



East of England Paediatric Critical Care ODN

(Hosted by Cambridge University Hospitals)



<< BITESIZE >> SECURING THE ETT WITH MELBOURNE STRAPPING



East of England
Paediatric
Critical Care
Operational Delivery Network

Collaborative working to deliver high quality care to our children and their families

SECURING THE ETT



Cut three strips of 1 inch elastoplast, each long enough to go across the cheeks and wrap around the ETT. Placing the elastoplast onto a sample / specimen bag makes them easier to cut and keep safe until needed.

Cut two pieces in half lengthways to the mid point to create a 'trouser leg' and cut a central slice in the third piece.



If desired / available hydrocolloid dressing can be placed onto the cheeks to protect the skin. The ETT should be anchored in the corner of the mouth

Place the first 'trouser leg' piece onto the cheek nearest to the ETT and stick the lower piece across the chin and onto the opposing cheek.

SECURING THE ETT



Carefully wind the top trouser leg around the ETT overlapping by at least half the tape on each turn, and slowly coming a small way up the ETT. at the end form a small 'tab' by folding the elastoplast on itself.



At the end, form a small 'tab' by folding the elastoplast on itself.

SECURING THE ETT



Place the second 'trouser-leg' (denoted here with X) onto the opposite cheek, this time place the top one over the top lip and secure on the opposite cheek



Carefully wind the lower 'leg' around the ETT in the same direction as the first tape, keeping it as close to the ETT as possible.



Once again, fold over the very end of the tape, to form a tab.

SECURING THE ETT



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SECURING THE ETT



In a child with a suspect or possible infectious respiratory condition, it may not be appropriate to apply the final tape as shown as it requires the ETT to be disconnected from the ventilator. The trouser leg tapes will secure the ETT sufficiently.



Secure the NG tube with its own small piece of tape so it doesn't interfere with ETT tapes, and can be adjusted easily if necessary.

FURTHER POINTS

- Excellent communication between you and the anaesthetist is paramount in maintaining the airway, ensure you liaise directly with the anaesthetist in charge if the airway throughout.
- For a small infant it may be suitable to trim some width off the tape so they fit snugly across the top lip.

SUMMARY

- You should now see how the endo tracheal tube can be secured using 1 inch elastoplast tape.
- Practice this skill with a manikin or doll