# Clinical Practice Procedures: Assessment/Endotracheal tube cuff manometer

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<tr>
<th>Date</th>
<th>February, 2015</th>
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<tr>
<td><strong>Purpose</strong></td>
<td>To ensure a consistent procedural approach to the Endotracheal tube cuff manometer.</td>
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<td><strong>Scope</strong></td>
<td>Applies to all QAS clinical staff.</td>
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<td><strong>Review date</strong></td>
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The **PYLANT Manometer** is a disposable, single patient use endotracheal tube (ETT) cuff manometer.[1] ETT cuff manometers are used to indicate the pressure within the ETT cuff to prevent inadvertent over or under inflation of the ETT cuff.[2,3]

### Indications
- ETT cuff pressure monitoring

### Contraindications
- Nil in this setting

### Complications
- Nil in this setting
Procedure – Endotracheal tube cuff manometer

1. Remove from packaging.
2. Occlude monitor’s ETT connecting port with a finger.
3. Inject the monitor with an appropriate amount of air to achieve a pressure reading of 20–30 cmH2O.
4. Monitor the pressure reading. Ensure it maintains a constant pressure for approximately 3–5 seconds. If the pressure drops, replace the monitor and repeat the above steps.
5. Connect the monitor to the patient’s ETT inflation port (pilot balloon) to assess the ETT current cuff pressure.
6. If adjustment is required, place a syringe onto the monitor and carefully inject or withdraw the volume of air necessary to achieve the desired cuff pressure.
7. Once the desired ETT cuff pressure is achieved the monitor assembly can be gently removed from the ETT inflation port.

Additional information

- Manometer testing should commence only after correct ETT placement has been confirmed by waveform EtCO2.
- The PYLANT manometer is only to be used with air-filled ETT cuffs.
- Should the indicator needle not move when inflating the ETT cuff or becomes unattached from the membrane, discard the monitor immediately.
- The QAS recommends the following ETT cuff pressures:\[4\]:
  - **Adult** – 25 cmH2O
  - **Paediatric** – no higher than 20 cmH2O