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Intra-tracheal haemorrhage and hypoxic VF arrest as a result of traumatic NG tube insertion

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Nutritional therapy is a fundamental treatment pillar in critical care. A malnourished patient is at significantly increased risk of infection, prolonged mechanical ventilation and even death. Enteral feeding is preferable to that of parenteral nutrition therefore NG tube insertion is a routine ITU procedure. 50% of insertions in intensive care are unsuccessful on first attempt likely because the patient is unable to swallow to assist directing the tube. The consequences of NG tube misplacement are very serious. Strict measures are taken to ensure feeding is witheld until NG tube position is confirmed. However, the dangers of injury to surrounding structures are not sufficiently recognised. I report a case of VT arrest following traumatic NG tube insertion on intensive care. A 62 year old male was one day post CABG procedure. A nurse attempted to pass a nasogastric tube and immediately the patient acutely desaturated when blood began escaping from the endotracheal tube. Doctors were called and the ETT was removed. Despite three successful reintubations, ventilation was not achieved. The patient suffered a VT arrest and a shock was delivered. Surgeons scrubbed to perform intra-thoracic cardiac massage. A double lumen ETT was inserted and ventilation was achieved by isolating the left lung. An urgent rigid bronchoscope later revealed bleeding in the right main bronchus and a clot in the left main bronchus. This case highlights the importance of careful nasogastric tube insertion and questions the appropriate timing of insertion post-operatively. The procedure can have catastrophic consequences if not performed cautiously.

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