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Document Title: ASSISTING IN ENDOTRACHE. INTUBATION OF NEONATES		

ANNEX:

Table 1 Recommended uncuffed ETT size (if cuffed ETT is desired, reduce size by 0.5mm):

Tube size (internal diameter mm)	Weight (g)	Gestational age (weeks)
2.5	< 1000	< 28 weeks
3.0	1000 - 2000	28 - 36 weeks
3.5	2000 - 3500	> 38 weeks
4.0	> 3500	> 38 weeks

Table 2 Recommended ETT length:

M-1-Li (I)	ETT Length (cm)		
Weight (kg)	Lips	Nares	
<1	6.5 - 7	6.5 - 7.5	
1-2	7 - 8	7.5 - 9	
2-3	8-9	9 - 10.5	
3 - 4	9 - 10	10.5 - 12	

Oral length = weight (kg) + 6cm

Nasal length = 1.5 x weight (kg) + 6cm

Information from The Royal Children's Hospital Melbourne's Assisting with elective intubation of the neonate on the Butterfly Ward¹



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FLOWCHART:



Explains the procedure to the parents or significant others after thorough assessment for the need for intubation.

Secures a signed consent from the parents or significant others before the procedure is done.

Prepares the following equipment and materials needed for the procedure

Informs the Respiratory Therapy Services Personnel prior to intubation to provide ample time to prepare the mechanical ventilator and set-up the equipment.

Performs hand washing before the procedure.

Wears mask and sterile gloves.

Measures the length of the endotracheal tube to be introduced to the trachea, taking note of the size of the ET tube and the type and size of blade to be used.

Attaches the patient to a pulse oximeter, placing the probe at the palm of the hand or at the foot part.





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Prepares the suction apparatus, connecting tube and suction catheter ensuring that it is functioning well.

Prepares the bag valve mask, connecting tube and source of oxygen.

Performs the head tilt chin lip maneuver and inserts the laryngoscope into the mouth of the patient.

Prepares the endotracheal tube, inserting the stylet or guide wire into the tube, ensuring that it does not go beyond the tip of the tube.

Extends the blade over the base of the tongue and observe the structures seen during intubation.

Exerts the traction upward along the axis of the handle.

Inserts the ET tube from the right corner of the mouth as this avoids obstructing the view and the cricoid pressure facilitates the view of the glottis.





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Pulls out the stylet or guide wire and suctions all the respiratory secretions from the ET tube until clear.

Places the bag valve mask at the hub tip of the ET tube and introduce air into the lungs observing the rising and falling of the chest indicating that the ET tube is in place, and there is symmetrical lung expansion.

Auscultates breath sounds on all lung fields, indicating that the ET tube is within the trachea and is patent.

Secures the ET tube with a plaster/ device and is anchored to the cheek of the patient, noting the distance marker at the lips.

Orders the ventilator set-up and is carried out by the respiratory therapist.

Fills out the procedural technique for endotracheal intubation.

Documents the procedure including the date, time, ET size, level, and the present ventilator set-up.

END



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