MINNESOTA TUBE

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.

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

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

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

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

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

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

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

**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.

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

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

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