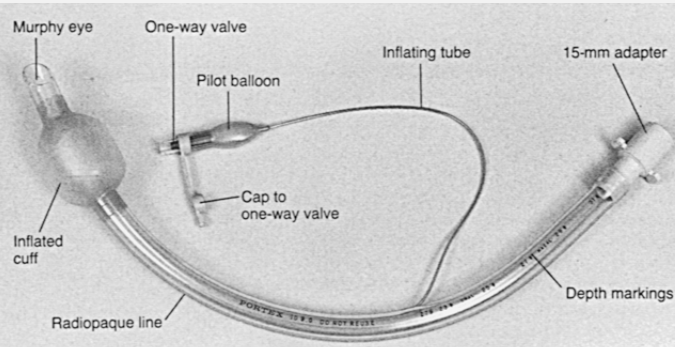


Quick Look Procedure Resource for NON-CRITICAL CARE staff

Management of a patient with an Endotracheal tube (ETT)

Pilot balloon facilitates inflation of the cuff



15mm adapter connects to bag/valve/ mask or catheter mount on ventilator tubing

Depth markings also referred to as length markings

WHEN TO PERFORM

1. Safety checks: start of each shift and BEFORE & AFTER repositioning
2. Ongoing: preventing ETT dislodgement
3. Ongoing: monitor O₂ saturation, secretion presence, ventilator alarms

HOW TO PERFORM

1. Safety checks

- ETT SECURE i.e. ties/Anchorfast must not be loose
- Document depth markings at lips – ETT should not move further IN or OUT
- Document ETT size
- Bag/valve/mask & suction available/working

2. Preventing ETT dislodgement

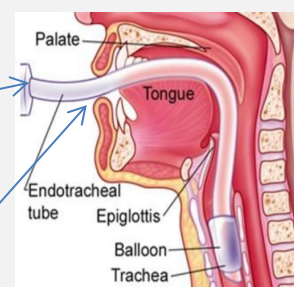
- Ensure ETT is held secure during ALL turning/repositioning
- Patients pull ETT so assess sedation level/consider restraints

3. Monitoring

- Decreasing SpO₂ may indicate secretions or ETT dislodgement
- Lightening sedation increases risk of patient pulling ETT
- Ventilating alarms may indicate secretions or ETT dislodgement

ETT cut length

ETT length tied / lips length



KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

1. ETT position changed (length markings are different) OR can hear gurgling as patient breathes OR vocalisation: **CALL FOR HELP**
2. Patient reaches for ETT or bite ETT with less sedation: **CALL FOR HELP, prevent patient reaching tube and orientate patient**
3. Unplanned removal of ETT: **CALL FOR HELP AND GIVE OXYGEN** via bag & mask
4. Monitoring: rapidly dropping SpO₂, ventilator alarms: **CALL FOR HELP**