



Clinical Practice Procedures: Airway management/Oral endotracheal tube securing

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Date	April, 2016
Purpose	To ensure a consistent procedural approach to oral endotracheal tube securing.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Author	Clinical Quality & Patient Safety Unit, QAS
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Oral endotracheal tube securing

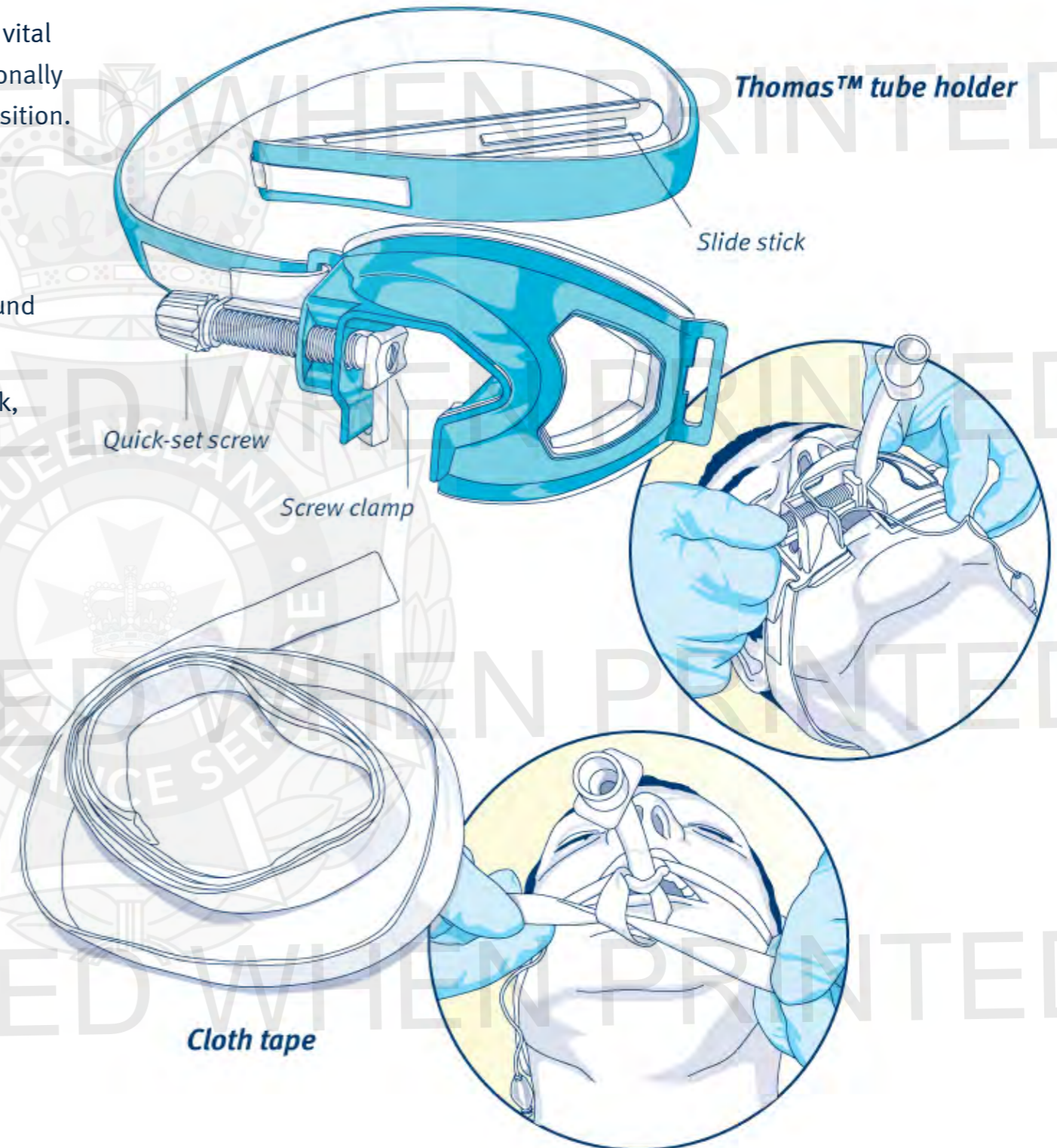
April, 2016

The safe and appropriate securing of an **oral endotracheal tube (ETT)** is vital for the ongoing patency and protection of the patient's airway. It additionally prevents the migration of the ETT to an unsafe or potentially harmful position.

The QAS currently supplies the following two (2) oral endotracheal securing aids:

Cloth tape: allows the airway clinician to secure the ETT at a designated position by securing at a designated depth with cloth tape knotted around the ETT and patient's neck.

Thomas™ Tube Holder^[1] (adult & paediatric): designed with a bite block, head straps and quick-set screw to securely hold the ETT. Allows the oropharynx to be easily suctioned without the need to remove the tube holder.



Indications

- Securing of an oral ETT

Contraindications

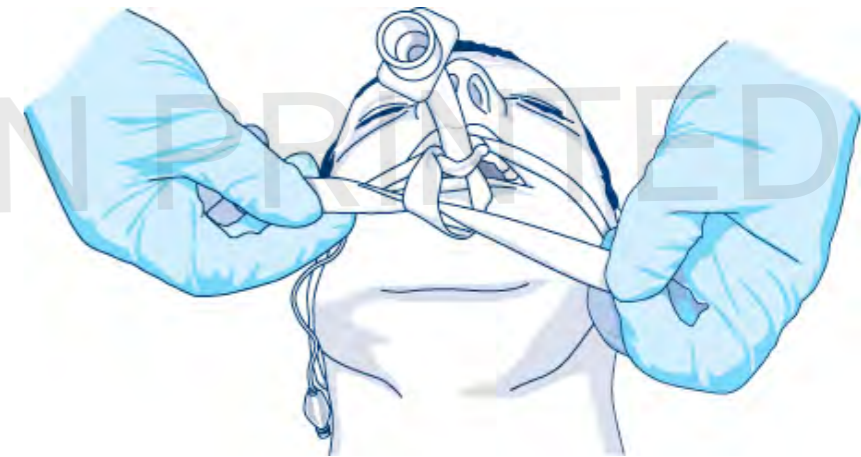
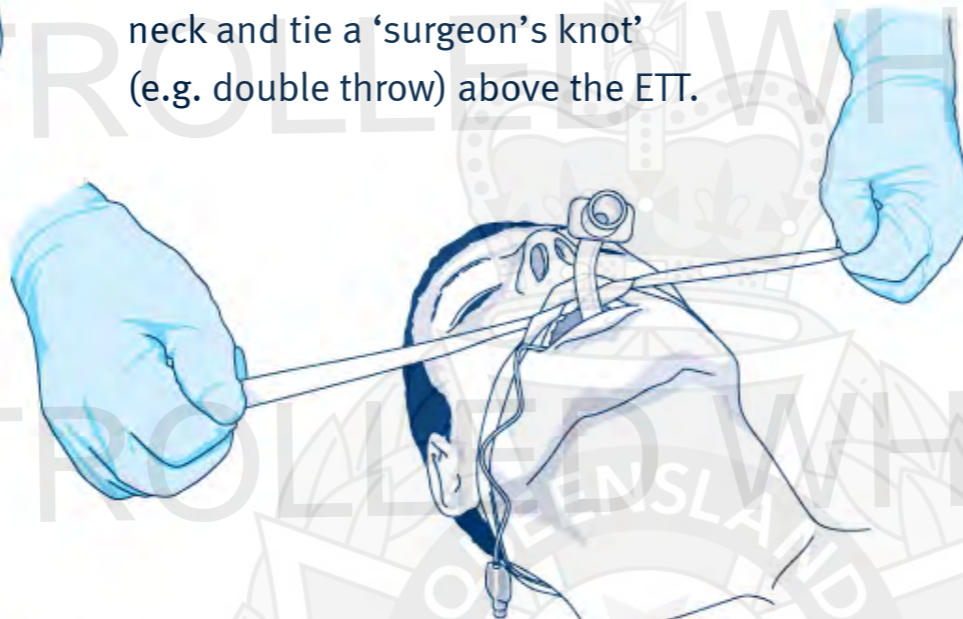
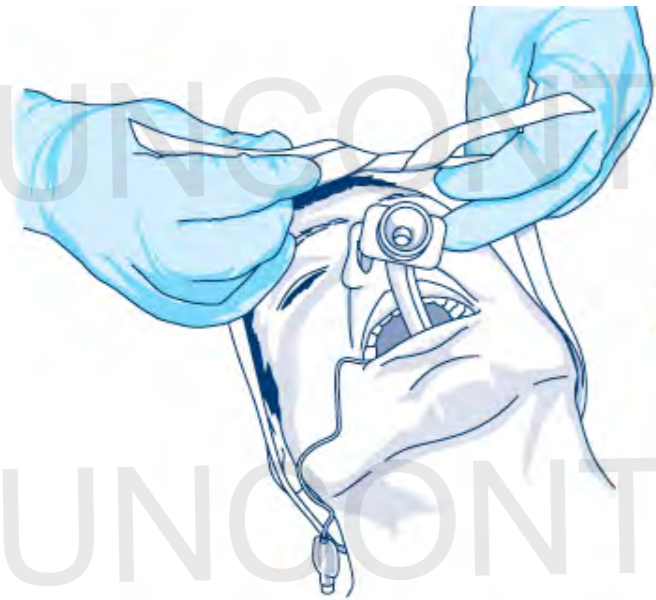
- Nil

Complications

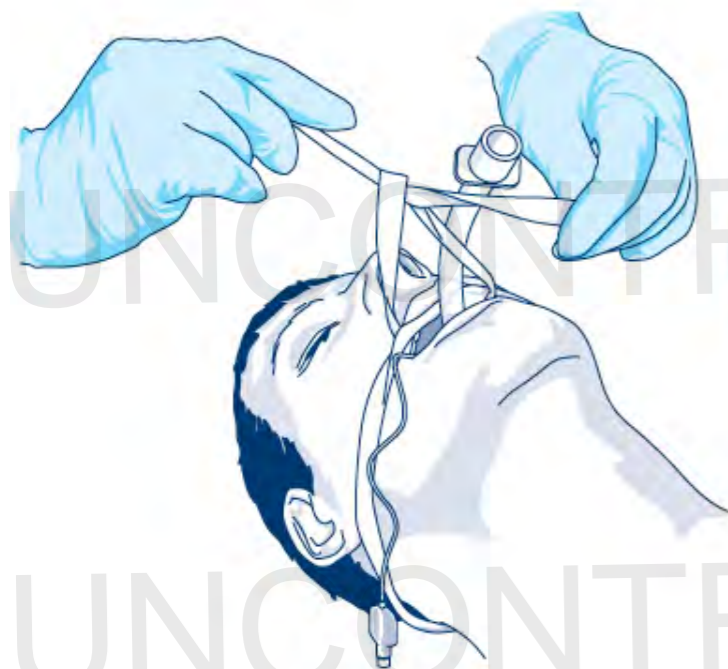
- Venous obstruction

Cloth tape (one suitable method)

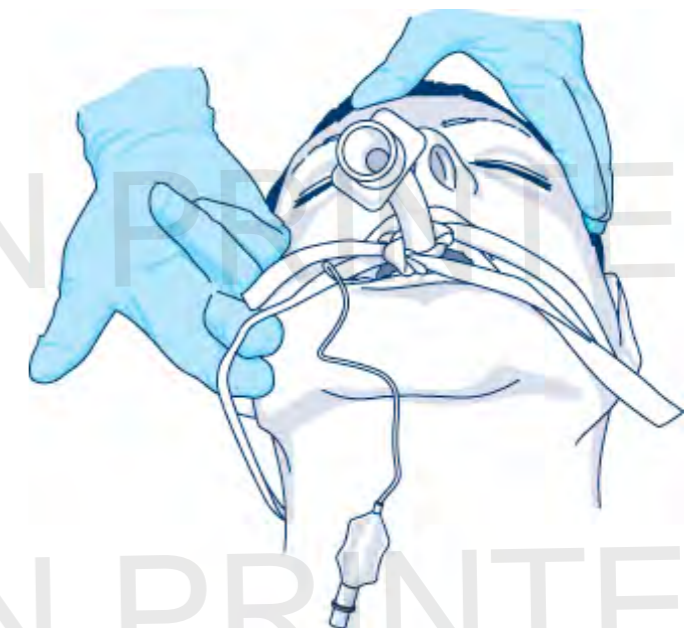
1. Pass the cloth tape under the patients neck and tie a 'surgeon's knot' (e.g. double throw) above the ETT.



3. Finalise the knot by completing a single locking throw.

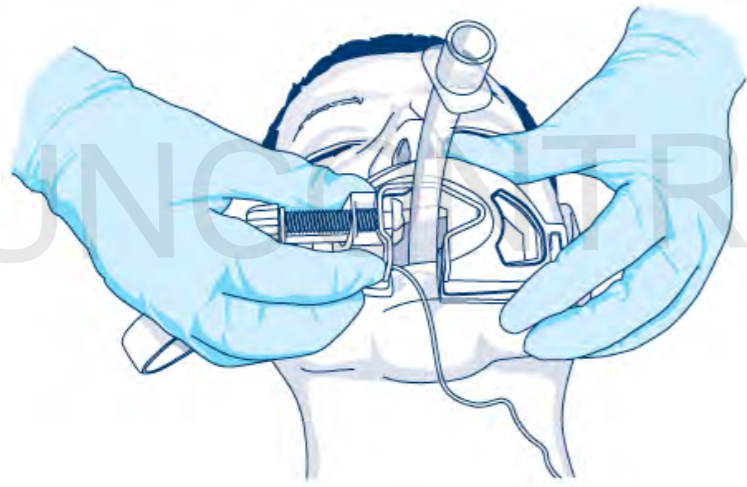


2. Tie a firm reef knot tightly around the ETT.

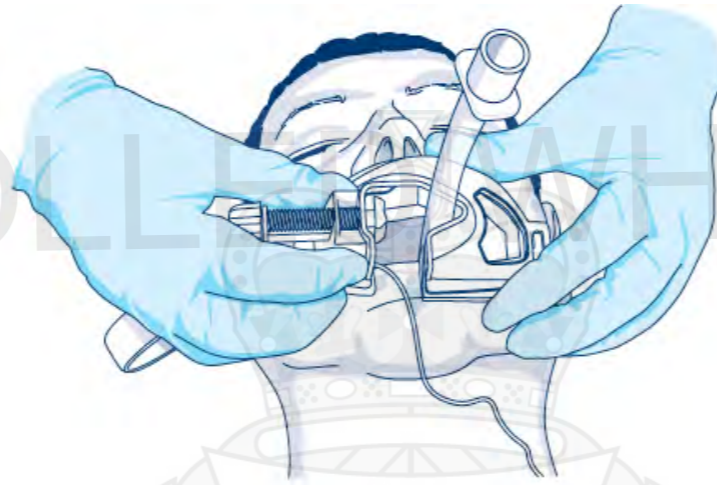


4. Ensure two fingers are able to be inserted under the cloth tape.

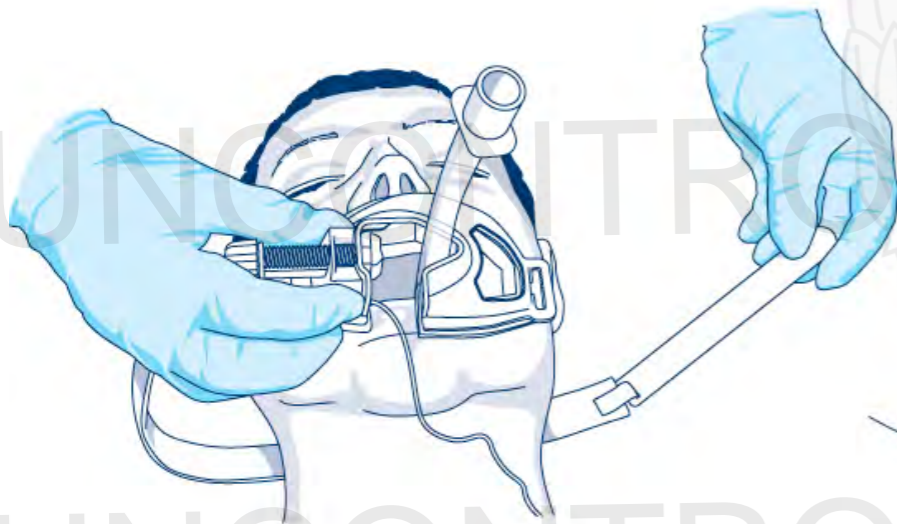
Thomas™ tube holder



1. While ETT is manually secured move the holder over the ETT with the mouthpiece aperture facing the patients feet.



2. Slide the ETT into the V-wedge and gently advance the bite block into the patients mouth ensuring the lips are not caught between the bite block and the teeth.

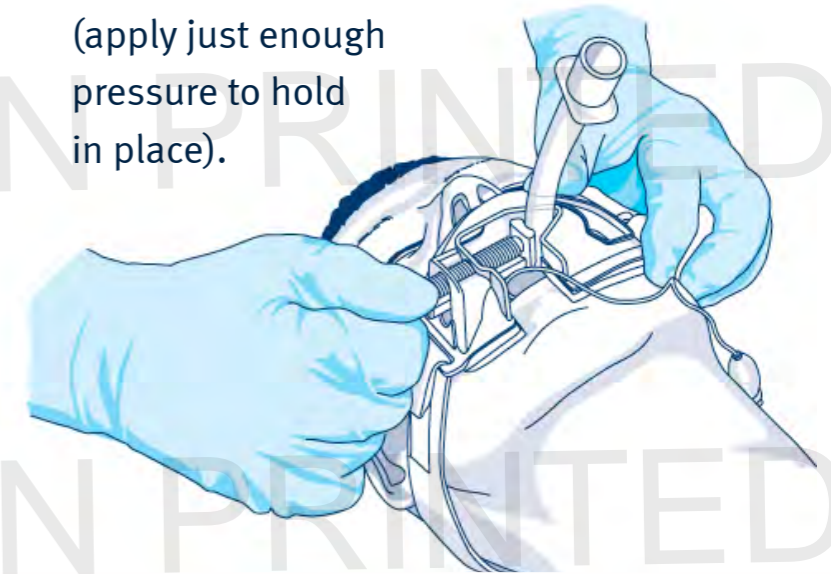


3. Run the slide stick under the patient's neck and then through the eyelet on the other side of the holder.



4. Remove the slide stick and secure the fastening strap.

5. Tighten the screw clamp securely against the ETT (apply just enough pressure to hold in place).



+ Additional information

- Several ETT cloth tape securing techniques exist, the above information outlines one of many suitable techniques.
- Securing an ETT is a two (2) person technique, at no stage should an ETT be left unsecured.
- Once the ETT is secured, correct placement must be confirmed.
- In the pre-hospital environment vigilance is essential to ensure the ETT remains properly located.