## **Nasoenteral feeding tube**

Gao et al. from the Jinling Hospital, Medical School of Nanjing University, Nanjing aimed to compare the effectiveness of electromagnetic-guided and endoscopic nasoenteral feeding tube placement among critically ill patients.

They performed a single-center, randomized controlled trial among 161 adult patients admitted to intensive care units (ICUs) requiring nasoenteral feeding. Patients were randomly assigned to EM-guided or endoscopic nasoenteral feeding tube placement (1:1). The primary end point was the total success rate of correct jejunal placement.

This was achieved in 74/81 and 76/80 patients who underwent EM-guided and endoscopic jejunal tube placements, respectively (91.4% vs. 95%; relative risk, 0.556; [CI], 0.156-1.980; P = 0.360). The EM-guided group had more placement attempts, longer placement time, and shorter inserted nasal intestinal tube length. However, they had shorter total placement procedure duration and physician's order-tube placement and order-start of feeding intervals. The EM-guided group had higher discomfort level and recommendation scores and lesser patient costs. This trial is registered at Chinese Clinical Trials Registry (ChiCTR-IOR-17011737).

Bedside EM-guided placement is as fast, safe, and successful as endoscopic placement and may be considered the preferred technique in critically ill patients <sup>1)</sup>.

1)

Gao X, Zhang L, Zhao J, Tian F, Sun H, Wang P, Wang J, Wang Z, Wang X. Bedside electromagneticguided placement of nasoenteral feeding tubes among critically III patients: A single-centre randomized controlled trial. J Crit Care. 2018 Sep 6;48:216-221. doi: 10.1016/j.jcrc.2018.09.001. [Epub ahead of print] PubMed PMID: 30243201.

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