Quick Look Procedure Resource for NON–CRITICAL CARE staff

Management of a patient with an Endotracheal tube (ETT)

**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

**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