
Esophagogastric Tamponade Tube (Sengestaken-Blakemore)

Purpose:

To control or stop bleeding from esophageal varices.

Policy:

1. The Sengestaken-Blakemore tube shall be inserted by a LSUHSC house officer only.
2. Tube placement shall be verified daily by chest X-ray.

Equipment Needed:

Esophageal tube tray
Mercury sphygmomanometer (portable)
Anesthetic gel or spray
Water-soluble lubricant
Wall suction
Football helmet
18 or 16 Fr. Salem sump tube

Procedure:

Responsible Party	Action	Rationale
MD	1. Write an order for Sengestaken-Blakemore tube.	
	2. Obtain informed consent.	
	3. Explain procedure to the patient.	
RN, MD	4. Wash hands with antimicrobial soap.	
	5. Perform Time Out	
RN	6. Obtain the above equipment.	
	7. Test balloons for air leaks.	
	8. Coat the lower portion of tube and both balloons with KY Jelly.	
MD	9. Anesthetize the nose and the posterior pharynx.	8. Patient comfort measure.
	10. Insert the Sengestaken-Blakemore tube to the 50 cm mark.	
	11. Inflate the gastric balloon with 120 - 250 cc air and clamp the lumen.	

Responsible Party	Action	Rationale
MD	11. Pull back gently on tube.	11. This action places direct pressure on the cardia and the fundus of the stomach.
	12. Apply the helmet	
	13. Secure proximal end of tube to faceplate of helmet. (Alternative method: secure proximal end of tube to cord running to pulley / weight system secured at foot of bed.	13. Securing the tube to the helmet maintains constant tension on gastric balloon.
	14. Inflate esophageal balloon with 35 - 40 mm Hg pressure.	14. Inflation of esophageal balloon applies direct pressure on bleeding varices.
	15. Insert a salem sump tube to mid-esophagus. If a minnesota tube is used, place the esophageal port to suction.	15. The salem sump placement will decrease risk of aspiration of saliva or blood from proximal esophagus.
	16. Place the gastric aspiration lumen and salem sump to low intermittent wall suction.	
	17. Obtain Chest X-Ray.	
	18. Verify placement.	
	19. Write orders for:	
	a) Inflation volume and pressure for gastric and esophageal balloons.	
	b) Frequency of gastric lavage.	
	c) Fluid to be used for gastric lavage.	

Responsible Party	Action	Rationale
RN	<p>20. Perform routine maintenance care:</p> <ul style="list-style-type: none"> a) Elevates head of bed 30 degrees. b) Sedate patient if condition permits. c) Check gastric aspiration lumen and salem sump hourly for patency. d) Verify pressure in esophageal balloon every two hours and volume of gastric balloon every four hours. e) Perform meticulous oral hygiene care every four hours and PRN. f) Document accurately: <ul style="list-style-type: none"> 1) Inflation volumes. 2) Patient tolerance. 3) Aspirate obtained from gastric lumen and salem sump. 4) Routine care g) Deflate balloons immediately if tube position changes and the airway is compromised. h) Notify the MD immediately if: <ul style="list-style-type: none"> 1) Change in vital signs. 2) Change in tube position. 3) Evidence of continued / re-bleeding. 	<ul style="list-style-type: none"> a) Decreases risk of aspiration, nausea and vomiting. b) Reduces gagging & nausea . Increases patient comfort. c) Decreases nausea, risks of aspiration. d) Decreases risk of balloon deflation and re-bleeding. e) Increases patient comfort and maintains integrity of oral mucosa.

Responsible Party	Action	Rationale
MD	21. Deflate the esophageal balloon after 48 - 72 hours.	
RN	22. Observe for evidence of re-bleeding from esophageal varices.	
MD	23. Notify MD if re-bleeding occurs. 24. Withdraws tube 12 - 24 hours after esophageal balloon deflation if no re-bleeding occurs.	

References:

1. Chulay, M. & Burns, S. (2006). AACN: Essentials of Critical Care Nursing.
2. Wiegand, D & Carlson, K. (2005). AACN: Procedure Manual for Critical Care.