Quick Look Procedure Resource for NON–CRITICAL CARE staff

Safe positioning with an advanced airway

**WHEN TO PERFORM**
Aim for 4 hourly patient repositioning (more if resources available). Staff performing repositioning need to know airway type in situ, endotracheal tube (ETT) insertion depth at lips, and to check airway is secure (Anchorfast, ET tapes, trach collar).

**HOW TO PERFORM**

1. **ET Tube**
   - Check insertion depth at lip level
   - Check is secure
   - One staff member must hold ETT

2. **Trach Tube**
   - Check is secure
   - One staff member must hold trach

   ![Diagram](image)

   - Alert ICU nurse if patient has difficult airway with specific plan
   - Explain reposition plan to repositioning team
   - Inform the patient
   - Proceed
   - Once reposition is complete, ensure breathing looks 'normal'
   - ETT insertion depth at lip level is same

2. **Once repositioned**
   - Ensure patient is not lying on lines / monitoring equipment / devices
   - Ensure patient is not lying on arm/hands and head is well supported
   - Ventilator tubing is not pulling the tube and is well supported
   - Raise the head of the bed to 30° and check height of arterial/central line transducers

**KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP**
1. Endotracheal tube position moved/unsure: CALL FOR HELP
2. Patient observations change significantly: CALL FOR HELP
3. ETT/tracheostomy tube dislodged: CALL FOR HELP and USE BAG/MASK VENTILATION