HOSPITAL: _____

Respiratory Care Services Policy and Procedure Manual

Policy and Procedure:	**E.T. Tape II™**
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:

Revised Date	**Approved by:**
	Date:

POLICY

This policy assures the standardized use of **E.T. Tape II™** for securing the endotracheal tube in the pediatric, adolescent and adult patient.

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 **E.T. Tape II** for securing the endotracheal tube.

DEFINITION

To ensure patient safety, the patient with a temporary, artificial translaryngeal airway should have the fixation 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 E.T. Tape II™ (includes E.T. Tape II, Releasable Cable Tie, Blue Cap & Skin Prep™), Alcohol Swabs, Bandage Scissors, Skin and Oral Care Supplies, Suction setup with an appropriate size suction catheter, an oral suction attachment. Use of the B&B Universal Bite Block™ or Bite Proof Bite Block™ is recommended with the E. T. Tape II.

PROCEDURE

A: Application/Preparation Steps

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 $ETCO_2$ device. If possible, ascertain tube placement with an X-Ray prior to taping.
2. Clean the patient's face to remove all secretions & moisture from the application area. Application area is the area between the nose & upper lip laterally along the face to beneath the ear lobes.
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 with an alcohol prep and fan dry the areas.
5. Place the endotracheal tube in the appropriate position in the mouth. Positioning of the endotracheal tube must be changed in the mouth, from side to center to side every tape change to prevent tissue erosion and facilitate oral care.

B: Application/ Action Steps

1. Apply Skin Prep™ to both the facial skin and endotracheal tube application areas. Fan dry for at least 25 seconds. Refer to Figure 1.
2. Peel the backing from Part A of the E.T. Tape II. Apply that section on the desired area of the face/upper lip with the connecting leg part of the tab centered over the endotracheal tube.
3. Check that the endotracheal tube is at the proper centimeter mark with the appropriate anatomical landmark.
4. Place the centered tab section onto the prepped area of the endotracheal tube; then tightly wrap the short part of the T-Tab to the tube in counter clockwise direction around the prepped endotracheal tube area. Be sure to tightly wrap evenly without any wrinkles or gaps.
5. Immediately, tightly wrap the long leg of the T-Tab in a clockwise direction overlapping the short leg of the T-Tab. When wrapping, do not allow any wrinkles or gaps to occur between the adhesive layers and the endotracheal tube surface.
6. Pass the remaining ET Tape II sections B and C behind the patient's neck, under and around both earlobes. Place Part C over Part A to check the length. If patient is small and if necessary, the ET Tape II may be trimmed at this point.
7. Peel the backing off of Part C and while holding Part A with a finger pull the ET Tape II taut. Then overlap and apply Part A onto the face and Part C, depending on head circumference.
8. Firmly apply pressure with a smoothing action to ALL AREAS with adhesive that have contact with the skin.
9. After the endotracheal tube position is confirmed, take the Releasable Cable Tie. Refer to Figure 2 and wrap the Tie around the T-Tab on the endotracheal tube and Universal Bite Block (if used in tandem), then pull Cable Tie taut. Trim off the excess from the Cable Tie beyond 1/2 inch above the retaining unit and place the Blue Cap on the cut end of the Cable Tie. Refer to Figure 3.
10. Periodically inspect the device for proper adhesion and the Cable Tie for secure retention.
11. To release the Cable Tie, grasp the head of the Cable Tie and the ET Tube and remove the Blue Cap. Deflect the release and push the excess tab through the cable port.

C: Documentation

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

D: Removal and Changing of E.T. Tape II

1. Prior to removing the ET Tape II, remove the Blue Cap and release the Cable Tie as shown in Figure 4.
2. Refer to Figure 1.Gently take Part C and peel it off of Part A and the face. When Part C is loose, stabilize the endotracheal tube and pull Part C Tape from behind the patient's neck by reaching by the earlobe on the Part A side.
3. While stabilizing the endotracheal tube, gently un-wrap the T-Tab in a counter clockwise motion.
4. Once the T-Tab is removed from the endotracheal tube, gently peel Part A from the patient's face. Refer to Figure 1.
5. Wash and provide the patient's face and neck with the appropriate skin care.

E: Precautions and Adverse Effects

1. Possible Adverse effects are tube slippage and possible inadvertent extubation.
2. Periodically inspect the E.T. Tape II and patient Q-shift, prn or more frequently. In the event that the patient is diaphoretic, has copious oral secretions, loss of adhesion on the patient's face or endotracheal tube may occur, immediately replace the ET Tape II if this occurs. A spare is recommended at the bedside.
3. Periodically inspect the space between the neckband of the ET Tape II and the patient's neck. It should be snug enough to allow one finger to be inserted and no more. If it is too tight or too loose, replace immediately.
4. Periodically inspect the skin area under the adhesive backing to help prevent injury to the underlying tissue due to unrelieved pressure.
5. Never use Benzoin or other adhesive enhancing product in conjunction with this or any other Acrylic Hypo-Allergenic Adhesive product, always use Skin Prep™ supplied.
6. The ET Tape II should not be used by persons shown to be allergic to the adhesive.
7. After providing skin care make sure the adhesive contact areas are completely dry and are not oily.
8. Do not wrap the endotracheal tube Pilot Balloon line in the ET Tape II.
9. Do not pull the Cable Tie tight with any other device except two fingers. If pulled too tight the endotracheal tube may hourglass and alter the inner diameter of the endotracheal tube. This can be noted by a significant dip in the endotracheal tube surface on either side of the Cable Tie.
10. Support the ventilator tubing to reduce pressure on the endotracheal tube.
11. The ET Tape II is intended for single patient use.

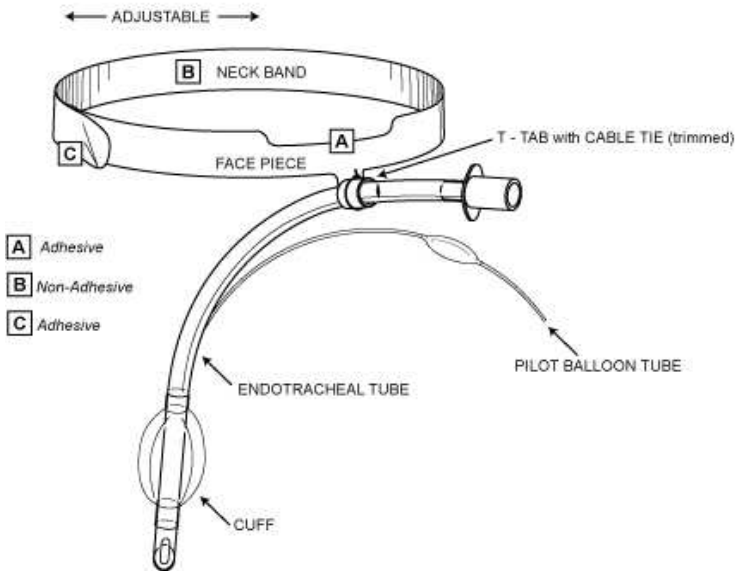


Figure 1

Figure 2

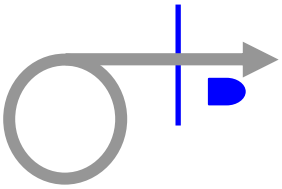
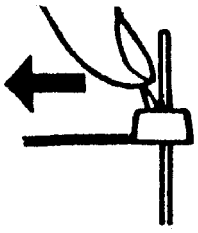


Figure 3



Cable release

Figure 4

Skin Prep™ is a registered trademark of Smith & Nephew.

REFERENCES

1. AARC Clinical Practice Guideline/Management of Airway Emergencies Respir Care 1995; 40(7):749-760)
2. AARC Clinical Practice Guideline/Removal of the Endotracheal Tube Respir Care 1999; 44(1):85-90)
3. 2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Part 7.1: Adjuncts for Airway Control and Ventilation. Circulation 2005; 112: IV-51-IV-57.