

## Letter

# Nasogastric tube incidents and the use of the 'whoosh test'

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Having just read the April edition of the *Patient Safety Bulletin* from the National Patient Safety Agency [1], I have issue with an article on nasogastric tube (NGT) incidents and the use of the 'whoosh test' in checking NGT placement in intensive therapy unit patients.

The whoosh test is undertaken by rapidly injecting air down an NGT while auscultating over the epigastrium. Gurgling is indicative of air entering the stomach, whilst its absence suggests the tip of the NGT is elsewhere (lung, oesophagus, pharynx, and so on). The article [1], and an associated guideline [2], outlaws totally the use of the whoosh test.

If an aspirate is not obtainable once the NGT is sited, performing the whoosh test is a valuable means to assess the likelihood of the NGT being in the stomach or not. If a positive whoosh test is heard, then a chest radiograph (CXR) can be requested. If the whoosh test is negative, then there is little point in requesting a CXR as the probability of the NGT being in the stomach is very low (in my experience). Performing an unnecessary CXR on an intensive therapy unit patient carries risks of radiation (to patient, adjacent patients and staff), of unnecessary rolling (in patients with potential spinal injuries), and of unnecessary use of intensive therapy unit and radiology staff time and resources.

The 'whoosh test' should never be used in isolation to ascertain if an NGT is in the stomach. As a screening tool prior to CXR, however, the test is invaluable should an aspirate be unobtainable

## Competing interests

The author declares that they have no competing interests.

## References

1. National Patient Safety Agency: *Patient Safety Bulletin* 3. London: National Patient Safety Agency; April 2007.
2. **National Patient Safety Agency** [<http://www.npsa.nhs.uk/web/search?resultsPerPage=10&searchText=nasogastric>]

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CXR = chest radiograph; NGT = nasogastric tube.