

HOSPITAL: \_\_\_\_\_

## Respiratory Care Services Policy and Procedure Manual

<b>Policy and Procedure:</b>	<b>Bite-Proof Bite Block™</b>
<b>Area: Respiratory Care Services</b>	<b>Performed by: Respiratory Care Practitioners</b>

<b>Policy Number:</b>	<b>Approved by:</b>
	<b>Date:</b>

<b>Current Effective Date</b>	<b>Approved by:</b>
	<b>Date:</b>

<b>Review Date</b>	<b>Approved by:</b>
	<b>Date:</b>

<b>Revised Date</b>	<b>Approved by:</b>
	<b>Date:</b>

### POLICY

This policy assures the standardization of use of the **Bite-Proof Bite Block™**.

### PURPOSE

The purpose is to provide an easily implemented protocol to be used by the Respiratory Care Practitioner with effective guidelines and consistent instruction for use and application of the **Bite-Proof Bite Block™** for positive protection from accidental biting of the endotracheal tube and the pilot balloon.

### DEFINITION

To ensure patient safety, prevent occlusion of the endotracheal tube by biting and protection of the pilot balloon the device should be applied at the earliest appropriate time.

### SETTINGS

The **Bite-Proof Bite Block** should be placed and secured in an environment in which the patient is physiologically monitored and in which emergency equipment and appropriately trained health care providers with airway management skills are immediately available.

### EQUIPMENT

**B&B Bite-Proof Bite Block™**, Alcohol Swabs, Skin and Oral Care Supplies, Suction setup with an appropriate size suction catheter and oral suction attachment. Any model B&B Medical endotracheal tube holder is recommended for use with the Bite-Proof Bite Block.

## **PROCEDURE**

### **A. Application/Preparation Steps**

1. Assure the patient's face is clean of any secretions and moisture.
2. Clean the endotracheal tube outside thoroughly from point of placement to its distal end to remove all moisture and secretions.

### **B. Application/Action Steps**

1. After intubation or endotracheal tube exchange, gently pull the pilot balloon tube in a straight line towards the end of the endotracheal tube.
2. Starting with the Bite-Proof Bite Block at a slight angle, snap the back of the Bite-Proof Bite Block onto the endotracheal tube. Keeping the Bite-Proof Bite Block at a slight angle, gently slide it onto the tube. Make sure the pilot balloon is between the Bite-Proof Bite Block and the endotracheal tube.
3. Keeping the pilot balloon tube line taut, gently slide the Bite-Proof Bite Block down the endotracheal tube until the wing is at the level of the lower lip.
4. Slowly rotate the Bite-Proof Bite Block until the wing is positioned laterally to the endotracheal tube.
5. Remove the release liner from the back of the Wing (Figure 1) and secure it to the cheek. While keeping the pilot balloon tube taut, position the Bite-Proof Bite Block to the proper depth.
6. Apply B&B E.T. tape, or any other endotracheal tube holder, in the usual fashion and overlap the wing of the Bite-Proof Bite Block.
7. Secure the long leg of the T-tab (Figure 1) around the Bite-Proof Bite Block and the endotracheal tube with adhesive tape.
8. NOTE: Tab must be taped to the endotracheal tube.
9. Periodically inspect the Bite-Proof Bite Block for proper position and stability.
10. The Bite-Proof Bite Block should be changed every 2 days for hygienic purposes.

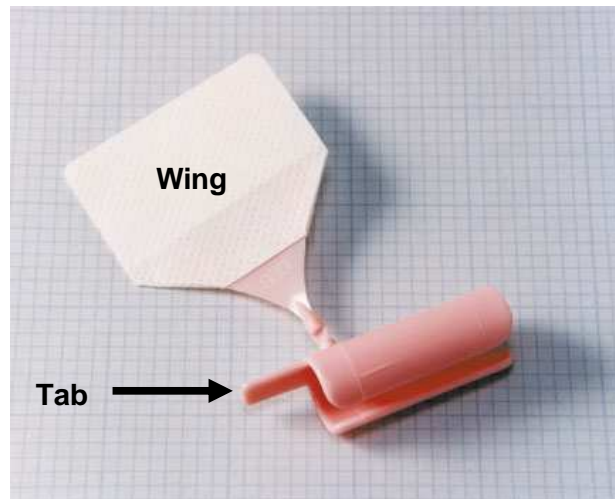
### **C. Documentation**

Chart the Time, Date, endotracheal tube size and cm marking at the appropriate anatomical landmarks on the Ventilator Flow Sheet.

### **D: Precautions and Adverse Effects**

1. Possible adverse effects are tube slippage and pressure sores.
2. Periodically inspect the Bite-Proof Bite Block, and the patient every shift, prn or more frequently per hospital policy. In the event that the patient is diaphoretic, has copious oral secretions or loss of T-tab adhesion on the patient's face immediately replace the Bite-Proof Bite Block if this occurs. A spare is recommended at the bedside.
3. Keep the Bite-Proof Bite Block centered in mouth and away from corners of the mouth.
4. Should cuff filling problems occur, gently pull the pilot balloon line taut to remove any kinks.
5. NEVER remove the Wing, as this prevents possible movement and/or aspiration of the Bite-Proof Bite Block.
6. The Bite-Proof Bite Block should be used with caution on patients with capped teeth, bridges or false teeth as permanent damage may occur to the teeth.
7. Periodically inspect the skin area under the adhesive backing to help prevent injury to the underlying tissue due to unrelieved pressure.
8. Never use Benzoin or other adhesive enhancing product in conjunction with this or any other Acrylic Hypo-Allergenic Adhesive product.
9. The Bite-Proof Bite Block should not be used by persons shown to be allergic to the adhesive.

10. The Bite-Proof Bite Block is intended for single patient use.



**Figure 1**

#### **REFERENCES**

1. AARC Clinical Practice Guideline/Management of Airway Emergencies  
Respir Care 1995; 40(7):749-760