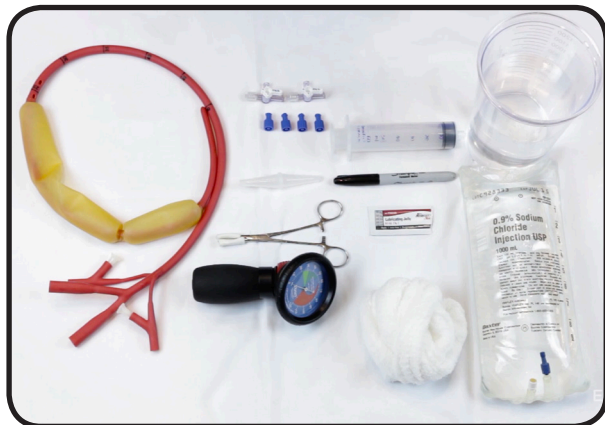




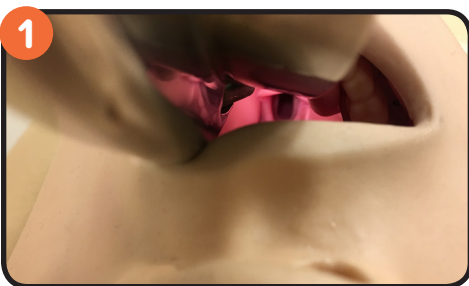
MINNESOTA TUBE

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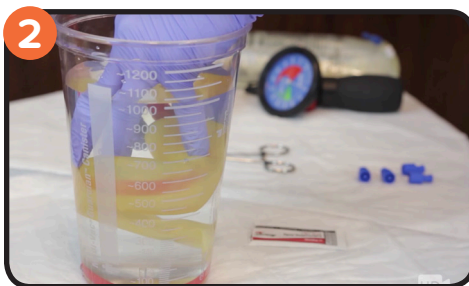
Equipment

- ☐ Minnesota tube
- ☐ Two 3-way stopcocks
- ☐ 4 Dual Luer Lock cap
- ☐ 1 Kelly clamp
- ☐ Insufflating manometer
- ☐ 50 cc syringe
- ☐ Marking pen
- ☐ Lube
- ☐ 1 L bag of fluid
- ☐ Rolled gauze for traction
- ☐ Basin of water



1 Resuscitate & Intubate

After resuscitating, intubate with head of bed 45 degrees.



2 Check for Leaks

Check balloons for leaks by inflating in basin of water.



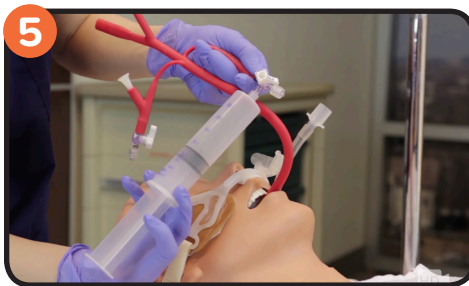
3 Place Stopcocks

Place 3-way stopcock in the gastric balloon port and esophageal balloon port.



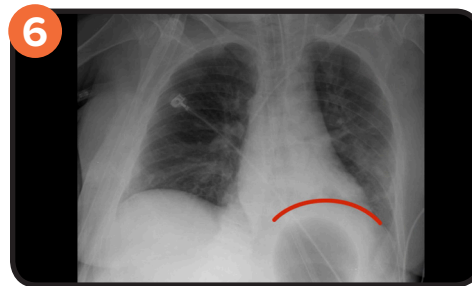
4 Insert Balloon

Insert the lubricated tamponade balloon through the mouth to the stomach.



5 Partially Inflate Gastric Balloon

Inflate 50 cc of air or contrast in the gastric balloon to check placement before fully inflating.



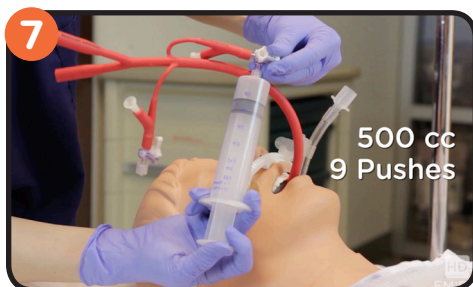
6 Get Chest X-Ray

Obtain a chest x-ray to confirm balloon placement in the stomach.

continued ►

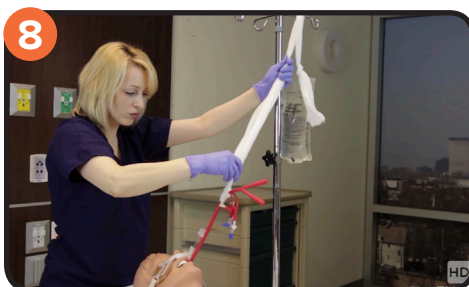


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7 Fully Inflate Gastric Balloon

Fully inflate the gastric balloon (up to 500 cc total). Turn the stopcock OFF and place the Luer Lock caps.



8 Apply Traction

Apply 1 kg of traction using a 1 L bag of saline and rolled gauze hanging over an IV pole.



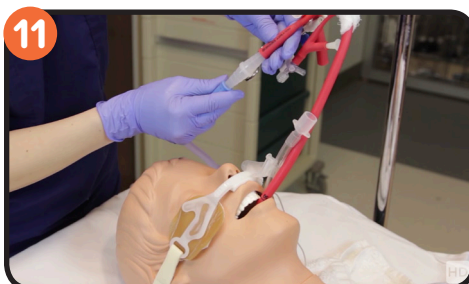
9 Suction & Irrigate

Suction and irrigate the esophagus (from the esophagus aspiration port) to check for continued bleeding.



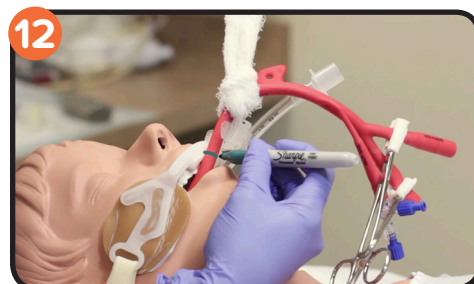
10 Only if bleeding persists...

Inflate esophageal balloon to a max of 30-45 mmHg using an insufflating manometer attached to a 3-way stopcock. This usually requires a small volume of air. Turn the stopcock OFF and place the Luer Lock caps.



11 Suction

Suction and irrigate above the esophagus balloon using the esophagus aspiration port.



12 Mark the Tube

Mark the tube at the mouth to monitor for tube migration and repeat the chest x-ray.

This is for reference purposes only. Consent to photograph was obtained from the patient or family. EM:RAP and the authors assume no liability for use of the techniques described. Local practice, current guidelines, and clinician experience should determine the exact procedural process in any individual patient.