MedStar Georgetown University Hospital

Department of Anesthesia	
Title: Transfer of Patients with Non-Standard Endotracheal Tubes	**Policy Number: 9122**
Issued: February 3, 2011	**Page(s): 2**
Last Revised: May 15, 2015	**Attachment:**

POLICY:

It is the policy of the Department of Anesthesia to ensure the safety of all intubated patients transferred from the Operating Room.

DEFINITIONS:

Non-Standard Endotracheal Tube

For purposes of this policy, a non-standard ET Tube is defined as an ET Tube other than a standard single lumen tube. Examples include:

Armored Endotracheal Tube- cuffed, wire re-enforced tube used for ENT, tracheal, thoracic or other surgeries where tracheal compression is anticipated and/or airway geometry may lead to intraoperative ETT occlusion.

Double Lumen Endotracheal Tube-ET tube with two lumens used in thoracic or spinal surgery (Double lumen ETT placement for pulmonary hemorrhage or to isolate one lung to prevent contamination or infection are very rare reasons for placement in the OR). However, it must be realized that exchanging DL ETT for single lumen ETT are associated with not insignificant morbidity, and there are multiple reports of lost airways during tube exchanges.

PROCEDURE:

The Anesthesia Attending, upon determining a patient will need to stay intubated after surgery, will weigh the benefits of delivering a patient to the PACU/ICU with a standard single lumen ETT against the risks of performing the exchange immediately after the completion of surgery and potentially failing to secure an airway in the process.

a. Should the Anesthesia Attending determine that it is unsafe to change the ET tube prior to transferring to the ICU, the Anesthesia Attending will contact the Intensivest directly to insure proper communication of patient condition, need for non-standard ET tube, and estimated time frame for exchange of the tube.

b. Respiratory Therapy and Nursing will be advised of the airway management plan for the patient to include position, suctioning, etc.

I. Management of the patient with Non-Standard ET Tube in the ICU

a. For an armored ET tube, the patient must, at a minimum, have a bite block in place at all times. Sedation and paralysis may be used as well, but this will be up to the discretion of the intensivist.

b. For a DL ETT, sedation and paralysis will be determined by the Intensivist. However, a more important point that needs clarification with all care givers is a clear understanding of the mechanics of DL ETT ventilation, i.e. possible occlusion of one or more lumens by tube repositioning, or over distension of bronchial cuff, among others. Simply deflating the bronchial cuff will reduce/eliminate most of these concerns. DL ETTs by design are much stiffer and hence far less likely to kink/occlude than single lumen ETT.

II. Exchange of the Non-Standard ET Tube

a. An Anesthesia Attending should be present for the exchange of the non-standard ET Tube.

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