

# 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  
**(35-60cmH20/ 3.5-6kPa)**
- Resuscitation equipment, including 2<sup>nd</sup> suction apparatus for nasopharyngeal/ oropharyngeal suctioning, suction catheters (various sizes including larger size ), stethoscope, face mask, bagging and intubation equipment.
- Hand Mittens
- Consider swaddling and other comfort measures for insertion to minimise patient pain and stress

## Procedure:

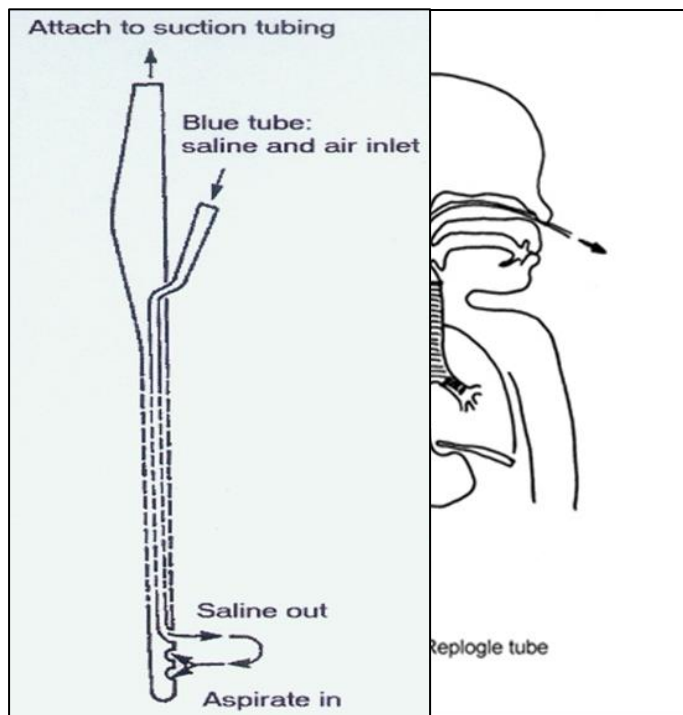
Action	Rationale
If oesophageal atresia (OA) suspected, apply necessary ICU monitoring. Nurse in Intensive care on full monitoring. <b>One to one nursing care at all times</b>	An Infant with OA is at high risk of aspiration. These Patient needs constant monitoring to prevent aspiration/choking & attend to Replogle tube
Assemble all equipment.	Need equipment available in case of sudden deterioration
Ensure <b>Two Suction apparatus</b> set up	One for <u>low pressure</u> suction of the replogle tube and one for, <u>normal pressure suction</u> , oral-pharyngeal suction The low pressure suction MUST be labelled clearly
Clear oral and Naso-pharyngeal Secretions with suction and nurse infant head tilted up 30-45°.	To minimise risk of aspiration through the trachea-oesophageal fistula
Apply lubricant or sterile water to end of replogle tube	To assist passing the replogle tube
Consider swaddling and other comfort measures	To support the baby and minimise trauma and stress
Gently advance Replogle tube, through the nose, until you feel resistance, then pull back 0.25cms. Note: If you <b>cannot</b> pass replogle tube via the nose then pass it orally <b>(average length passed 10-12cms)</b>	Do this gently so as not to cause trauma or perforation and ensure optimal placement of replogle tube for clearing secretions <b>NOTE: Give oro-pharyngeal suction while establishing optimum position of replogle tube</b>
Explain what you are doing to parents and the rationale for this. Discuss ways in which the parents can support and comfort their baby.	To ensure parents are kept up to date and involved in the care of their baby.
Connect Replogle tube to <b>low pressure Suction- 3.5-6kPa (35-60 cmsH2O) (see Fig. 1 diagram below)</b> <b>Can have brief increase to</b>	To allow continuous replogle Suction and not cause trauma.  To ensure correct suction used

<p><b>7-10kPa</b> / 70-100 cms H2O to clear thick secretions. Clearly label (Low Pressure Suction)</p>	
<p>Ensure secretions are draining <b>CONTINUOUSLY</b> along the replegle tube</p>	<p><u>Continuous drainage demonstrates optimum tube placement</u></p>
<p>Secure tube well using Duoderm on skin and then Zink oxide/Elastoplast tape -Put Mittens on hands if available</p>	<p>To protect skin and reduce risk of tube getting dislodged/pulled out.</p>
<p>Document what the length of the tube inserted is at nose level</p>	<p>This will help if needing to replace replegle tube quickly.</p>
<p><b>Flush ‘side arm’ 0.25-0.5ml Sodium Chloride 0.9%- every 10-15 mins (more often if needed)</b> <b>Can follow flush with air to clear tube</b>  <b>Do NOT leave syringe attached after instilling Sodium Chloride 0.9%</b></p>	<p>To keep tube patent This will affect the drainage from the replegle tube <b>Flush <u>as often as</u> needed to clear tube.</b>  <b>Needs to be opened to air for the suction to work properly.</b></p>
<p><b>Following first insertion, check position.</b>  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.</p>	<p>To ascertain position of Replegle tube/blind oesophageal pouch.</p>
<p>If you can’t get secretions draining consider changing the tube.</p>	<p>Have spare tube available at bed side in case of blockage and emergency equipment</p>
<p><b>Note-</b> Can put sign on bedside to highlight use of replegle tube, Size of tube and length inserted</p>	<p>To make it easier and quicker for staff to respond quickly to a tube blocking or getting dislodged.</p>
<p>Clearly mark the low pressure suction ‘LOW’ could also add the suction pressure range to a sticker on low pressure suction</p>	<p>To reduce the risk of using high pressure suction inappropriately.</p>

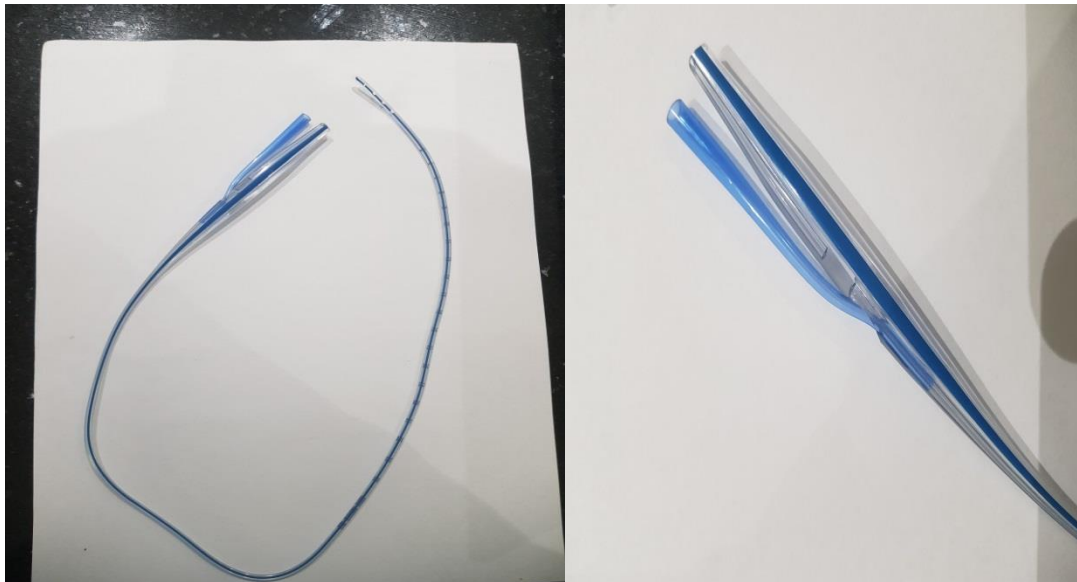
## Appendix 1 – Diagrams /photos of Replogle Tube, equipment and placement

**Figure 1 -**  
Replogle Tube

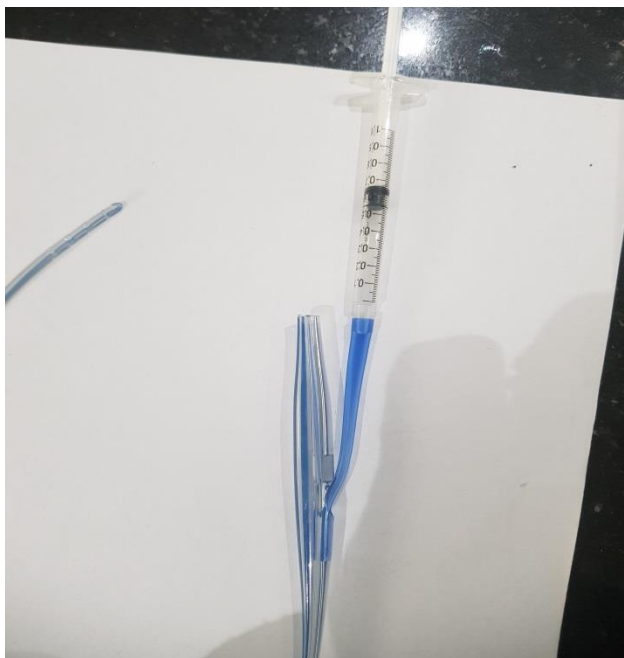
**Figure 2 -**  
Correct placement of Replogle Tube



**Figure 3 & 4 - Replogle Tube**

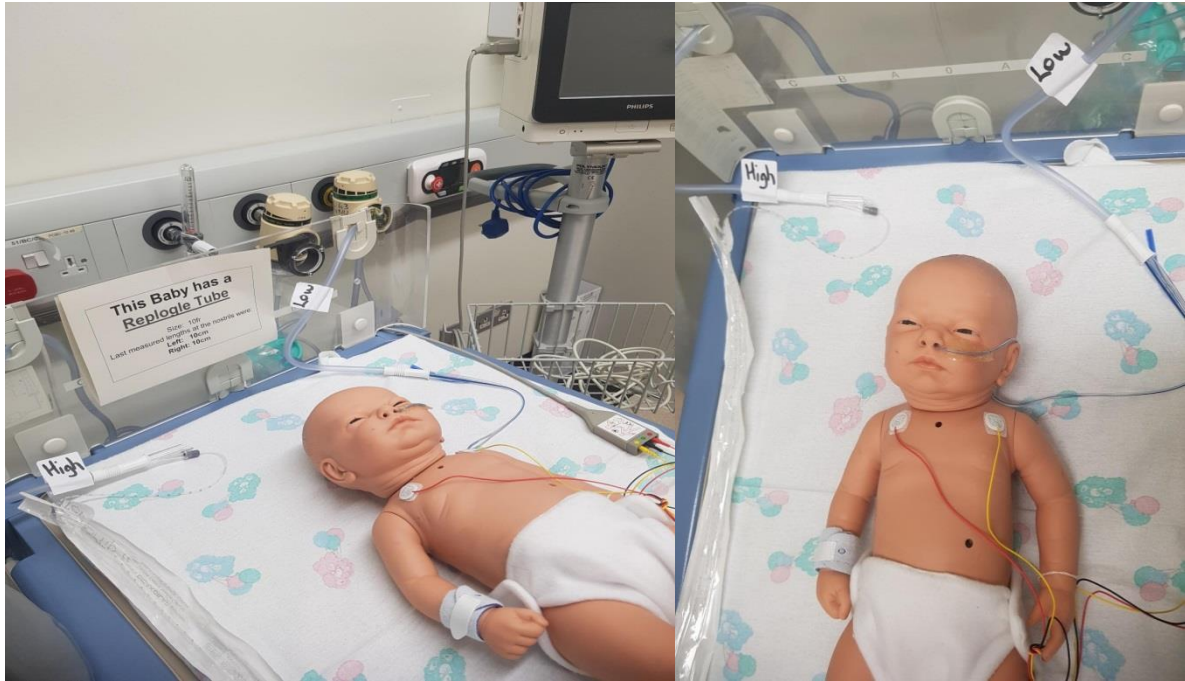


**Figure 5 -**  
Connecting Syringe for Flushing to side port  
NB! REMOVE between flushes



**NB! Disconnect syringe in between flushes- needed to be open to air for the suction to work.**

**Figure 6 -**  
Example of Replogle 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)

