Measurement of Endotracheal or Trach Tube Cuff Pressure

Purpose

To standardize measurement of pressure being exerted upon the tracheal wall by the endotracheal or tracheostomy tube cuff.

Scope

Respiratory Care Service monitors intra-cuff pressures of patients with endotracheal and tracheostomy tubes during ventilation to minimize the possibility of tracheal wall damage.

Accountability

Applies to all Respiratory Care Services with understanding of age specific requirements of patient population.

Indications

For measurement and adjustments of endotracheal or tracheostomy tube cuff pressures.

Goals

To maintain pressures exerted to limits below 25 cm H_20 and prevent damage to trachea.

Equipment

- Cufflator
- Pressure manometer (if cufflator not available)
- 10 cc syringe
- 3-way stopcock
- 6 inch to 12 inch piece of vinyl tubing

Procedure

1	Identify patient.
2	Assemble equipment. Wash hands. Check patient chart for previous pressure reading.
3	Attach cufflator or 3 way stopcock to cuff inflation valve.
4	Read cuff pressure. Stopcock Off to syringe if using manometer.
5	If pressure greater than 25 cm H_20, release some air volume in cuff with syringe. Stopcock Off to manometer. If using cufflator squeeze bulb to increase pressure or decrease pressure by pressing the red button.
6	If unable to maintain a minimal leak with a cuff pressure less than 25 cm H_2O, contact the physician immediately and document in Epic.

Continued next page

Procedure Continued

Step	Action
7	Remove 3-way stopcock or cufflator from inflation valve when measurements are completed.
8	Cuff pressure checks are to be made: • With each ventilator assessment. • And/or with a change in tube or placement of tube.
9	Document cuff pressure in Epic, per RCS Policies # 7.1.1and # 7.1.2.
10	Pressure manometers or cufflators used will be decontaminated on site with the appropriate bactericidal agent.
11	Notify appropriate physician if cuff will not maintain seal and requires repeated inflations.

Infection Control

Follow procedures outlined in Healthcare Epidemiology Policies and Procedures #2.24; Respiratory Care Services.
http://www.utmb.edu/policy/hcepidem/search/02-24.pdf

References

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