

Yorkshire and Humber Neonatal ODN Setting up a Patient on a Replogle Tube

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Equipment

- Replogle tube –
 - Size 10Fg – greater than 1500g,
 - Size 8Fg - less than 1500g, for the very preterm infant
- Suction tubing X 2
- 1ml or 2ml Syringe
- Sodium chloride 0.9% for injection
- Hydrocolloid dressing (skin protection) Duoderm and fixation tape - Zinc oxide tape / Elastoplast
- Monitoring equipment for saturations and heart rate.
- **You need two Suction apparatus' available**
- One of which is a dedicated **low pressure** suction pump
(35-60cmH2O/ 3.5-6kPa)
- Resuscitation equipment, including 2nd suction apparatus for nasopharyngeal/oropharyngeal suctioning, suction catheters (various sizes including larger size), stethoscope, face mask, bagging and intubation equipment.
- Hand Mittens

Procedure

Action	Rationale
<p>If oesophageal atresia (OA) suspected, apply necessary ICU monitoring. Nurse in Intensive care on full monitoring.</p> <p>One to one nursing care at all times</p>	<p>An Infant with OA is at high risk of aspiration. These Patient needs constant monitoring to prevent aspiration/choking & attend to Replogle tube</p>
<p>Assemble all equipment.</p>	<p>Need equipment available in case of sudden deterioration</p>
<p>Ensure Two Suction apparatus set up</p>	<p>One for <u>low pressure</u> suction of the replogle tube and one for, <u>normal pressure suction</u>, oral-pharyngeal suction</p> <p>The low pressure suction MUST be labelled clearly</p>
<p>Clear oral and Naso-pharyngeal Secretions with suction and nurse infant head tilted up 30-45°.</p>	<p>To minimise risk of aspiration through the trachea-oesophageal fistula</p>
<p>Apply lubricant or sterile water to end of replogle tube</p>	<p>To assist passing the replogle tube</p>
<p>Gently advance Replogle tube, through the nose, until you feel resistance, then pull back 0.25cms. Note: If you cannot pass replogle tube via the nose then pass it orally (average length passed 10-12cms)</p>	<p>Do this gently so as not to cause trauma or perforation and ensure optimal placement for clearing secretions</p> <p>NOTE: Give oro-pharyngeal suction while waiting for optimum position of replogle tube</p>
<p>Explain what you are doing to parents and the rationale for this</p>	<p>To ensure parents are kept up to date</p>
<p>Connect Replogle tube to low pressure Suction- 3.5-6kPa (35-60 cmsH2O) Can have brief increase to 7-10kPa / 70-100 cms H2O to clear thick secretions. Clearly label (Low Pressure Suction)</p>	<p>To allow continuous replogle Suction and not cause trauma.</p> <p>To ensure correct suction used</p>
<p>Ensure secretions are draining CONTINUOUSLY along the replogle tube</p>	<p><u>Continuous drainage demonstrates optimum tube placement</u></p>

Secure tube well using Duoderm on skin and then Zink oxide/Elastoplast tape -Put Mittens on hands if available	To protect skin and reduce risk of tube getting dislodged.
Document what the length of the tube inserted is at nose level	This will help if needing to replace replogle tube quickly.
Flush 'side arm' 0.25-0.5ml Sodium Chloride 0.9%- every 10-15 mins (more often if needed) Do NOT leave syringe attached after instilling Sodium Chloride 0.9%	To keep tube patent This will affect the drainage from the replogle tube Flush <u>as often as</u> needed to clear tube. Can follow flush with air to clear tube
Following first insertion, check position. Ensure secretions are draining constantly. For repeat insertions – check documented external length and insert to set position. X-rays are only indicated with problematic positions.	To ascertain position of Replogle tube/blind oesophageal pouch.
If you can't get secretions draining consider changing the tube.	Have spare tube available at bed side in case of blockage and emergency equipment
Note- Can put sign on bedside to highlight use of replogle tube, Size of tube and length inserted	To make it easier and quicker for staff to respond quickly to a tube blocking or getting dislodged.
Clearly mark the low pressure suction 'LOW' could also add the suction pressure range to a sticker on low pressure suction	To reduce the risk of using high pressure suction inappropriately.

Appendix 1 – Diagrams /photos of Replogle Tube, equipment and placement

Figure 1 -
Replogle Tube

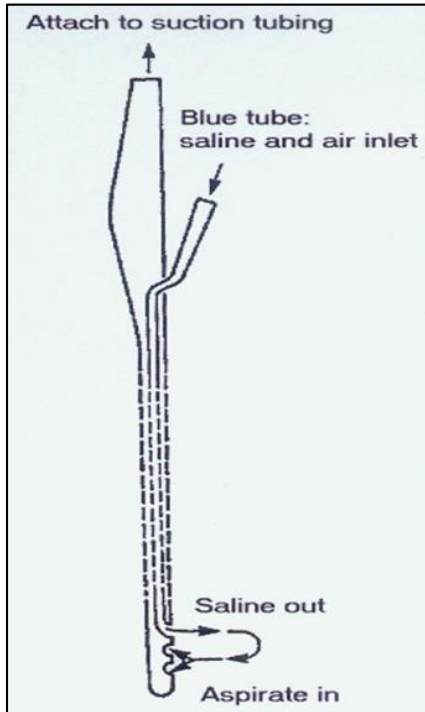


Figure 2 -
Correct placement of Replogle Tube

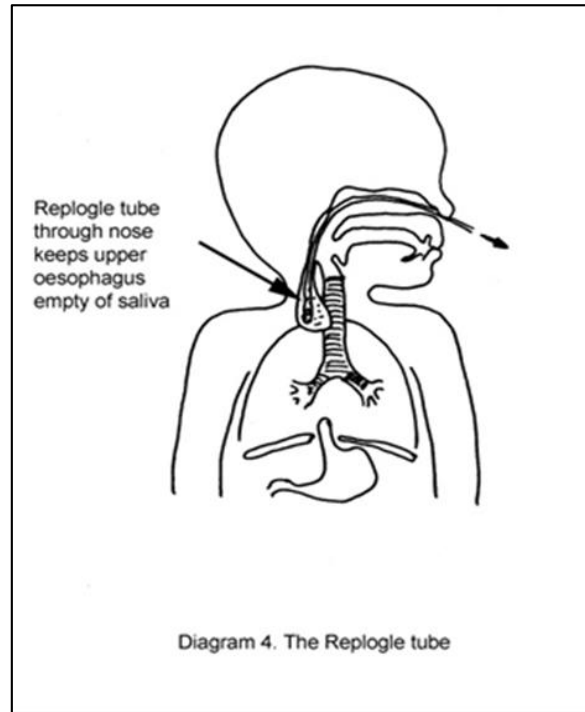


Figure 3 & 4 - Replogle Tube

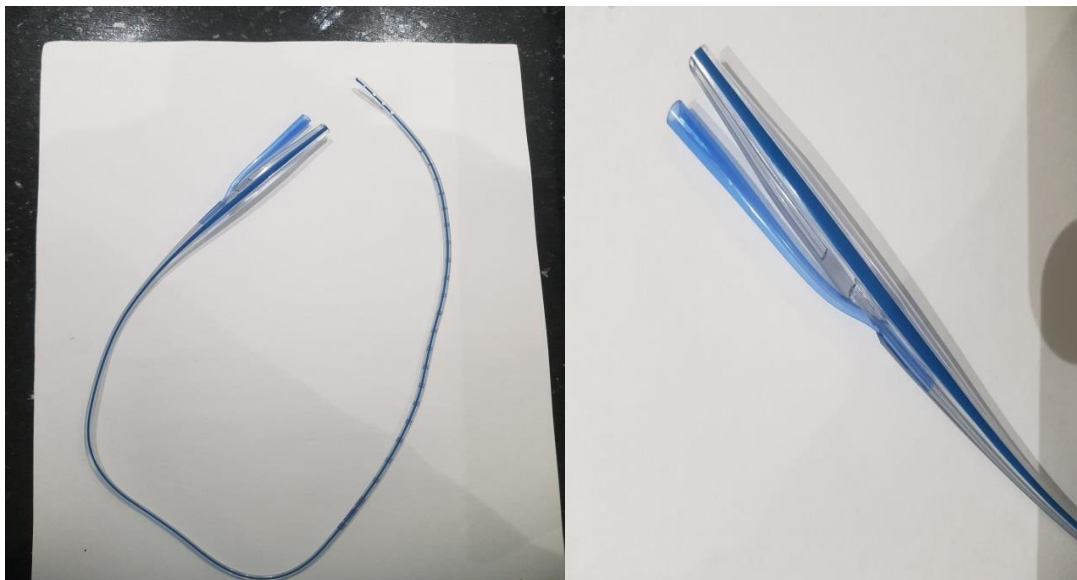


Figure 5 -
Connecting Syringe for Flushing to side port
NB! REMOVE between flushes

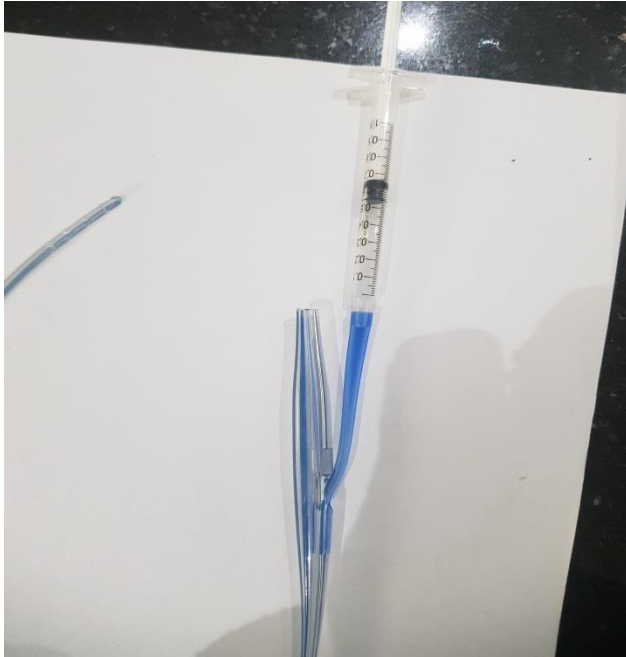


Figure 6 -
Example of Repogle tube insitu, 2 suction apparatus'. Tubing clearly labelled 'LOW' and 'High' pressure suction



Figure 7 - Example of Normal suction unit and Low Pressure Suction unit- note the difference in kPa pressures
High/Normal pressure: 0-30 kPa
Low Pressure: 0-7 kPa (set range of 3.5-6kPa)



Figure 8 - Attachment of the Replogle Tube to the low suction unit

