



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
- 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.
4	Perform oral care as a minimum 4 hourly
5	Reposition ETT as a minimum 4 hourly, monitoring skin integrity and ensuring ETT security device is appropriate for the patient.
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
- 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

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