workers (HCW) who did or did not become infected by SARS.[2] The second study by Loeb and colleagues, found no difference association between SARS acquisition and NG tube placement.[3]

COVID-19 specific guidelines for placement of Nasogastric or Feeding Tube within SCCA clinics:

A) Patients should be tested for COVID-19 if possible prior to nasogastric/feeding tube placement

B) For all planned NG/Feeding tube placements:

a. **COVID-19 negative patients** can tube placement using standard precautions. Gloves should be worn while starting an NG/feeding tube; and if the risk of vomiting or gagging is high, the operator should strongly consider the use of droplet/contact precautions.

b. **COVID-19 unknown or COVID-19 positive** patients should have NG/feeding tube placed using droplet/contact precautions.

References:

1. Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J. Aerosol generating procedures and risk of transmission of acute respiratory infections to healthcare workers: a systematic review. PLoS One. 2012;7(4):e35797.

2. Raboud J, Shigayeva A, McGeer A, Bontovics E, Chapman M, et al. Risk factors for SARS transmission from patients requiring intubation: a multicentre investigation in Toronto, Canada. PLoS One. 2010 May 19;5(5):e10717.

3. Loeb M, McGeer A, Henry B, Ofner M, Rose D, Hlywka T, Levie J, McQueen J, Smith S, Moss L, Smith A, Green K, Walter SD. SARS among critical care nurses, Toronto. Emerg Infect Dis. 2004 Feb;10(2):251-5.

Updated April 6, 2020