Focus on caring for a patient with an endotracheal tube

Immediately before any manipulation of the endotracheal tube and any respiratory tract care, such as:

2a. Performing nasal care, oral care, or securing the endotracheal or tracheostomy tube (before putting on clean, non-sterile gloves)
2b. Endotracheal aspiration or sampling of the respiratory tract through bronchoalveolar lavage or mini-bronchoalveolar lavage (before putting on sterile gloves)

Immediately after any task that could involve body fluid exposure, such as:

3a. Performing nasal care, oral care, or securing the endotracheal or tracheostomy tube
3b. Endotracheal aspiration, sampling of the respiratory tract, or after any other contact with mucous membranes, respiratory secretions, or objects contaminated with respiratory secretions
3c. Intubating or extubating the patient

Key additional considerations for adult patients with endotracheal tubes

- Avoid intubation and use non-invasive ventilation whenever appropriate.
- If possible, provide endotracheal tubes with subglottic secretion drainage ports for patients likely to require more than 48 hours of intubation.
- Elevate the head of the bed to 30°–45°.
- Manage ventilated patients without sedatives whenever possible.
- Assess readiness for extubation every day by performing spontaneous breathing trials with sedatives turned off (in patients without contraindications).
- Perform regular oral care aseptically using clean, non-sterile gloves.
- Facilitate early exercise and mobilization to maintain and improve physical condition.
- Change the ventilator circuit only if visibly soiled or malfunctioning.