

PROTOCOL: Minnesota Tube, 4-lumen: Care of the Patient with a

DESIRED PATIENT

OUTCOMES:

1. Bleeding associated from varices will be minimized/controlled.
2. Patients airway will remain patent.
3. Patient will experience minimal discomfort associated with this therapy.

CLINICAL
ASSESSMENT

AND CARE:

1. Document and communicate which lumens are inflated, and which ones are to suction. Verify this in initial patient assessment, as well as tube placement.
2. The MD will determine if either balloon lumen will be inflated. If so, you may choose to monitor the pressure continuously or intermittently every 2 hours via a mercury manometer.
3. If traction (helmet) is being used, assess integrity of this system every 2 hours. Inspect outer aspect of nares, as traction interferes with mucosa and may produce necrosis of the nares. Only 1-2 lbs. of traction is necessary to tamponade either lumen.
4. Assess every 2 hours for persistent bleeding via appearance of suction material, heme test, drop in H/H.
5. Monitor patient's H/H and coagulation factors every shift and PRN, per MD order.
6. Monitor the patient for signs of aspiration, continued bleeding, and respiratory distress.
7. The pressure in an inflated esophageal balloon should be at the lowest level to stop bleeding. However, it should not exceed 45 mm Hg. Deflation of the balloon will be per MD order.
8. Lavage the gastric suction lumen every 30-60 minutes initially until clear, then at RN/MD discretion.
9. Elevate HOB >30°.
10. Provide frequent oral care.
11. Tape scissors within clear view and easy reach to be available in case of need for emergency removal.
12. Restrain the patient if agitated or confused, per MD order, to prevent removal of the tube.

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13. If gastric balloon is inflated, connect the esophageal aspirate lumen to low continuous suction.
14. Report immediately symptoms of sudden back pain, upper abdominal pain, unstable vital signs, or fluid in the chest that may indicate esophageal rupture.
15. Report results of coagulation factors and CBC's.
16. Notify MD of increase in amount of bleeding from either suction lumen, or appearance of bright red blood via these lumens.
17. Notify MD if tube has changed position.
18. Usually pressure is relieved in the balloon and traction is relaxed 12-24 hours prior to withdrawal. If no recurrence of bleeding is noted, the MD will then make the decision on whether or not to remove the tube.
19. Cut (or MD will cut) the tube with the scissors and remove the tube if there is no re-bleeding.

- PATIENT TEACHING:
1. Reinforce the rationale for using the Minnesota tube.
 2. Reinforce with patient the need for minimal movement while tube is in place to prevent dislodging.
 3. Explain potential complications of tube to patient and need for patient to report pain or difficulty breathing.

APPROVAL: ICU Standards Committee
Nursing Standards Committee

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