

Sengstaken Blakemore Tube type 42 Instructions

- 1) Test the gastric balloon by inflating with 300mls air via red one way valve. Ensure the pinch clamp is shut and side port capped.
- 2) Suck all air out to collapse balloons fully
- 3) Inject water down guide wire channel to lubricate. Smooth movement of guide wire in and out confirms a straight tube.

N.B. If the guide wire does not slide in and out the tube may have curled in the oesophagus. In this position inflation of the gastric balloon may lead to fatal oesophageal perforation

- 4) Pass into stomach via the mouth to 50cm
- 5) Slide guide wire in and out to confirm straight tube
- 6) Inflate gastric balloon with 300mls air via red one way valve
- 7) Put traction on the tube to tamponade the varices as they pass over the GOJ into the oesophagus.
- 8) Maintain traction by taping tube to forehead and noting distance on tube.
- 9) **Avoid inflating the oesophageal balloon but in rare situation when bleeding continues this can be inflated to 30mmHg with air via black one way valve monitoring the pressure via the oesophageal side port.**
- 10) Arrange for the patient to go immediately for OGD and banding or TIPSS

N.B. If transferred patients will need ETT airway protection.

Nursing Responsibilities of Sengstaken Tubes

1. **GASTRIC ASPIRATION** – syringe aspiration of the stomach via the ‘gastric aspiration’ lumen every ½ hour. If aspirations greater than 20mls of blood then inform the medical staff unless otherwise informed.
2. **OESOPHAGEAL ASPIRATION** – syringe aspiration via the ‘oesophageal lumen’ every 15 minutes. If aspirations greater than 20mls then inform the medical staff unless otherwise informed.
3. **GASTRIC BALLOON** – (300 mls AIR) must NOT be deflated unless specifically instructed to by senior medical staff.
4. **OESOPHAGEAL BALLOON** – (rarely inflated) If used the pressure to be maintained between at 30-40mmHg. The balloon should be deflated every 4 hours for ten minutes to prevent excoriation and ulcer formation. The oesophageal balloon should not be inflated for more than 24 hours.
5. **MOUTH CARE** – tube is required to be moved to alternate sides of the patient’s mouth to prevent ulceration and improve comfort. Regular oral hygiene is also required. Any medication can be administered via the gastric aspiration lumen including regular sedation, which should improve compliance and patient comfort and regulate breathing.