Sample Policy & Procedure: Continuous Monitoring & Regulation of Endotracheal Tube Cuff Pressure: template may be used to develop hospital's Standard Operating Procedure for CuffSentry™.

BACKGROUND:

- Use of Endotracheal tubes requires that their cuffs be constantly inflated to approximately 20-30 cm of H2O pressure.
- Cuffs have a tendency to lose air and become underinflated. This under-inflation, once secretions have built up above the cuff, causes secretions to "leak" and travel down to the lungs. This process of leakage has the potential to cause Ventilator Associated Conditions (VAC). Cuffs also have the tendency to become overinflated. This over-inflation of the cuff can cause significant tracheal injury.
- The CuffSentry™ is a single patient use, non-sterile, prescription device designed to measure, and regulate Cuff Pressure (CP), and is indicated for all age groups who are managed with inflatable air filled cuffs. Even if the cuff is compressed, CuffSentry™ compensates to maintain the set CP.

- Objective for Cuff Pressure maintenance:
  - Eliminate intermittent cuff adjustments.
  - To provide continuous CP at a set value.
  - CP to remain at the set value.
  - To increase Clinician awareness of the continuous display of CP.
  - Establish and maintain CP during patient repositioning or transport.
  - Eliminate unintentional CP that is too high or too low.
  - **CuffSentry™ should be used for all intubated patients; especially those who are intubated for 48 hours or more.**

PROCEDURE: Continuous Monitoring of ETT Pressures

- Responsibility:
  - The Medical Director of Respiratory Care Services shall ensure compliance with this policy.
  - The Executive Director of Patient Care Services shall ensure compliance with this policy.
  - The Director of Respiratory Care Services shall ensure compliance with this policy.
  - The Respiratory Care staff shall ensure compliance of this policy.

- Cuff pressure (CP) will be monitored and maintained with all air-filled cuffed endotracheal and tracheal tubes for all patients intubated; especially for those intubated greater than 48 hours.
  - CP will be maintained between 20-30 cm H2O as protective measures against VAC and tracheal damage. In some cases, cuff pressure may be required at 5 cmH2O > Peak Inspiratory Pressure.
  - CP should be documented every 4 hours and adjusted if appropriate.

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- The warning label on the CuffSentry™ pressure line indicates that the device is intended for cuff inflation ONLY and should not be adapted to connect to an indwelling line. **"WARNING: For ETT cuff inflation ONLY. NEVER connect to an indwelling line". Connection to an indwelling line may result in patient injury.**

INSTRUCTIONS: CuffSentry™

- Prior to connection to the ET tube, attach CuffSentry™ to DISS outlet of a back-pressure compensated flowmeter (Air or Oxygen). For transport, use of a Non-Back Pressure Compensated gauge flowmeter is acceptable.
- Set flowmeter to 0.5-2 LPM (1.0 LPM is recommended)
- OCCLUDE pressure line and adjust CuffSentry™ pressure relief valve to desired cuff-pressure on the CuffSentry™ pressure manometer.
- Connect the pressure line to the ET pilot balloon port.
- Compress the pilot balloon to assure that the CuffSentry™ compensates and releases the pressure. The needle on the CuffSentry™ gauge will fluctuate accordingly if the CuffSentry™ is properly connected.
- Check the exhaled tidal volume on the ventilator to ensure the patient is receiving prescribed tidal volume or pressure.
- It is recommended that the CuffSentry™ remain attached to the pilot balloon port for constant application of set cuff pressure to the air-filled artificial airway cuff.

NOTE: If CuffSentry™ manometer valve is too noisy, reduce the flow at the flowmeter and readjust the cuff pressure if necessary.

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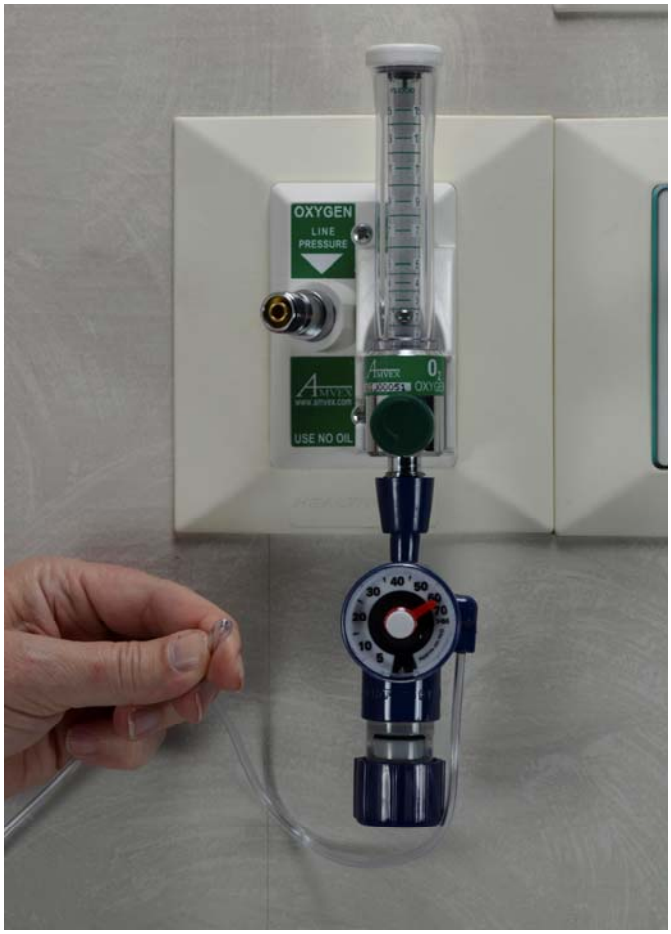

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Medical Director Clinical Manager

This sample policy is not to be taken as recommended clinical practice by Ohio Medical Corporation. Any final written policy should be agreed to by the hospital Clinical Department Manager as well as the Medical Director of that functional area, and reviewed on a periodic basis. This document is only intended as a sample policy for Continuous ETT Monitoring Procedure, and should be modified to suit each individual hospital's clinical practice.