



# ETT Care in Critical Care



**Aim:** To provide guidance on the nursing care of an endotracheal tube in Critical Care

**Scope:** All adult patients in Critical Care with an endotracheal tube

### Each shift assess and document:

- ETT security
- ETT length at lips
- ETT size/type
- Type, amount and consistency and colour of secretions
- Closed suction: check change date
- Subglottic aspirate
- Cuff pressure 4 hourly
- Skin integrity of mouth/lips

### Consider

- Use of subglottic ETT
- Humidification
- Daily sedation hold
- Skin integrity
- Safe cuff pressure
- Access to oral cavity
- ETT securement options<sup>2</sup>
- Suction options
- PPE for AGP's and IPC procedures

## STANDARD ENDOTRACHEAL TUBE CARE

1	Ensure adequate oxygen and humidification is delivered as per plan of care.
2	Perform suction as often as clinically indicated and aspirate subglottic port, if available, as a minimum 4 hourly.
3	Maintain cuff pressure between 20 – 30mmHg using automated constant cuff pressure device or with manometer, checking at least 4 hourly <sup>1,3</sup> .
4	Perform oral care as a minimum 4 hourly <sup>1</sup>
5	Reposition ETT as a minimum 4 hourly, monitoring skin integrity and ensuring ETT security device is appropriate for the patient <sup>4</sup> .
6	Consider daily sedation hold with MDT

### Rehabilitation

- Regular physiotherapy
- Refer to local weaning plans
- Consider tracheostomy with MDT if appropriate

### SAFETY FIRST

- Know your patients 'Grade of Intubation'
- Continuous capnography<sup>5</sup>
- Availability of Bag Valve Mask/Emergency Intubation Equipment
- Availability of working suction
- At Risk Procedures: Sedation Hold, Oral Care, Patient turns

### Risk of Displacement

Please see your units full guidelines for more information

(V3 2024)

<b>References</b>	
1	Department of Health (2011) High Impact Intervention Care bundle to reduce ventilation-association pneumonia. HCAI High Impact Interventions
2	Critical Care Advisory Group (Hollister Ltd) (2009). Best Practice Guidance: For the stabilisation of Endotracheal Tubes in Adult Critical Care Patients
3	Lorente, L., Lecuona, M., Jiménez, A., Mora, M. L. and Sierra, A. (2007) Influence of an endotracheal tube with polyurethane cuff and subglottic secretion drainage on pneumonia. American Journal of Respiratory and Critical Care Medicine. 176(11), pp.1079-1083 cited in Mallett, J. Albarran, J. & Richardson A. (Eds) (2013) Critical Care Manual of Clinical Procedures and Comprtencies. Chapter 5. Wiley Blackwell.
4	NICE (2014) Pressure ulcers: prevention and management. Clinical Guidance CG179
5	The Royal College of Anaesthetists and The Difficult Airway Society (2011) NAP4 : Major complications of airway management in the United Kingdom