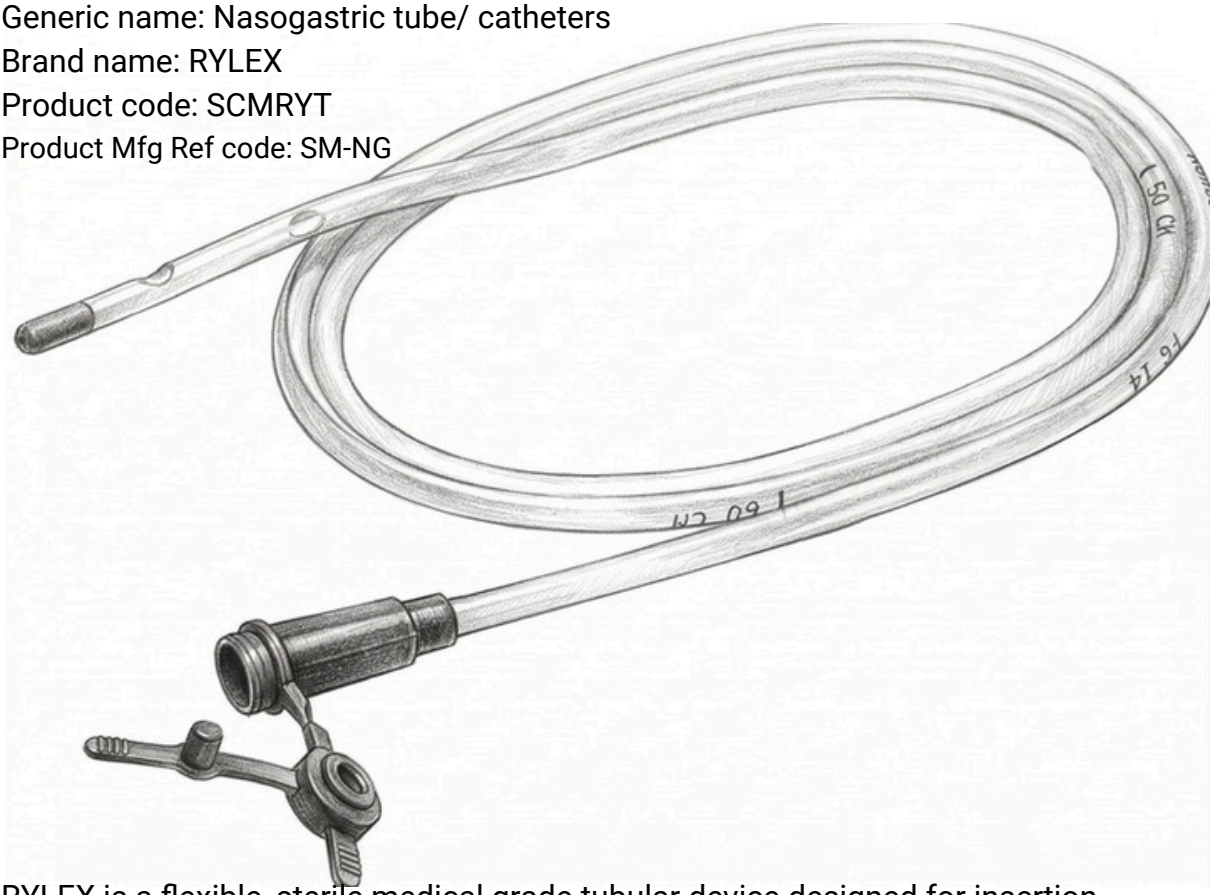
RYLEX(™)

Generic name: Nasogastric tube/ catheters
Brand name: RYLEX
Product code: SCMRYT
Product Mfg Ref code: SM-NG



RYLEX is a flexible, sterile medical grade tubular device designed for insertion through the nasal passage into the stomach. It is primarily used for enteral feeding, gastric decompression, aspiration of stomach contents and administration of medication in patients who are unable to take food orally.

Primary Uses

RYLEX is versatile, serving both therapeutic and diagnostic functions:

- Enteral Feeding: Delivering liquid nutrition directly to the stomach for patients unable to swallow (e.g., due to stroke, coma, or surgery).
- Medication Administration: Administering liquid or crushed medicines to patients who cannot take them orally.
- Gastric Decompression: Removing excess gas, fluids, or toxins to relieve pressure in cases of bowel obstruction or poisoning.
- Diagnostic Sampling: Extracting stomach contents (aspirate) for laboratory analysis or checking for internal bleeding.

Design features:

- Material: RYLEX is typically made of medical-grade PVC (short-term, up to 2 weeks), polyurethane, or silicone (medium-term, up to 6 weeks).

- Radiopaque Line: An X-ray visible strip running the full length of RYLEX to confirm correct placement in the stomach rather than the lungs.
- Markings: Graduated depth markers (often at 50, 60, and 70 cm) to gauge insertion distance.
- Distal Tip: Rounded containing corrosion-resistant balls (to assist passage) and lateral "eyes" (openings) for efficient drainage or feeding.
- Color-Coded Connectors: Funnel ends are color-coded based on the French (Fr) size, helping quickly identify the correct diameter.

Dimensions and sizes of RYLEX:

- Size range in French Gauge- FG
- Available sizes 6Fr to 18Fr

Size (Fr)	OD	Colour code
8	2.7mm	Blue
10	2.0mm	Black
12	4.0mm	White
14	4.7mm	Green
16	5.3mm	Orange
18	6.0mm	Red
20	6.6mm	Yellow

Instructions for use

Inserting RYLEX is a clinical procedure that should only be performed by trained healthcare professionals.The process involves measuring the required length, guiding the tube throughthe nasal passage, and confirming safe placement in the stomach to avoid "NeverEvents" like feeding into the lungs.

Preparation & Measurement

- Positioning: Place the patient in a high Fowler's position (sitting upright at 45–90°) with their head in a neutral "sniffing" position.
- Patency Check: Ask the patient to block one nostril and breathe through the other to identify the clearest (most patent) side for insertion.
- The NEX Method: To determine the correct insertion depth, measure the distance from the Nose to the Earlobe, then down to the Xiphoid process (the bottom of the breastbone).
    - *Tip:* Add an extra 5–10 cm to ensure the tip reaches deep into the stomach.
- Mark the Tube: Use a permanent marker or a piece of tape to mark this total length on the tube.

Clinical Administration

Theinsertionis a delicate process that requires tactile feedback and clinical judgment.

- Lubricate the Tube: Using water-soluble lubricant to minimize trauma to the nasal mucosa.
- Coordinate with Swallowing: Advancing the tube specifically as the patient swallows to help guide it into the esophagus rather than the trachea (windpipe).
- Monitor Vitals: Checking for signs of respiratory distress, such as coughing or cyanosis, which indicate the tube has entered the airway.

Verification of Placement (Safety Standards)

Verificationis themost critical step to prevent "Never Events." Clinical guidelines mandate confirming the tube is in the stomach before any fluids or medications are administered:

- pH Testing (The Gold Standard):
  - Attach a syringe and gently pull back to get a small amount of stomach fluid (aspirate).
  - Drip the fluid onto a pH indicator strip.
  - Safe Zone: The pH should be between 1 and 5.5. If it is above 5.5, the tube might be in the lungs or esophagus; do not use it and call your healthcare provider.
- Radiography (X-Ray): This is used for confirmation, especially in high-risk patients or when pH testing is inconclusive.

Risks and Contraindications

Attempting thisprocedurewithout medical training or in certain physical conditions can lead to severe complications. It is generally contraindicated in cases of:

- Maxillofacial or Basal Skull Fractures: Where there is a risk of the tube entering the cranial cavity.
- Esophageal Varices or Recent Surgery: Where the tube could cause internal bleeding or perforation.
- Airway Misplacement: Which can lead to aspiration pneumonia or lung collapse if not immediately identified.

Essential Safety Checks

Neverstarta feed or givemedicine without verifying the tube's position.

- Check the Mark: Ensure the permanent marker line made at insertion is still visible exactly at the nostril. If it has moved, the tube may be dislodged.

Feeding & Medication Procedure

- Positioning: The patient must be sitting upright at a 30–45 degree angle during the feed and for at least 30–60 minutes afterward to prevent choking or reflux.
- Flushing: Always flush the tube with 30mL of warm water (use cooled, boiled water for infants) before and after every feed or medication to prevent clogs.
- Meds: Use liquid forms if possible. If using tablets, crush them into a fine powder and dissolve in water. Never mix medications with the feeding formula.

Daily Maintenance & Hygiene

- Nose Care:Clean the nostril daily with a soft cloth and warm water. Change the adhesive tape if it becomes loose or dirty, making sure the tube isn't pulling tightly against the skin.
- Oral Hygiene: Since the patient isn't eating by mouth, the mouth can become dry and prone to infection. Brush teeth twice daily and use oral swabs or mouthwash every 8 hours.
- Tube Life:
    - ◯ PVC Tubes: Replace every 15 days.
    - ◯ Silicone/Polyurethane Tubes: Can stay for 4–6 weeks.

When to Call a Doctor Immediately

Stopallfeeds andseekmedicalhelp if the patient experiences:

- Sudden, continuous coughing or gasping.
- ● Difficulty breathing or a bluish tinge around the lips.
- ● Frequent vomiting or severe abdominal bloating.
- ● Red, brown, or black fluid coming out of the tube.