

PROCEDURE FOR: Endotracheal Intubation: Assisting with

- POLICY:**
1. Intubation will be performed by the physician or advanced practitioner when ventilator management is required or resuscitative measures are needed.
 2. Analgesics and/or sedatives may be ordered at the discretion of the physician or advanced practitioner. Monitor as per policy on Conscious (Moderate) Sedation.
 3. Supportive measures will be offered to minimize discomfort and distress during procedure.

- EQUIPMENT:**
- Stethoscope
 - Endotracheal tube (appropriate size)
 - Stylet
 - Laryngoscope handle and blade
 - Resuscitation bag and mask and manometer and/or T-piece resuscitator
 - Suction apparatus
 - Suction catheters
 - Benzoin
 - ½ inch adhesive tape
 - Oxygen supply
 - Skin barrier
 - Scissors

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Notify Respiratory Therapy of need for intubation and ventilator.	
2. Prepare endotracheal tube and equipment in accordance with neonatal resuscitation program (NRP) guideline.	2. See Appendix A. Maximum cut length of endotracheal tubes should be 13cm.
3. Position infant in "sniffing" position using shoulder roll. DO NOT HYPEREXTEND NECK.	
4. Provide supplemental oxygen and ventilation throughout entire procedure.	4. Refer to NRP guidelines.
5. After intubation, hold ET tube firmly in place to prevent accidental extubation.	
6. Attach bag or T-piece resuscitator while auscultating to assure that air exchange is present and bilateral. Auscultate over stomach and assess chest rise and abdominal movement.	
7. Once proper placement is determined,	7. Secure tap high on cheekbones, NOT on

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tape ET tube in place using ½ inch adhesive tape. Prepare skin surface with benzoin and use protective skin barrier on cheeks.

fatty part of cheeks as there is too much play at this point allowing excessive in-out motion of the tube.

a. Chest x-ray will be ordered to ascertain correct position of ET tube.

8. Cut ET tube no more than 4cm from lip to eliminate unnecessary dead space.
8. Document cm reading at lip on flowsheet and Kardex.
9. Stabilize on ventilator.

APPROVAL: Nursing Standards Committee

REFERENCE: Textbook of Neonatal Resuscitation

EFFECTIVE DATE: 11/85

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APPENDIX A

Table 1

**GUIDE TO APPROXIMATE ENDOTRACHEAL TUBE
 (ETT LENGTH)**

Infant Weight (g)	Suction catheter	ETT Size (mm)	Lip Mark (cm)	Cut Mark (cm)
450-850	6 Fr	2.5	6.5	8.0
850-1000	8 Fr	3.0	7.0	8.5
1000-1400			7.5	9.0
1400-1900			8.0	9.5
1900-2200		3.5	8.5	10.0
2200-2400			9.0	10.5
2400-2600			9.5	11.0
2600-3000			10.0	11.5
3000-3400			10.5	12.0
3400-3700	10 Fr	4.0	>10.5	>12.0

Tube Size (ID mm)	Weight	Gestational Age
2.5	Below 1000 gm	Below 28 wks
3.0	1000-2000 gm	28-34 wks
3.5	2000-3000 gm	34-38 wks
3.5 or 4.0	Above 3000 gm	Above 38 wks