

RULES FOR WANGENSTEEN SUCTION

1. Always be sure Levine tube is patent before introduced. A little water may be sent through tube to determine its patency.
2. Before introducing Levine tube, the tube ~~if possible~~ should be iced.
3. Enough lubrication should be used to make introduction through nostril easy. *is available*
(Vaseline is very bad, and should not be used, unless we have nothing else).
4. In a very irritable patient it may be of value to introduce a few drops of 1-2% cocaine into the nostril before introducing the tube.
5. Wangenstein suction is to be used on every injury to the G. I. tract and in other ^slected cases as advised by the operating surgeon.
6. If possible, in many cases it may be advisable to insert the tube before surgery is instituted. In other cases the tube may be introduced while the patient is still under the effects of the ^{anaesthesia} ~~anaesthesia~~; and in others, the tube could be introduced when the patient is awake.
7. Always test the tube, in the anaesthetized patient, to make certain that it has entered the stomach and not the ^htrachea. Listening to the tube - getting a through ^{and} through flow of air is one method; another is to rest the free end of the tube into water and look for bubbles of air, *indicating that the tube is in the trachea.*
8. Introduce the tube slowly through one nostril. If the patient is awake the act of swallowing will naturally aid in forcing the tube into the stomach.
9. If the ~~two~~ bottle suction system is to be used, the suction system should be closed while the Wangenstein tube is united with the system.
10. The pet-cock to the tube leading into the refuse bottle should be opened first, after which the pet-cock to the Levine tube is opened.
11. Care ^{should be taken to insure} ~~in the~~ patency of the tube ~~should be taken~~. If the tube is not functioning, it is probably plugged. The introduction of a little water (via a syringe) or air ~~pumped in~~ (via syringe) will in most instances flush the tube.
12. Changing of the tube from one nostril to the other (after several days) is important to avoid injury to the mucous membrane of the nose.

13. It is important also, to make sure the tube is in the mid line of the ^{pharynx}~~pharynx~~,
and not pushed to one side.

14. Small amounts of water may be given ^{the} while Levine tube is in place, by mouth,
[not to exceed 1000 CC in 24 hours.]

15. Levine tube to be kept in place until peristaltic sounds ^{are}~~as~~ heard; or better
still, until patient has passed gas per rectum.