Securing Endotracheal Tube in Neonatal/Pediatric Areas

Purpose

To assure security of endotracheal tube (ETT) for ventilation.

Scope

- All endotracheal tubes in Pediatric/Neonatal intubated patients will be secured by the use of tape in the form of an H and a Y secured to the upper lip with use of mastisol or use of a properly sized ETT holder.
- Endotracheal tubes should be checked each round to assure they are secure and retaped when needed.
- Retaping should be done with all equipment necessary for reintubation and the presence of personnel in the unit capable of intubation if required.
- Repositioning tubes requires only the tape on the tube be removed while the position of the tube is changed and then tape reattached. If the tape is not secure at the lip this opportunity should be used to do a complete retaping.
- Documentation of position of tape on tube at lip, date, time, and ET size should be done in EPIC (as part of LDA documentation).

Accountability/Training

- The policy applies to all Respiratory Care Service personnel functioning as therapists in the Neonatal/ Pediatric areas.
- Satisfactory completion of hands on taping while being observed by a Respiratory Care Practitioner in the units.

Equipment

- Mastisol
- Tape or ETT holder

Procedure

Step	Action
1	Wash hands
2	Gather equipment
3	Have another qualified staff member hold the ET tube in place while you are taping.
4	Clean the surface of the face where tape will be placed.

Procedure

Step	Action
5	Prepare an H and Y of the appropriate size for the infant out of white adhesive tape or use an appropriately sized ETT holder.
6	Apply mastisol to the appropriate surface area and allow it to dry until sticky to touch.
7	Apply the adhesive tape H to the upper lip and to the ET tube in an upward fashion to adhere the tape to the tube.
8 A	Apply the Y to the upper lip on top of the H and adhere it to the ET tube in the same upward fashion.
8 B	Apply the ETT holder with adhesive tabs as far back towards the ears as possible with the endotracheal tube positioned under the holder. Use ONLY pink Hytape to secure the tube to the bar(NeoBar)
9	Documentation of position of tape on tube at lip, date, time, and ET size on the airway card and in EPIC (as part of LDA documentation).

Corresponding Policies

RCS Policy and Procedure, Pediatric/Neonatal Intubation, # 7.3.44.

RCS Policy and Procedure, Care of Endotracheal/Nasotracheal/ Tracheostomy Tubes, # 7.3.47

Infection Control

Follow procedures outlined in Healthcare Epidemiology Policies and Procedures #2.24; Respiratory Care Services.
http://www.utmb.edu/policy/hcepidem/search/02-24.pdf

References

AARC Clinical Practice Guidelines; Management of Airway Emergencies Respiratory Care; 1995; 40:749-760

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Roberts WA, Maniscalco WM, Cohen AR, et al. The Use of Capnography for Recognition of Esophageal Intubation in the Neonatal Intensive Care Unit. Pediatric Pulmonology 1995; 19:262-8.