



HEALTH HOLDING

HAFER ALBATIN HEALTH  
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CHILDREN HOSPITAL

<b>Department:</b>	Neonatal Intensive Care Unit (NICU)		
<b>Document:</b>	Multidisciplinary Policy and Procedure		
<b>Title:</b>	Care of Endotracheal Tube for Neonate		
<b>Applies To:</b>	All NICU Staff and Respiratory Therapists		
<b>Preparation Date:</b>	January 05, 2025	<b>Index No:</b>	NICU-MPP-012
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## 1. PURPOSE:

- 1.1 To standardize the care of Endotracheal/ Nasotracheal tubes.
- 1.2 Maintain patency of artificial airways.
- 1.3 Decrease potential trauma to the trachea, prevent aspiration of secretions, and provide general guidelines and procedures for airway care.

## 2. DEFINITION:

- 2.1 Endotracheal tube care consists of ensuring a patent (open and unblocked) airway, suctioning pulmonary and oral secretions, and providing frequent oral and/or nasal care.

## 3. POLICY:

- 3.1 There must be written order for intubation and ventilator care.
- 3.2 The assigned staff is responsible for maintaining and keeping the ETT in place.
- 3.3 Ensure all equipment is in working order before beginning procedure.

## 4. PROCEDURE:

- 4.1 Maintain sterile technique. Do hand washing.
- 4.2 Have manual resuscitator and mask at bedside. Have supplies (ETT, laryngoscope and blade, plaster to secure) ready.
- 4.3 Suction the endotracheal tube and oral cavity. Before changing endotracheal tube position, oral suctioning should be performed.
- 4.4 Secure endotracheal tube and airway. Firmly secure in place. Use the upper lip to anchor the tape. Do not tape over the bridge of the nose if nasal endotracheal tube is in place.
- 4.5 Check position of endotracheal tube. Auscultate the lungs to ensure bilateral breath sounds.
- 4.6 Place ventilator circuit / humidity tubing in dependent position in order to drain condensation away from patient. Caution with patient repositioning to avoid instillation of condensation into ETT. Avoid disconnection of ETT from ventilator circuit to prevent alveolar de-recruitment.
- 4.6 Document the procedure. Note condition of mouth and skin around nares; characteristics of secretions, placement of the tube and how patient tolerated procedure.

## 5. MATERIAL AND EQUIPMENT:

- 5.1 ETT Plaster
- 5.2 Suction Catheter
- 5.3 Suction Machine
- 5.4 Normal Saline
- 5.5 Pulse Oximeter

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse
- 6.3 Respiratory Therapist

## 7. APPENDICES:

N/A

## 8. REFERENCES:

- 8.1 AARC Clinical Practice Guidelines, Endotracheal Suctioning of Mechanically Ventilated Adults and Children with Artificial Airways; Respiratory Care, 1993; 38:500-504
- 8.2 Da Silva, P.S., Fonseca, M.C. (2012). Unplanned endotracheal extubations in the intensive care unit: Systematic review, critical appraisal, and evidence-based recommendations. Anesth Analogy. 114(5):1003-14
- 8.3 Scanlan CL, Simmons K; Airway management. In: Scanlan CL, Wilkins RL, Stoller JK, Eds. In: Egan's Fundamentals of Respiratory Care, Eighth Edition, Mosby; June 2, 2003

## 9. APPROVALS:

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