



- Title:** **BLAKEMORE ESOPHAGOGASTRIC TAMPONADE TUBE**
- Responsibility:** The trained and competent Emergency Department (ED), Operating Room (OR), Endoscopy, Medical Intensive Care Unit (MICU), Registered Nurse (RN).
- Purpose of Guidelines:** To provide guidelines to the RN in preparing for insertion and maintaining a Blakemore esophagogastric tamponade tube.

Procedure:

Items you will need:

Blakemore kit

I.V. pole

1000 ml. bag of saline for traction

Wash basin

1. The Blakemore esophagogastric tamponade tube is used to treat esophageal varices. The physician will order the tube. This will likely be an emergent situation.
2. The Blakemore tube will most often be placed in patients located in the MICU, ED, Endoscopy or OR departments.
3. The Endoscopy, ICU, or ED physician will insert the tube. The RN is responsible for preparing and arranging supplies on a clean Chux. This is a clean, not sterile procedure.
4. The RN will need to procure a Blakemore kit (Lawson #90046), water-based lubricant, and an open canister with water to test the balloons. Blakemore kits are available from Central Supply, extension 3884. If Central Supply does not have a kit or if you are unable to reach Central Supply Staff, a Blakemore kit may be procured from the OR, extension 3900. A Blakemore kit must be picked up from either location. A requisition form that includes a patient sticker, patient location, and the words: Blakemore Kit: Lawson #90046 must be turned in upon receipt of the kit.
5. If you know you took the last kit in the hospital contact the Central Supply manager or the Nursing House Supervisor immediately so that another kit may be ordered.

Assembly:

- a. Attach connectors, stop cocks and pressure gauge
- b. Test gastric and esophageal balloons for leaks
- c. Fill wash basin with tap water
- d. Use luer lock syringe to insert 50 ml. of air into the gastric balloon
- e. Submerge gastric balloon in wash basin and check for leaks
- f. Actively deflate gastric balloon
- g. Use luer lock syringe to insert 50 ml. of air into esophageal balloon

- h. Submerge esophageal balloon in wash basin and check for leaks
 - i. Actively deflate esophageal balloon
 - j. Replace all caps on stopcocks
 - k. Place Salem sump alongside Blakemore tube; with tip of the Salem sump at the top of the gastric balloon, mark a "G" on the Salem sump at the 50 cm. mark of the Blakemore tube. Move the tip of the Salem sump to the top of the esophageal balloon and mark "E" on the Salem sump at the 50 cm. mark
 - l. Place head of bed at 45 degrees
 - m. Lubricate Blakemore tube with water soluble lubricant
 - n. The provider will insert the Blakemore tube orogastrically so that the 50 cm. mark on the tube is at the gum line
 - o. Connect the catheter tip syringe to the 20 Fr. Gastric aspiration port and inject 30 ml. of air while listening over the gastric region
 - p. If air sounds are heard, inflate the gastric balloon with 50 ml. of air and clamp the port
 - q. Confirm placement by x-ray, then unclamp and insert an additional 200 ml. of air and reclamp the port
 - r. Retract the Blakemore tube until resistance is felt and mark the tube at the gum line
 - s. Use the liter bag of normal saline to apply traction
6. The tube may migrate out as it warms, but should not migrate more than 2 cm. If it does, suspect hiatal hernia and re-evaluate position with x-ray.
 7. Aspirate all stomach contents through the 20 Fr. Port. Lavage frequently with 50 ml. tap water to prevent clots from plugging the tube.
 8. Attach low continuous suction to the 20 Fr. Port during the first 12 hours, only per IFU.
 9. Irrigate and aspirate the Blakemore tube every 30 minutes with 50 ml. warm tap water and document the color of the aspirate. If the aspirate is bright red, the physician may consider inflating the esophageal balloon.
 10. Insert the Salem sump tube to the depth that lines up with the "G" mark and apply suction to check for bleeding. If there is continued bleeding, the physician may choose to inflate the esophageal balloon. If so, reposition Salem sump so the "E" mark is at the 50 cm. line on the Blakemore tube and secure it.
 11. Attach the manometer to the esophageal balloon port using the stopcock with Christmas tree or Lopez valve (with small white connector). Open the valve to the patient. Inflate slowly to 35-40 mmHg, and close the valve to the patient. Remove the gauge and replace the cap.
 12. Clamp the esophageal balloon port approximately 3 cm. from the opening.
 13. If bright red bleeding continues after 30 minutes of lavaging the stomach, increase the esophageal balloon pressure to 45 mmHg (maximum pressure).
 14. Frequent pressure checks should be made to guard against undetected air leaks in the system.

Reviewed by: Carol Bates, MSNEd, RN, Endoscopy and Surgical Support Educator; Tammy Helle, RN, Lead Nurse, Surgery Department,
& Nancy Gauger, MSN, RN, Staff Development Coordinator

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