Care of Replogle Tubes on the UHL neonatal units

Trust ref:C14/2012

1. Introduction and Who Guideline applies to

This guideline is aimed at all Health care professionals involved in the care of infants within the Neonatal Service.

Key Points

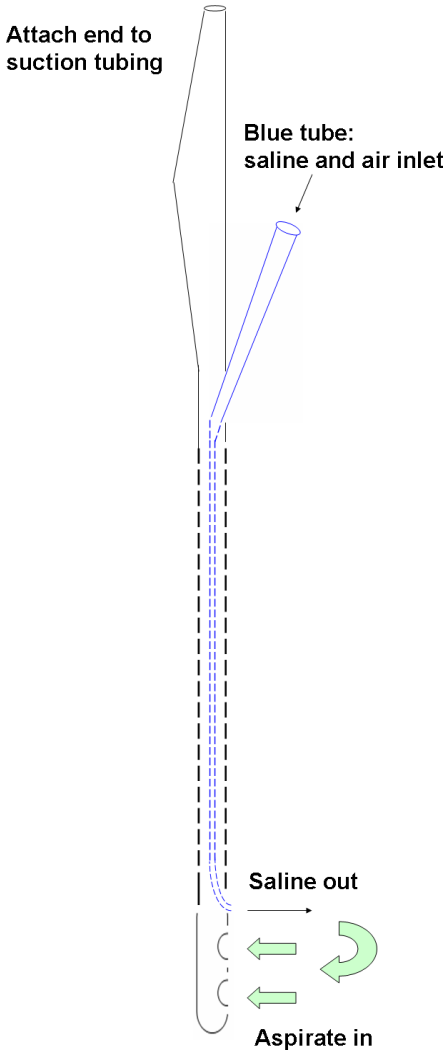
- This guideline highlights how to insert and care for a replogle tube
- The Replogle tube is used in infants with oesophageal atresia to prevent aspiration of contents from the oesophageal pouch.

A Replogle tube is a double lumen, radio-opaque tube, which is mainly used to give continuous suction and irrigation to a blind ending pouch.(1)

The most common use is for babies with oesophageal atresia when the replogle tube is passed into the blind ending upper oesophageal pouch in the pre-operative period. In the majority of cases this will be for less than 24 hours, but if there is delay in attempting a repair of the oesophagus this time may be much longer, up to 6-8 weeks.(1)

The baby requiring the use of a Replogle tube demands the constant observation and vigilance of all staff members.(1)

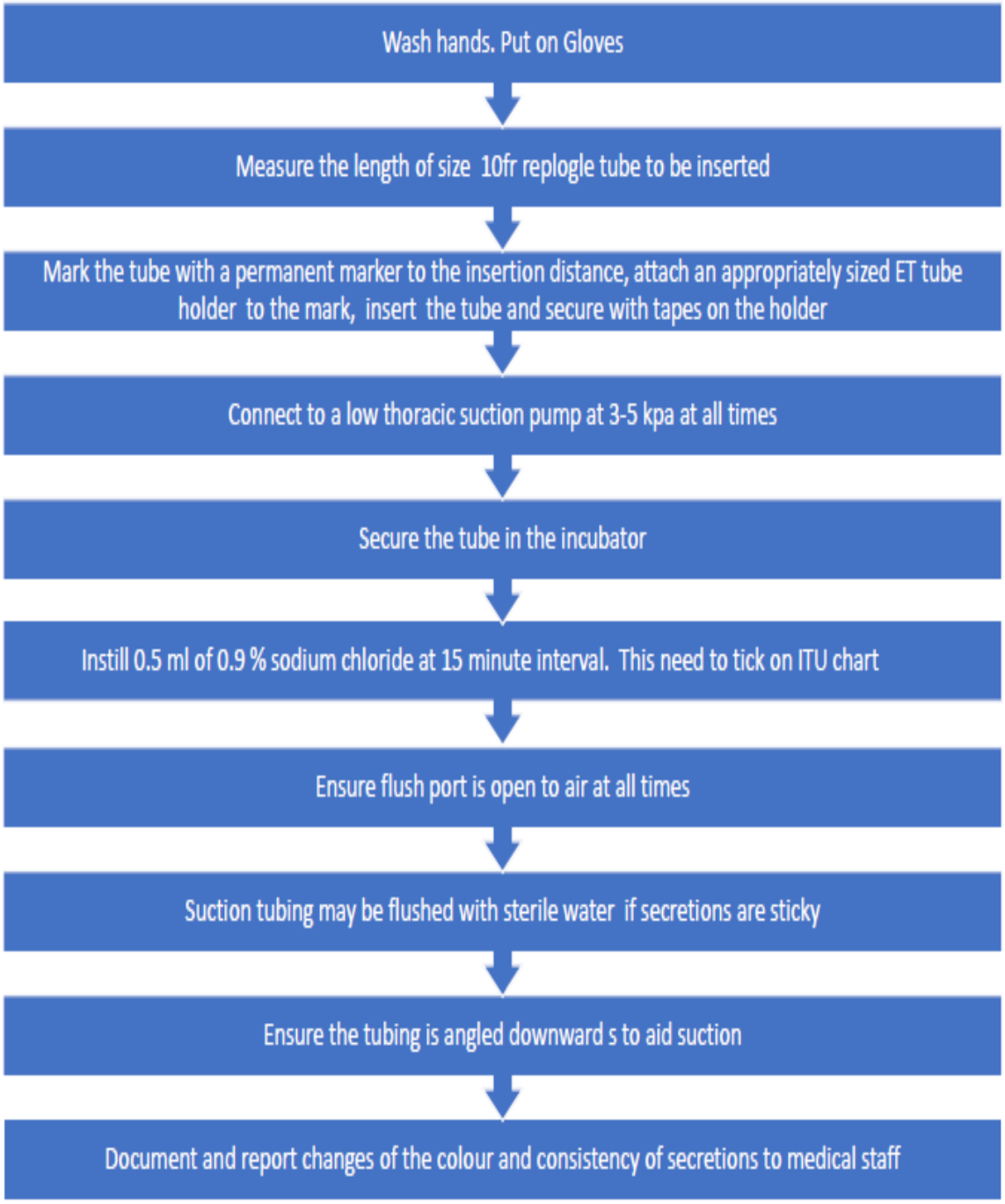
Diagram 1: Replogle Tube



The preferred route for passing the Replogle tube is via the nostril. However it will need to be passed orally if:

- The baby is very small or the baby has Choanal atresia[1]

2. Overview of Insertion and Use of the Replogle Tube



2.1 Further Notes on Nursing Care[1]

- Nurse the baby head up to allow secretions to pool in bottom of pouch and prevent acid from stomach to reflux up fistula

- After insertion do not leave bedside until adequate back flow is observed. Secretions will be observed starting to drain along the Replogle tube and into the suction tubing

- Secure the tube firmly once the position appears satisfactory by using size 3.5 ET tube clamp.

TIP: Sometimes 0.5 -1 ml air to follow flush helps clear tube

- Suction may be increased by 1 kPa for a 5 minute period if the tube is felt to be blocked.
- Leave flush port open at all times.
- Check that position is correct – reposition or change the tube if Replogle tube is not clearing secretions.
- Ensure suction tubing is cut to the shortest length possible and is kept free from secretions to ensure suction remains optimal. Tubing may be flushed with sterile water to remove thick sticky secretions.
- Any changes on the colour or consistency of secretions must be reported to medical staff.
- Always angle tubing downwards to aid suction.
- Change the suction tubing every **24 hours** and the liner every **7 days**.
- The Replogle tube must be changed every **5 days** and dated
- Document that the Replogle tube flushes on the ITU charts

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Documentation of each Replogle tube insertion and postion100%	Audit			

Evidence Criteria

Evidence according to RCPCH

Grade A	At least 1 randomised controlled trial addressing specific recommendation
Grade B	Well conducted clinical trials but no randomised trial on specific topic
Grade C	Expert committee report or opinions

5. Supporting References

1. Wallis M and Frampton L. Care of a Replogle tube. 2009. Great Ormond Street Hospital for Children NHS Trust (Under review)
2. Nour S and Hallsworth M in Meeks M, Hallsworth M and Yeo H.

Nursing the Neonate. 2010. Wiley-Blackwell

6. Key Words

Oesophageal atresia, Oesophageal pouch

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
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Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
6/3/2012	**1**	Neonatal Guidelines Meeting	(new guideline)
15/10/2013	**2**	Neonatal Governance Meeting	(significant amendments - ratified)
Oct 2016	**3**	Neonatal Guidelines Meeting	
Jan 2017	**3**	Neonatal Governance Meeting	Further amendments
March – May 2020	**4**	Neonatal Guidelines Meeting Neonatal Governance Meeting	
March 2023	**5**	Neonatal Guidelines Meeting Neonatal Governance Meeting	No change
April 2023	**5**	Women's Q&S board	

Appendix 1: Chest x-ray showing Replogle tube in position