

Hospital: _____

Respiratory Care Services Policy and Procedure

Policy and Procedure:	Hybrid Pediatric Tape™ Protocol
Area: Respiratory Care Services	Performed by: Respiratory Care Practitioners

Policy Number:	Approved by:
	Date:

Current Effective Date	Approved by:
	Date:

Review Date	Approved by:
	Date:

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	Date:

POLICY

This policy assures the standardized use of **Hybrid Pediatric Tape** for securing the endotracheal tube in the Baby, Infant and Small Child.

PURPOSE

The purpose is to provide for an easily implemented protocol to be used by the Respiratory Care Practitioner with effective guidelines and consistent instruction for use and application of the **Hybrid Pediatric Tape** for securing the endotracheal tube.

DEFINITION

To ensure patient safety, the patient with a temporary, artificial translaryngeal airway should have the device secured at the earliest appropriate time.

SETTINGS

The endotracheal tube should be placed and secured in an environment in which the patient can be physiologically monitored and in which emergency equipment and appropriately trained health care providers with airway management skills are immediately available.

EQUIPMENT

B&B Hybrid Pediatric Tape (includes 2 each Hybrid Pediatric Tape, 2 each Skin Prep™ and hydrocolloid strips), Cleaning Swab for facial debris, Bandage Scissors, Skin and Oral Care Supplies, Suction setup with an appropriate size suction catheter and an oral suction attachment.

Skin Prep™ is a Trademark of Smith & Nephew.

PROCEDURE

A: Application Procedure/Preparation

1. Note endotracheal tube placement at either the nare or gum line and compare with existing charting as to proper depth. If this is a new endotracheal tube placement, auscultate to assure bilateral breath sounds and a proper reading using an ETCO₂ device is recommended. If possible, ascertain tube placement with an X-Ray prior to taping or view most recent X-Ray.
2. Clean the child's face to remove all secretions & moisture from the application areas. Application areas are between the nose & upper lip laterally along the cheeks of the face.
3. Clean the endotracheal tube from point of placement to its distal end to remove all moisture and secretions.
4. Wipe & clean both application areas on the face and the endotracheal tube. For best adhesion the skin and endotracheal tube should be dry.
5. Place the endotracheal tube in the appropriate position in the mouth. Positioning of the endotracheal tube is recommended to be changed in the mouth, from side to center to side every tape change or per hospital policy to prevent tissue erosion and facilitate oral care.

B: Action Steps/Application

1. Apply Skin Prep™ to both the facial skin and endotracheal tube application areas. The Skin Prep is optional and may be applied to clean and prep the skin area and the endotracheal tube. Fan dry for at least 20 seconds.
2. Peel the Hybrid Pediatric Tape from the enclosed card in the package (Figure 1). If possible, warm the tape prior to placement on the skin. Align the center of the Small Wings directly above the endotracheal tube (Figure 2). Apply the Hybrid Pediatric Tape to the upper lip area or desired, prepped area centered between the nose & the upper lip.
3. Secure the Hybrid Pediatric Tape by starting under the nose, gently pressing the Hybrid Tape to the upper lip and cheeks in an outward direction toward the ears. Apply gentle pressure with warm hands to the upper lip and cheeks to initiate adhesion. Once placing the tape on the child, be sure to hold the Tape in place for 30 to 60 seconds until the Tape adheres well. The warmth of the hand will increase the bond.
4. Check that the endotracheal tube is at the proper centimeter marking with the appropriate anatomical landmark.
5. Secure the endotracheal tube by wrapping the small wing in a spiral around the endotracheal tube (Figure 3). The small wing may be trimmed if desired. Make a small tab on the long wing to ease removal (Figure 4).
6. Wrap the longer wing around the endotracheal tube in the opposite direction, overlapping the small wing.
7. Be sure to tightly wrap each side of the Small Wings evenly without any wrinkles or gaps to occur between the layers and the endotracheal tube surface.
8. The Hybrid Tape can be trimmed at the ends to fit the child's cheeks. It is important to have the tape secured to bony process of the cheek nearest the ear (Figure 5).
9. Firmly apply pressure with a smoothing action to ALL AREAS with adhesive that have contact with the skin.
10. The center strips of Hybrid Tape may be used to secure NG, OG and nasal cannulas to the infant (Figure 6). Place the strip on clean, dry skin and adhere the tubes. Once the strip is placed on the skin, make sure to hold for 30 to 60 seconds to ensure the bond.

C: Removal Procedure/Changing of Hybrid Pediatric Tape

1. Gently peel back the tape at the corner on the upper lip tape as you swab with water or saline pad while securing and stabilizing the endotracheal tube.
2. While stabilizing the endotracheal tube, gently un-wrap the Small Wings from the endotracheal tube.
3. Once the Hybrid Pediatric Tape is removed from the endotracheal tube, wash and provide the child's face and neck with the appropriate skin care.

D: Documentation

Chart the Time, Date, endotracheal tube size and cm marking at the appropriate anatomical landmarks on the hospital issued paper or electronic flow sheet.

E: Precautions/Adverse Effects

1. Possible Adverse effects are tube slippage and possible inadvertent extubation, as in all tube securing devices.
2. After application, periodically inspect the Hybrid Pediatric Tape to ensure that both the hydrocolloid tape and adhesive wings are secure and correctly positioned. More frequently in the event that the patient is diaphoretic, has copious oral secretions, loss of adhesion on the baby's face or endotracheal tube & replace immediately if this occurs. A spare Hybrid Tape is recommended at the bedside.
3. Never use Benzoin or other adhesive enhancing product in conjunction with Hybrid Pediatric Tape, if indicated use Skin Prep™ supplied.
4. Moisture, oils and lotions may adversely effect the adhesion of the Hybrid Tape.
5. After providing skin care make sure the adhesive contact areas are completely dry and are not oily.
6. Discontinue use immediately if skin irritation occurs.
7. Support the ventilator tubing to reduce pressure on the endotracheal tube.
8. The B&B Hybrid Pediatric Tape is intended for single patient application.

Figures

