**Blakemore Tube**

**Equipment**
- Blakemore tube (BT)
- OG tube
- 2 three-way stopcocks
- 4 dual Luer Lock caps
- 1 Kelly clamp
- Insufflating manometer
- 50 cc syringe
- Marking pen
- Lube
- 1L bag of fluid
- Rolled gauze for traction
- Basin of water

**Resuscitate & Intubate**
After resuscitating, intubate with head of bed 45 degrees.

**Check for Leaks**
Check balloons for leaks by inflating in basin of water.

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

**Label “G” on OG Tube**
Place the OG tube next to the BT with the tip of the OG just above the gastric balloon. At the 50 cm mark on the BT, label the OG tube with “G” for gastric.

**Label “E” on OG Tube**
Place the OG tube next to the BT with the tip of the OG just above the esophagus balloon. At the 50 cm mark on the BT, label the OG tube with “E” for esophagus.

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

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

Suction the Lower Esophagus
Suction the OG tube to check for continued esophageal bleeding. If the bleeding is controlled STOP HERE.

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

Suction the Stomach
Suction and irrigate the stomach (from the gastric aspiration port) to check for continued bleeding.

Onl y if Bleeding Persists...
Pull the OG tube back so that the “E” is at the 50 cm mark on the Blakemore tube. The tip of the OG tube should be just above the esophagus balloon.

Get Chest X-Ray
Obtain a chest x-ray to confirm balloon placement in the stomach.

Inflate Esophagus Balloon
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 Luer Lock caps on any open ports.

Fully Inflate Gastric Balloon
Fully inflate the gastric balloon (up to 250 cc total). Turn the stopcock OFF and place the Luer Lock caps.

Insert the OG
Insert the OG tube until the “G” is at the 50 cm mark on the Blakemore tube. The tip of the OG tube should be just above the stomach.
Suction the Upper Esophagus
Suction and irrigate the OG tube above the esophagus balloon for residual blood.

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

NOTES

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.

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