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Date	September, 2024
Purpose	To ensure a consistent procedural approach to oral endotracheal tube securing.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Author	Clinical Quality & Patient Safety Unit, QAS
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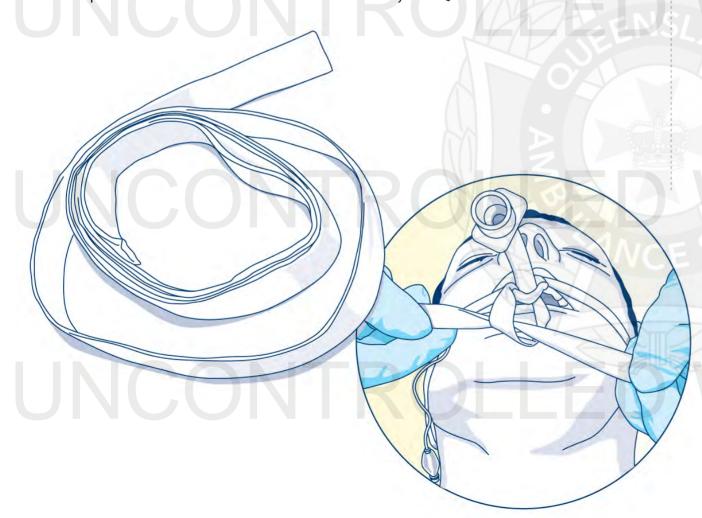
Oral endotracheal tube securing

September, 2024

The safe and appropriate securing of an **oral endotracheal tube (ETT)** is vital for the ongoing patency and protection of the patient's airway. It additionally prevents the migration of the ETT to an unsafe or potentially harmful position.

Cloth tape allows the airway clinician to secure the ETT at a designated position by securing at a designated depth with cloth tape knotted around the ETT and the patient's neck.

Studies have shown that purpose designed commercially available ETT securing devices offer no significant added benefits over properly secured cloth tape $^{[1,2]}$ and these are therefore not used by the QAS.



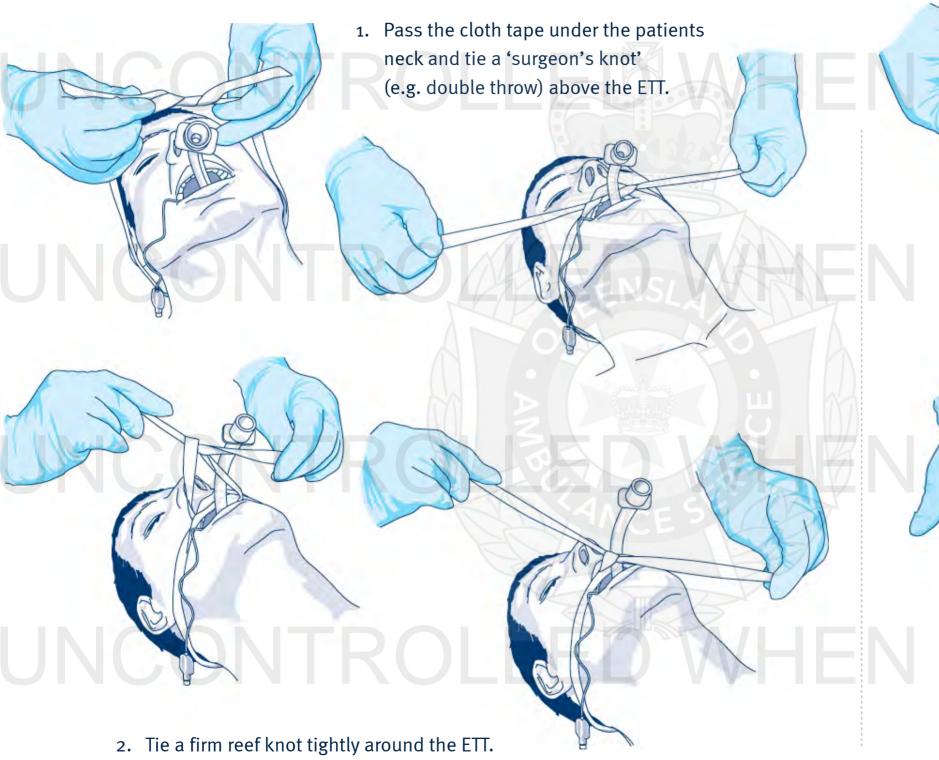
Securing of an oral ETT

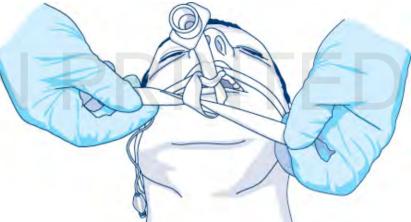
Complications

Venous obstruction

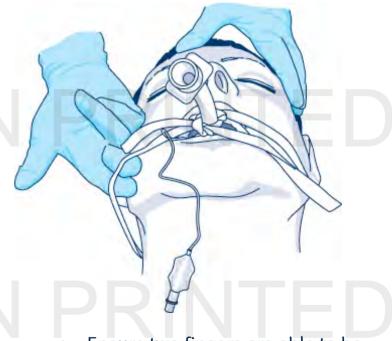
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Securing the ETT with cloth tape





3. Finalise the knot by completing a single locking throw.



4. Ensure two fingers are able to be inserted under the cloth tape.



Additional information

- Several ETT cloth tape securing techniques exist. The above information outlines one of many suitable techniques.
- Securing an ETT is a two (2) person technique. An ETT should never be left unsecured at any stage.
- Once the ETT is secured, correct placement must be confirmed through observation of continuous EtCO2 waveforms and auscultated equal air entry into the lungs.
- In the pre-hospital environment vigilance is essential to ensure the ETT remains properly located.



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