Sláinte Leanaí Éireann
Children's Health Ireland

ENDOTRACHEAL TUBE TAPING GUIDE

Equipment and Preparation for retaping

- This is a 2 practitioner procedure (a PICU/anaesthetic doctor and PICU nurse) at all times. One to hold the ETT and one to tape, roles should be clearly communicated.
- Confirm with Shift Leader and ICU consultant that they are happy for team to proceed at this time
- The most recent Chest Xray should be checked with the PICU/ anaesthetic medical team (to ensure appropriate position)
- Necessary monitoring including audible QRS tone
- Anaesthetic bagging circuit and oxygen port
- Appropriately sized face mask
- Suction with appropriately sized suction catheters and yankeur
- ETT – 1 same size and 1 size smaller
- Correct size laryngoscope handle and blade
- Magills forceps
- KY Jelly
- Scissors
- Elastoplast tape, 2 pieces cut into "trouser legs"
- Duoderm (if applicable)
- Cavilon swabs
- Adhesive remover wipes to remove old tapes
- Stethoscope
- $EtCO_2$ detector
- Patent IV access
- Medications to be used for retaping of ETT
- NG syringe to aspirate NG
- All other equipment, for example bougie and introducers, are available on the airway trolley
- Syringe to deflate the cuff- if the ETT is being moved position

ENDOTRACHEAL TUBE TAPING GUIDE v.1 July 2026
Document merged from IPATS, Temple St and Crumlin taping guides.

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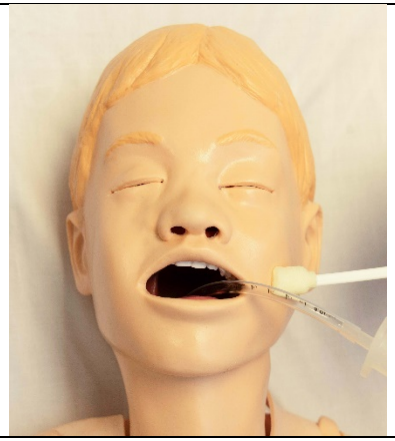
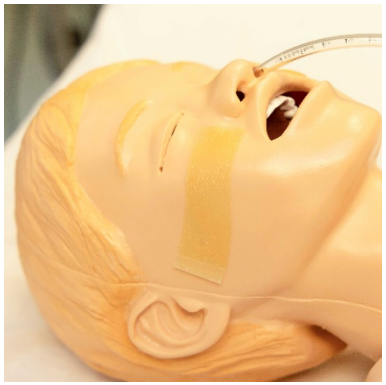
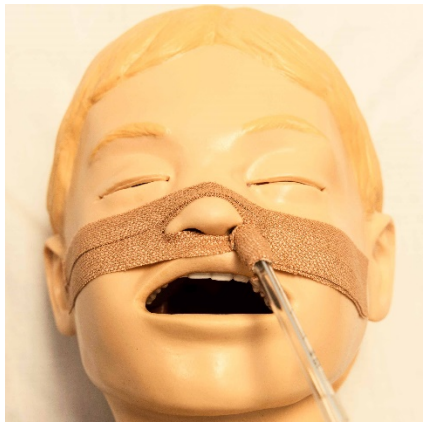
ENDOTRACHEAL TUBE TAPING GUIDE

Skin Care Considerations

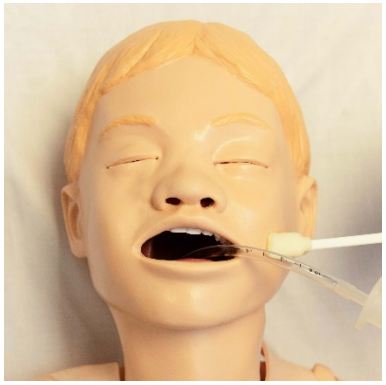
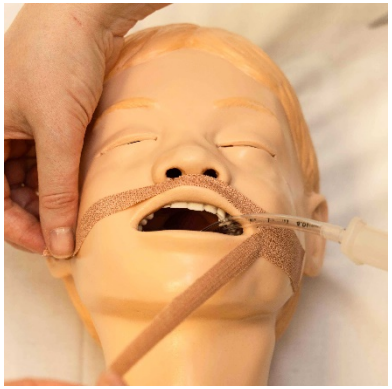
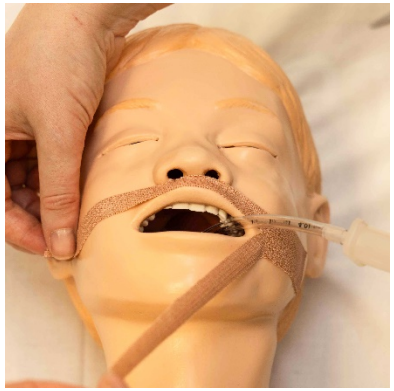
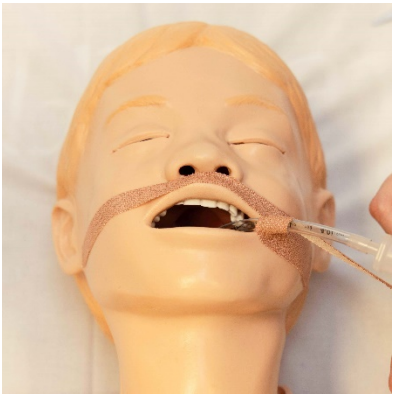
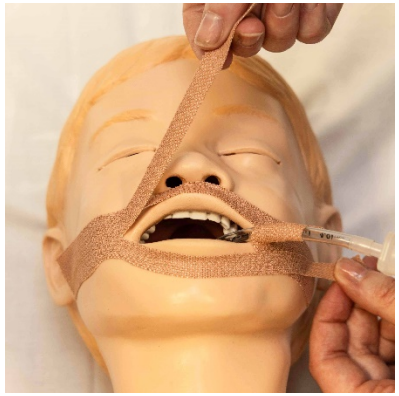
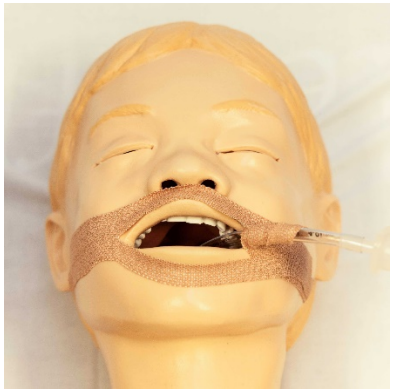
- Before applying new tapes the face and nose should be cleaned, allowed to dry and the skin integrity should be checked
    - Nasal ETT: should be taped securely with the ETT pointed **downwards** (like an elephant's trunk) to avoid pressure on the nostril.
        - The skin should be checked that the tapes are not "pinching" with the anchoring trouser leg around the ETT.
    - Oral ETT: The corners of the lips should be checked for skin integrity.
        - ***If safe***, when retaping with the PICU/anaesthetic medical team the ETT can be moved to the other side of the mouth.

- Avoid taping on the lips, the adhesive can be irritating, it is uncomfortable for the child and can lift the tapes due to secretions and saliva.
- During intubation and tape changes skin integrity should be assessed and documented clearly in the medical notes and compromised skin integrity should be escalated **promptly.** It is difficult to visualise the skin when tapes are intact.

- **Skin Protectant used under the ETT tapes:** Cavilon is used and Duoderm can be considered

Cavilion Application	Duoderm Application (if applicable)	Example of Nasal ETT taped downwards
	 Applied to both cheeks under the ET Tapes.	

ORAL ENDOTRACHEAL TUBE TAPING

			
Step 1 One practitioner holds the ETT securely. Clean the face, let dry it and apply skin protectant. Cavilon and Duoderm (if used). Assess the skin integrity of the cheeks and lips	**Step 2** Place the first tape on the cheek the SAME side as the ET tube. Align the V in the tapes at the angle of the mouth	**Step 3** The top leg is placed under the nose and on to the other cheek. Avoid contact with the lip.	**Step 4** The lower leg goes around the ETT with 2-3 anchoring turns. Fold back a small piece of the tape so it will make it easier when removing the tapes.
			
Step 5 Place the second tape on the cheek opposite ETT. Align the V in the tapes at the angle of the mouth	**Step 6** The lower trouser leg is placed under the lower lip.	**Step 7** The top trouser leg goes over the upper lip and down around the ETT.	**Step 8** Give 2 anchoring turns and leave a small fold in the tape.

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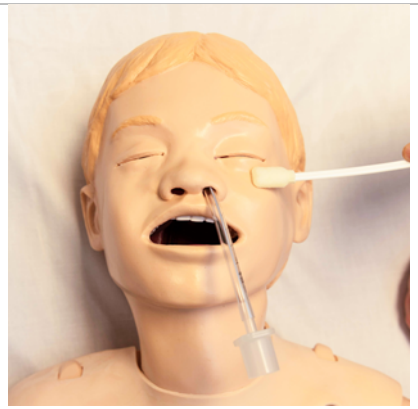
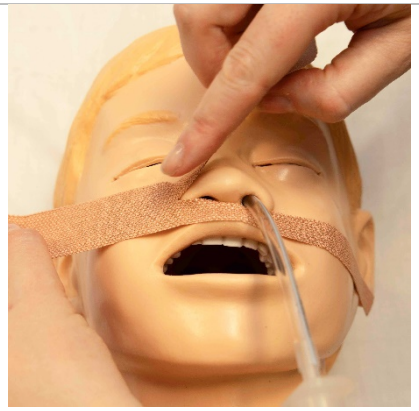
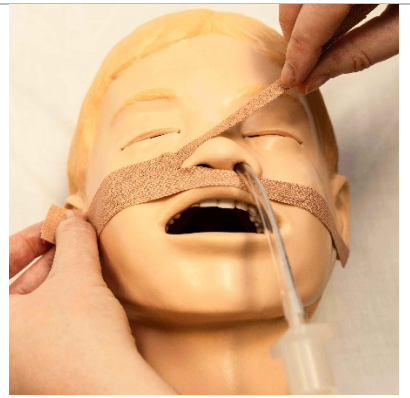
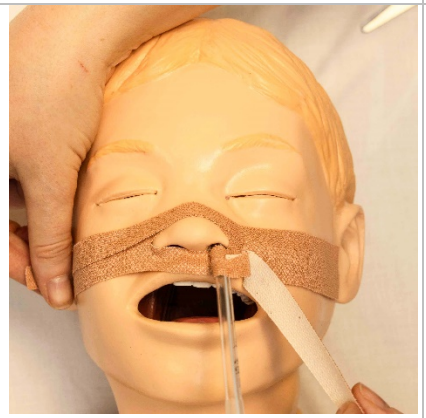
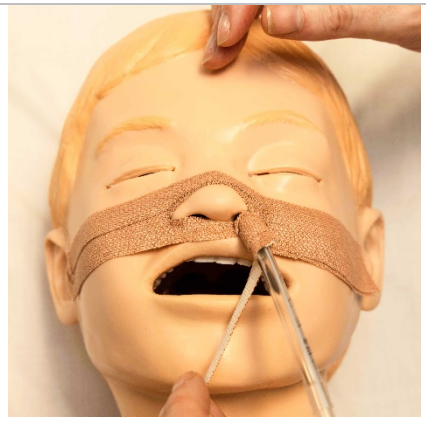
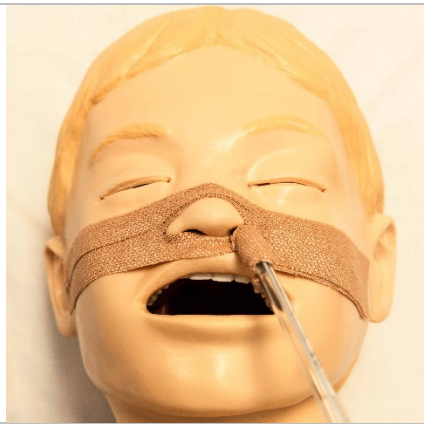
NASAL ENDOTRACHEAL TUBE TAPING

			
Step 1 One practitioner holds the ETT securely. Clean the face, let dry it and apply skin protectant. Cavilon and Duoderm (if used) Assess the skin integrity on the nostril.	**Step 2** Place the first tape on the cheek <u>OPPOSITE</u> side to the nostril with the ET tube. Align the V in the tapes at the angle of the nose	**Step 3** The lower leg is placed under the nose and on to the other cheek. Avoid contact with the lip. Opposite side over same side under!	**Step 4** The top leg goes over the nose and then down to the ETT with 2-3 anchoring turns. Fold back a small piece of the tape so it will make it easier when removing the tapes.
			
Step 5 Place the second tape on the cheek from the <u>SAME</u> side as the ETT. Align the V in the tapes at the angle of the nose	**Step 6** The upper trouser leg is applied over the nose and on to the tape on the opposite cheek. Align the V in the tapes at the angle of the nose.	**Step 7** The inferior 'trouser leg' is applied up from under and around the ETT at least 2-3 times ensuring it is well secure. Leave small tab for removal. Opposite side over same side under!	**Step 8** Ensure that the nostril is visible and ETT is in a secure position. The ETT should be pointed downwards and away from the nasal rim to prevent pressure.