



Securing Nasal Endotracheal Tubes (ETT) CoMET Guideline

This guideline is for use by healthcare staff, at CoMET undertaking critical care retrieval, transport and stabilization of children, and young adults.

CoMET is a Paediatric Critical Care Transport service and is hosted by the University Hospitals of Leicester NHS trust working in partnership with the Nottingham University Hospitals NHS Trust.

This guidance supports decision making by individual healthcare professionals and to make decisions in the best interest of the individual patient.

This guideline represents the view of CoMET, and is produced to be used mainly by healthcare staff working for CoMET, although, professionals, working in similar field will find it useful for easy reference at the bedside.

We are grateful to the many existing paediatric critical care transport services, whose advice and current guidelines have been referred to for preparing this document. Thank You.

Executive Lead/ Medical Director:	Andrew Furlong (LRI, UHL – andrew.furlong@uhl-tr.nhs.uk)
Author:	Emma Lount – PICU Nurse, LRI Emma.lount@uhl-tr.nhs.uk Agata Holecova – Consultant, CoMET Agata.holecova@nhs.net
Guideline Lead:	Zoha Mohammad – Consultant, CoMET mohammad.zoha@uhl-tr.nhs.uk
Clinical Leads:-	Georgina Harlow – Head of Service, CoMET Georgina.harlow@nuh.nhs.uk Georgina.harlow@uhl-tr.nhs.uk
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Education and Training

1. Annual Transport team update training days
2. Workshops delivered in Regional Transport Study days/ Outreach

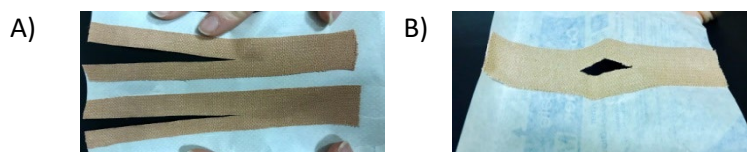
Monitoring Compliance




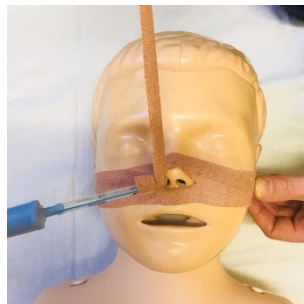
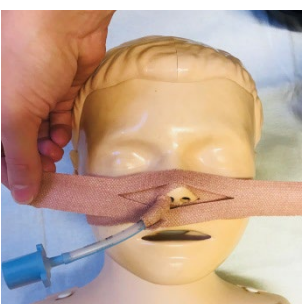

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Incident reporting	Review related Datix	Abi Hill – Lead Transport Nurse abi.hill@uhl-tr.nhs.uk	Monthly	CoMET Lead Governance Meeting
Documentation Compliance	Documentation Audit	Abi Hill – Lead Transport Nurse abi.hill@uhl-tr.nhs.uk	3 Monthly	CoMET Lead Governance Meeting

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The Melbourne strapping technique is a method of securing oral and nasal endotracheal tubes (ETT) to provide a safe fixation. This is a two person process at all times as small head movements can cause significant tracheal tube migration.

As shown below, prepare 3 pieces of Elastoplast. Cut two pieces into “trouser legs” (A) and one with a slit (B) – this piece is optional. Each piece of Elastoplast should be measured to fit the individual taking care not to cover their hair or ear lobes. Before securing, ensure the required tube length is visible and the nose, face and tube are dry and free from secretions.



 <p>1</p> <p>Starting on the opposite side of the ETT, apply the wide part of the first trouser leg to the cheek meeting the corner of the nose. The bottom of the “leg” goes under the nose on to the cheek, ensuring the top lip is visible.</p>	 <p>2</p> <p>The top trouser leg goes over the bridge of the nose and then is wound round the ETT, strapped in a spiral fashion 3- 4 rounds. Follow the skin creases while strapping for a good grip. Ensure there is a distance marking visible on the ET tube.</p>	 <p>3</p> <p>The end of the “leg” is folded back on its self for easier removal at a later stage.</p>
 <p>4</p> <p>With the second trouser leg start on the same side as the ETT and repeat the process in reverse. So this time the top leg goes over the nose and the bottom leg is wound around the tube.</p>	 <p>5</p> <p>It is optional to place the ETT through the “slit” tape securing the trouser leg tapes or apply a third trouser leg to the same side of the nose as the ETT.</p>	 <p>6</p> <p>If there is a nasogastric tube this should also be passed through the “slit” tape.</p>



Reference:

Securing a nasal endotracheal tube (April 2017). The Royal Children’s Hospital Melbourne.

https://www.rch.org.au/uploadedFiles/Main/Content/rchcpg/hospital_clinical_guideline_index/Secure%20ETT%20Nasal%20and%20Oral%20Illustrations_March2017.pdf

Version	Issue Date	Author(s)	Description
3	August 2023	Emma Lount (was Lawrence) Agata Holecova	Box 5; changed from an instruction to optional to “place tube through “slit tape””.