Southampton Oxford Neonatal Transport Guideline

Replogle tube insertion

Aim is to maintain upper airway and keep the upper pouch free of secretions.

Equipment

- Replogle tube size 8 or 10 French
- Size 8Fr nasogastric/orogastric tube
- Low pressure wall suction unit
- Suction tubing
- 2 ampoules of 0.9% saline
- 1 and 5 ml syringes
- Scissors
- Duoderm, Tegaderm or any clear transparent dressing
- Monitoring equipment: ECG, respirations and saturations
- Spare suction catheters and Replogle tubes

The baby should be fully assessed and monitoring of vital signs implemented.

Procedure

- Wash hands and put on non-sterile gloves
- Suction nasal passages and oropharynx if required to clear airway.
- Pass Replogle tube orally or nasally until resistance is felt, then withdraw slightly.
- Fix tube to face using Duoderm and Tegaderm or any clear transparent dressing, ensuring as little distortion of nostril as possible. Ensure tube is well fixed and minimise trauma to nostril and mucosa of pouch. Record the tube size and length at nose in the notes.
- Tube should then be attached to low level wall suction at 5-10 kPa (High level suction can traumatise the oesophageal pouch and impede surgical repair).
- During transfer thoracic suction unit or intermittent suction can be used.
- If secretions are thick, it may be necessary to increase frequency of flushes.
- Instil 0.5–1.0ml of 0.9% saline every 15 min to maintain patency. Saline should flow back quickly, slow flowback indicates the tube may be blocking. Increase the frequency of flushing and / or reposition the tube.
- Observe baby for signs of blockage or displacement of tube i.e.: flushes not being returned, coughing, cyanosis and desaturation. Baby should be observed for signs of distress i.e.: tachypnoea, recessions and nasal flaring.
- Spare Replogle tube of correct size, tape measure and scissors to be kept close to the baby.