

Clinical Guidance

Paediatric Critical Care: Securing of Endotracheal Tubes (ETT)

Summary

This guideline is for the use of staff to provide an approved method of safely securing nasal and oral endotracheal tubes in babies and children to minimise the risk of unplanned extubation and pressure ulcers.

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Related documents	
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Relevant external law, regulation, standards	
<p>This clinical guideline has been produced by the South Thames Retrieval Service (STRS) at Evelina London for nurses, doctors and ambulance staff to refer to in the emergency care of critically ill children.</p> <p>This guideline represents the views of STRS and was produced after careful consideration of available evidence in conjunction with clinical expertise and experience. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient.</p>	

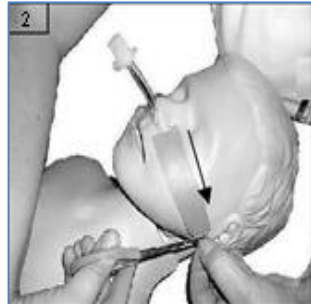
Change History		
Date	Change details, since approval	Approved by

Securing of Endotracheal Tubes (ETT)

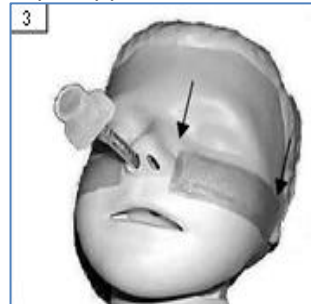
Pictures of nasal ETT are shown, but same principle applies to oral ETT



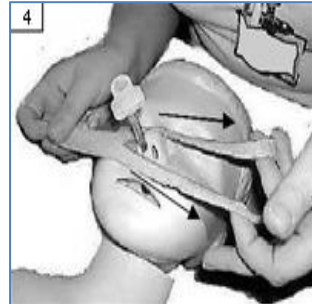
1. Assemble correct equipment (use 1 inch Elastoplast and cut to size)



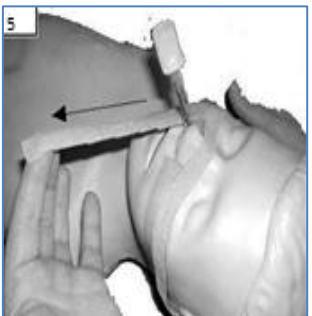
2. Apply Cavilon to the nares/cheeks. Cut two strips of Duoderm



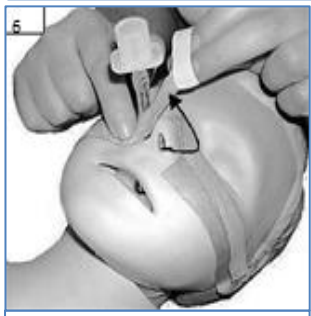
3. Apply Duoderm from the edge of the nose or mouth to the ear. Check ETT length is correct



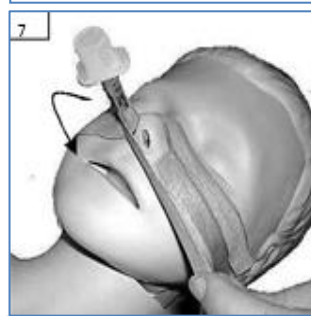
4. Align the first strip of Elastoplast over Duoderm on the side of the face closest to the ETT



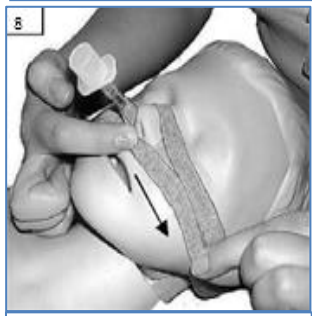
5. Apply the upper trouser leg across the nasal bridge (top lip if oral) & onto the other side of face



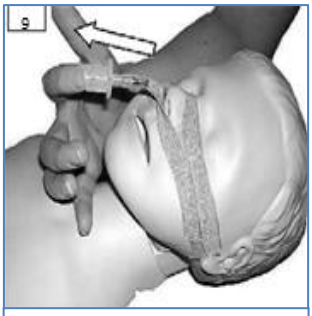
6. Strap the lower trouser leg **under and around** the ETT ensuring the ETT is in good position



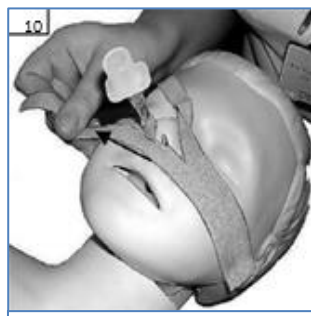
7. Place the remaining piece of tape along the full length of Duoderm strip



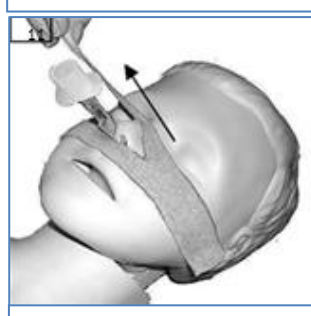
8. The ETT should now be secured in position. For nasal intubations ensure the opening of the other nostril is visible



9. The ETT should point **downwards and away** from the nasal rim/top lip to prevent pressure sores



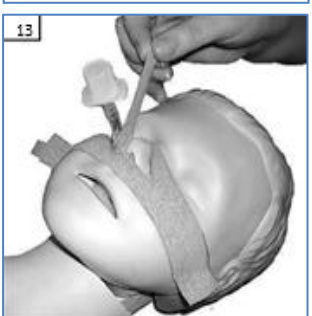
10. Apply 2nd piece of tape from opposite side, the lower trouser leg should stick along upper lip for nasal intubations and bottom lip for oral intubations **below** the ETT



11. The upper trouser leg should pass up onto the nasal bridge (upper lip if oral) **above** the ETT



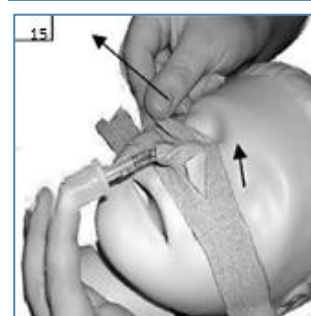
12. Wrap this leg of tape **1.5 times** around the ETT.



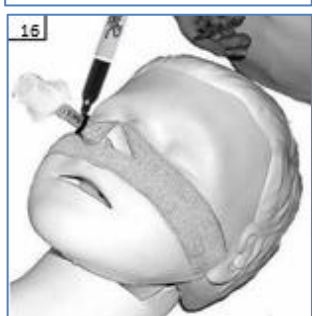
13. Ensure there is no pressure on the nose or lips (whiteness) and the ETT points down



14. For nasal intubations the tape should be stuck to the nasal septum and onto the bridge of the nose before being secured to the cheek



15. The ETT should be secured from both directions (left and right side of face)

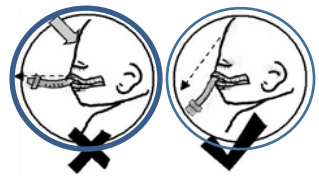


16. Carefully trim ends of tape at both ears. With permanent ink pen, mark on ETT level of tapes for reference point if tube slips. Document length at nose/lip

1. An airway competent practitioner and two nurses are required to strap a tube securely
2. Discuss sedation/muscle relaxant with the medical team
3. Inform nurse in charge prior to the procedure
4. Ensure emergency equipment is available (e.g. intubation trolley)

PREVENT NASAL PRESSURE SORES

Ensure the ETT points downwards at all times to prevent pressure of the ETT at the angle of the nostril



ORAL TUBES WILL ALWAYS BE LESS SECURE THAN NASAL