

## Clinical Guideline

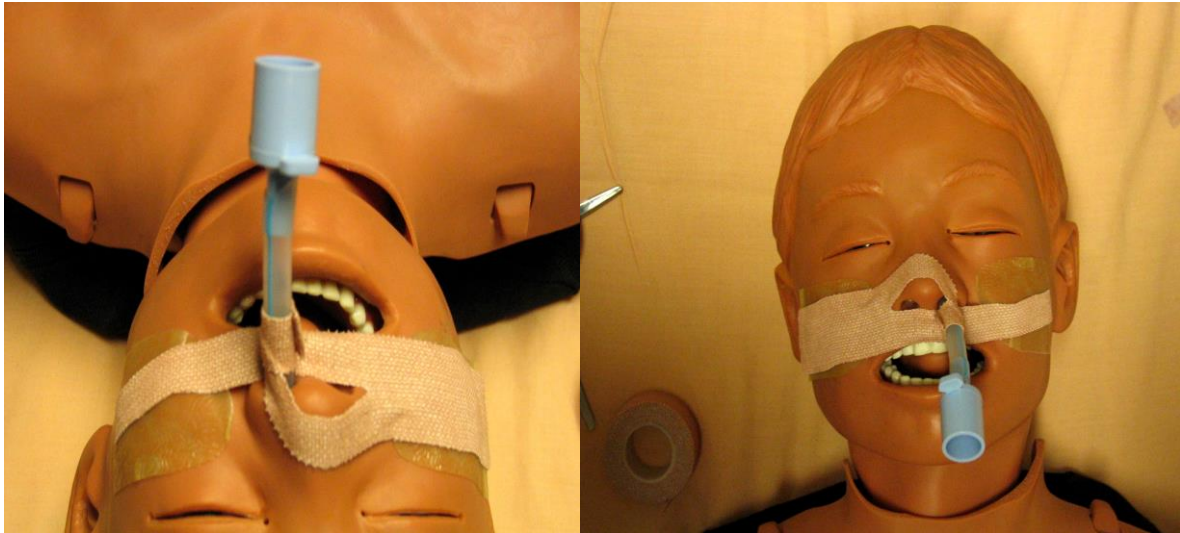
### Securing endotracheal tubes with tape: Melbourne strapping

#### 1. Nasal intubation

- a. Prepare 2 'Trousers' and 1 'Eyehole' piece of Elastoplast-type tape as shown.  
Trouser legs need to be long enough to pass across the nose and wrap around ETT



- b. Place wide part of 1<sup>st</sup> trouser leg on side of face furthest from ETT. Apply the lower leg under nose and onto prepared cheek (duoderm or tinc. Benz.) on other side. Stretch and apply upper trouser leg over the nose and around ETT. Tape should pass from nose to tube at the lateral edge of nares as shown.



- c. Repeat the same procedure with the second trouser leg passing from the same side as the ETT. On this occasion the upper leg passes over the nose and onto the opposite cheek. The lower leg is stretched up and around the ETT from below.

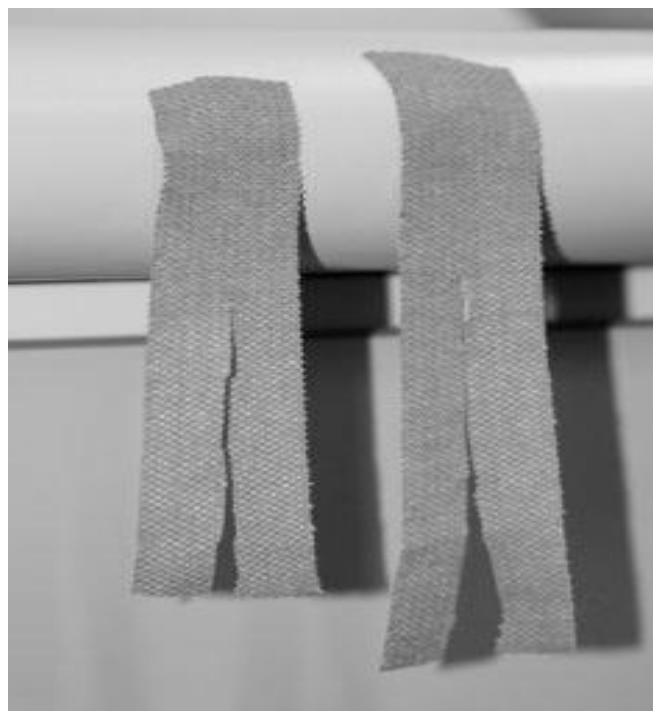


- d. Finally place the eyehole tape over previous tapes, ensuring maximum visibility of skin surface around nares. Application is most easily achieved by removing the connector of the ETT to prevent snagging.



## 2. Oral intubation

- a. Cut two 'trouser legs' of elastoplast. The uncut length should be about a centimetre less than the distance from the angle of the child's mouth to the tragus of the ear. One tape should have legs that are about 2cm longer than the other tape.



- b. Position the ET tube at the angle of the child's mouth – in this example the right side. Stick the tape with shorter legs to the child's cheek. Pass the lower leg of the tape across the lower lip and stick across the opposite cheek. Stick the upper leg to the upper lip and then repeatedly around the ET tube in a clock-wise direction.



- c. Place the longer tape across the child's opposite cheek and stick the upper leg across the upper lip. Then stick the lower leg of tape along the lower lip, to the far corner (this is why the legs of this piece of tape are longer) and then stick the tape around the ET tube from below in a clockwise direction.



- d. Completed taping of ET tube. The most important feature of this technique is that the two legs of tape (one from each piece of tape) that encircle the ET tube, approach it from opposite directions. Here the first came from the upper right and the second from the lower left.

