

Minnesota Tube Checklist (Physician Reference)

1. Confirm Indication

- Suspected/known variceal UGIB
- Ongoing hemorrhage despite resuscitation + vasoactive therapy
- Definitive therapy (GI/IR) activated

Do **NOT** proceed if any of the following are present:

- Unprotected airway
- Suspected esophageal rupture
- Recent esophageal surgery
- Esophageal stricture

2. Pre-Procedure (Do Not Skip)

- Airway secured (intubated)
- Two three way stop cocks
- Four dual luer lock caps
- 2 Large-bore IVs placed
- MTP is activated needed
- PPI given (Pantoprazole 80mg IV)
- Vasoconstrictors given (Octreotide 50ug IV)
- Antibiotics given (Ceftriaxone 2g IV)
- ICU and GI notified
- Suction x2 set up
- Balloon integrity checked (inflate → deflate)

3. Equipment Check (DO NOT SKIP)

- Minnesota tube- with distance from stomach to teeth measured and all ports identified
- Manometer able to be attached with three way stopcock
- 50 ml syringe
- Lubricant
- Traction setup (IV pole + 500 mL saline bag or equivalent)- nursing



Figure 1. The four key ports of a Minnesota tube

can consult traction instructions on page X

Portable CXR available

4. Tube Insertion

Patient 30–45° head-up

Measure and mark insertion depth

Insert tube orogastrically until insertion depth reached at teeth

Aspirate gastric port

Inject 50ml of air into the gastric balloon

Confirm gastric position (CXR ASAP)

5. Gastric Balloon Inflation

Inflate gradually with air with three way stopcock and syringe on “Gastric Balloon” port

Target 500ml of air

Apply gentle traction until resistance felt

Secure traction (1000 mL weight (NS 1L bag))

Document depth at teeth/lips

Connect gastric suction to both gastric and esophageal ports

→ If bleeding controlled: **STOP HERE**

6. Esophageal Balloon (ONLY if ongoing bleeding)

Connect Mamometer and 50ml tyrone to esophageal balloon port with three way stopcock

Inflate esophageal balloon until mamometer reads to 25–30 mmHg

Titrate to control bleeding- until esophageal tube stops draining blood

Use lowest effective pressure

Do not exceed local max (commonly ≤ 45 mmHg)

