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## Introduction

Well, the issue of speaking goes to do on probes and its classification which are the nasogastric probe that is a special probe that carries food and medicines to the stomach through the nose in the same way we will see the complications and the placement that must have each type of probe and on the gastranal probe, it is a tube usually plastic, rubber, silicone or pvc that is introduced through the nose, and the proey probe that are flexible tubes and finally we have the probe that is a latex or plastic tube that is used to facilitate the exit of the gases through the rectum.

## Probes

The probes are tubular conformation devices, hollows, by which components of the body cavities are introduced or extracted through natural holes, for diagnostic or treatment purposes. or or of esophagus. Nasogastric feeding probe A nasogastric probe (NG probe) is a special probe that carries food and medicines to the stomach through the nose. It can be used for all the foods or to provide extra calories to the person. Do not introduce the probe through the nose if the nasal ducts have limited permeability (more frequently as a result of the deviation of the nasal partition). The complication that may have the introduction of the probe in the trachea, throttle irritation, gastritis. In case of the introduction of the probe through the nose, additionally: injury of the nasal mucosa, epistaxis, inflammation of the paranasal breasts. The preparation of the patient has the informed consent of the patient. And you have to have a position: in supino or sitting position. Technique on the probe Measure the distance between the nose or lips and the lobe of the ear and then between the ear and the stomach, in such a way that the last hole is at the height of the Xiphoid appendix (in adults the cardi is usually at ~ 40 cm from the line of the teeth). This will allow to know the length that must be entered. Cover the end of the probe with the gel with lidocaine. Side carefully the probe through the bottom of the nasal hole perpendicularly to the plane of the front; In case of failure to try through the other nasal hole. If the probe is not made to enter through the nose or contraindicated → introduce it towards the throat through the mouth. Indicate the conscious patterns and collaborator that flexes the head and swallow. Slide the probe to the established depth. Insuffer through the probe ~ 30 ml of air with syringe and simultaneously auscult the epigastrium: a gurgle indicates a correct placement of the probe (the appearance of cough, respiratory alterations, hypoxia or the air outlet through the probe may suggest that the probe is located in the trachea or in a bronchium). Set the probe with an adhesive to the nose (nasogastric) or the lap (orogastric) guerris. If the probe is used for the patient's power, regularly control the gastric residual content. If it is not used, regularly rinse it and fill it with clean water.

A nasogastric probe, also called a gastrona probe, is a tube usually plastic, rubber, silicone or PVC that is introduced through the nose (or the mouth, which would be called orogastric) to the stomach passing through the esophagus. A nasogastric probe is used for feeding, removing gastric content or drug administration such as activated carbon. The substances are administered through a syringe in the tube, the seriousness is used for the feeding or liquid administration, if the liquid was very thick and needed help would inject it at a speed of 20cc per minute. Throughout the process the supervision of the nursing professional or a person formed for this purpose is necessary, for example a nutritionist (being able to be a relative). It can also be powered through a pumping system that can control and measure the patient's intake and any interruption in the feed. Before a nasogastric probe is inserted, it must be measured from the tip of the patient's nose, link it around its ear and then up to about 5 cm below the Xiphoid Apophysis, the tube is then marked to this level

to ensure that it has been inserted enough in the patient's stomach. Many commercially available stomachable and duodenal probes have several standard depth marks, for example 18" (46 cm), 22" (56 cm), 26" (66 cm) and 30" (76 cm) of the distal end; Children's feeding tubes often come with marks of 1 cm deep. The end of a plastic tube must be lubricated, the lubricating gel can be with or without anesthetic (with a local anesthetic, the patient's anxiety can decrease: 2% Xilocaine gel, a pnyenera and a / so or nasal vasoconstrictor can be used. It can be applied before insertion) and is introduced into one of the nasal pits of the patient. The tube must be oriented towards the back of the patient while this moves through the nasal cavity and down the throat. When the tube enters the oropharynx and slides down on the rear farzine wall, the patient can try to vomit; In this situation to the patient, if he is awake and alert, he is asked to imitate swallowing or is given a little water and at the time of reaching the oropharynge, he is asks to swallow while the tube is still inserting while the patient swallows. Once the tube is beyond the pharynx and enters the esophagus, it is easily inserted down in the stomach, once we have entered the probe to the brand we must check if you have reached the stomach, this can be checked in several ways. The use of the nasogastric probe is contraindicated in patients with skull fractures, serious facial fractures especially with the nose and obstrous esophagus, esophageal varicos, or obstruction of the airways, as well as co-funeral disorders. Minor complications may include nasal bleeding, sinusitis and throat pain. Sometimes significant complications occur including erosion of the nose where the tube is accomplished, drilling of the esophagus, pulmonary aspiration, pulmonary collapse or intracranial plate of the tube.

The Foley probe are flexible tubes, usually latex, which in urinary catheterization, are passed through the urethra and towards the bladder with the purpose of draining urine. They are retained by means of a globe in the tip of the catheter that inflates with sterile water. Three-way catheters are used above all after bladder surgeries, prostate, or prostate cancer. They have a third arm or bell that allow an irrigant to pass through the tip of the catheter to the bladder through a small separate channel. This serves to clean blood and small clots through the main branch that drains into a collection device. This is how the larger coat of the cigars that can be capitated. The second arm, or inflation arm, has a small plastic valve that allows the introduction or withdrawal of sterile water through a very small channel to inflate or defleate the retention globe. A serious problem of the Foley probes is that they have a risk of contributing to urinary infections.

The rectal probes are latex or plastic tubes that are used to facilitate the exit of the gases through the rectum. The caliber of the probe varies according to the age of the individual: from 22-30 French for adults and 12-18 French for children. Its length, normally, is 30 cm. The rectal probe is contraindicated in patients who have suffered any recent surgical intervention of the area (fundamentally of the rectum and prostate). Preparation of the necessary material Before carrying out any technique, the material to be used must be prepared, which in this case consists of:

- Rectal Probe.
- Hydrosoluble lubricant.
- Collection material: Wedge, drainage bag.
- Toilet paper.
- SpaRegrap (optional).
- Disposable gloves.
- A rubber or a protector for bed.
- Gauze.

Performing the procedure to carry out a rectal probe You have to make the following steps: Wash your hands and enclose gloves. Explain the procedure to the patient and request your collaboration. Help the patient to be placed in left side decubitus, with the right flexed knee (this posture allows the correct observation of the year). Discover the area of Las Nalgas. Place the hull or the protector of the bed. Put lubricant in a gauze and paste it by the rectal probe, lubricating about 10 cm from its tip. Separate the upper buttock with your non-dominant hand and observe the anal zone. Indicate the patient who inspires deeply and spir slowly, since this is how promoting the relaxation of the external anal sphincter. Taking advantage of one of the epsion (at this time the abdominal pressure is lower) insert the tip of the rectal probe, giving it little by little and pointing in the direction of the patient's navel (this direction follows the anatomical path of the bottle intestine). The amount of probe to introduce varies according to the age of the individual: from 7.5-10 cm in the adult, of 5-7.5 cm in the child and 2.5-3.5 cm in the baby.

## **Conclusión**

Well, in this work, the probes were spoken and how it is every procedure in each of them in how it is placed and that they are echo and also on the risk factors that each type of probe has.