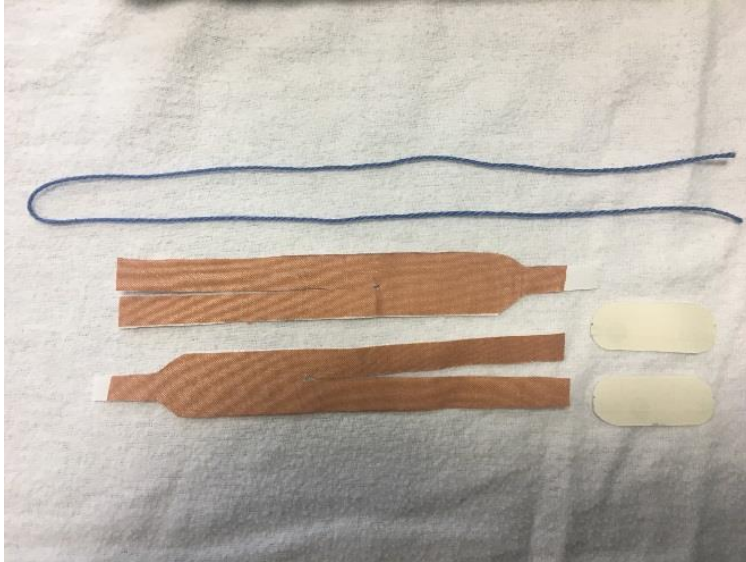


Securing a Nasal Endotracheal Tube



Example of the 'trouser leg' Leucoplast[®] tapes required for securing a nasal endotracheal tube. The length of the uncut section should be no longer than the distance between the edge of the infant's nose and the infant's ear lobe.

DuoDERM[®] is applied on both sides of the face (on either side of the nose) to protect the skin. This is especially important in the pre-term infant.





A tie is used to provide extra anchorage and security. Tie a knot over the numerical marker on the tube where you have determined the tube should sit (e.g. 9 cm at the lips). Ensure that the tie is long enough so the string ends can be captured by the tapes for additional stability and that the knot is positioned away from the nare to prevent trauma.

On the opposite side to the intubated nare, apply the first piece of tape, as closely to the nare as possible. The bottom 'trouser leg' goes straight under the nares, ensuring that the string is tightly captured underneath. The top 'trouser leg' goes over the bridge of the nose and is then wound around the endotracheal tube, firmly securing it.

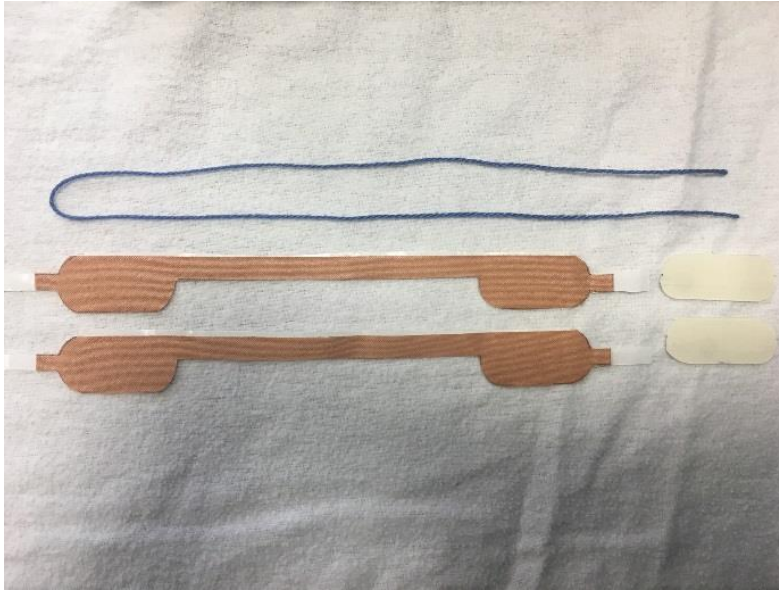




The second tape is applied to the opposite side: (i.e. nearest to the nare with the endotracheal tube insitu) and the process is then reversed. The bottom 'trouser leg' is wrapped around the ETT and the top 'trouser leg' goes straight over the bridge of the nose, capturing the previous tape. This will provide the most secure strapping and assist in preventing pressure injuries by keeping the endotracheal tube away from the upper edge of the nare.

The endotracheal tube is now secured.

Securing an Oral Endotracheal Tube



Example of the Leucoplast[®] tapes required for securing an oral endotracheal tube. The length of the cut out thin section should be approximately twice the width of the infant's mouth. The end sections should be no longer than the distance between the edge of the infant's mouth and the infant's ear.

DuoDERM[®] is applied on both sides of the face (on either side of the mouth) to protect the skin. This is especially important in the pre-term infant.





A tie is used to provide extra anchorage and security. Tie a knot over the numerical marker on the tube where you have determined the tube should sit (e.g. 9 cm at the lips). The knot should be facing upwards to aid the position of the strings when strapping. Ensure that the tie is long enough so the string ends can be captured by the tapes for additional stability.

Start applying the first tape by placing the edge of the wide section as closely as possible to the corner of the mouth. Catch the knot within the first passing of the tape, and continue to wind the tape several times around the endotracheal tube. Capture the tie within the tape along the upper lip before securing on the opposite side.



The second tape is applied to the opposite side, and the process is then reversed.

The endotracheal tube is now secured.

