

SOP No: ATT 048

SUBJECT: Passing a Nasogastric tube in Horses

POLICY: This procedure may only be performed by operators who have been educated in the correct techniques, and under the supervision of their skilled Demonstrator. Leather boots and clean overalls must be worn.

PRECAUTIONS: The horse will be placed in a crush and will be suitably restrained by a skilled handler. A nose twitch will be used if additional restraint is required. If the horse is particularly fractious, it will be sedated.

EQUIPMENT: Halter & lead
Twitch
Crush
Xylazine 100 mg/ml
19 – 21 Gauge Needles
2.5 ml syringes
Equimax Liquid Horse Drench (Abamectin 0.8g/L;
Praziquantal 10 g/L)
Nasogastric tubes –small, medium and large
Funnels
Buckets and water
Lubricant
Towels

PROCEDURE:

1. The horse is restrained in a crush with both the handler and the operator standing on the same side of the horse with the handler at the level of the shoulder and the operator just in front of the handler, level with the horse's nose (preferably the left hand side).
2. The appropriately sized nasogastric tube (judged by the size of the horse) is marked at locations that approximate the pharynx and stomach. These are checked against each horse so the operator will know where the tip of the tube is located when being passed up the nasal passage.
3. The nasogastric tube is lightly lubricated over the tip and is then advanced by the operator into the horse's nostril in a ventral and medial position into the horse's ventral meatus. If the horse reacts strongly to this, a nose twitch will be applied and the procedure repeated. If the horse continues to behave badly, it will be sedated.
4. Using a finger or thumb, the tube is guided ventrally to the horse's pharynx and the horse is encouraged to swallow by flexing the horse's neck and touching the pharynx with the tube. If the horse swallows, the tube is quickly but gently advanced into the oesophagus. If the horse does not swallow the tube immediately, the tube is gently moved back and forth and rotated to "tickle" the pharynx and encourage swallowing.

5. The operator **MUST** confirm the tube is in the oesophagus before advancing the tube any further. All of the following should be used to confirm the location of the tube:
 - a. The tube can be seen in the oesophagus when it is moved back and forth.
 - b. Blowing through the tube abruptly creates a “bubble” of air that can be visualized in the oesophagus.
 - c. Sucking on the tube results in negative pressure.
 - d. When the tube is in the oesophagus the operator can feel a degree of resistance when advancing the tube (no resistance is felt if the tube is in the trachea).
 - e. If the tube is in the trachea it will be felt/heard when the operator rattles the trachea. The tube should be withdrawn immediately and the horse encouraged to swallow the tube.
6. When the operator is 100% certain the tube is in the oesophagus, they should advance the tube and gently blow through the tube to help ease its passage into the stomach.
7. The operator should then confirm the tube is positioned in the stomach by listening for gastrointestinal sounds in the end of the tube & smelling gastric contents. If the operator is uncertain, a stethoscope may be placed over the body wall at the location of the stomach, and listen for gurgling sounds induced by blowing through the tube.
8. An appropriate dose of worm drench (1 ml/4 kg body weight) diluted in water is then administered via a funnel attached to the end of the nasogastric tube using gravity flow. At no time should the volume of fluid administered exceed 8 litres.
9. When the full dose has been administered, it is washed through with a small volume of water. The tube is then completely emptied of its contents, kinked and removed quickly and gently with a downward motion. The twitch is removed and the horse is returned to the yards.

RECOMMENDATIONS:

DATE ISSUED: 24.06.2009

REVISED:

REFERENCES:

1. Rose, R.J. and Hodgson, D.R. Manual of Equine Practice. pp 283-284. Second Edition. W.B. Saunders. Philadelphia. 2000.