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Are the intensive care nurses practicing correctly for patients with endotracheal tubes? Results from National Hospital Colombo

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 $E_{\rm are}$ essential lifesaving treatment for many critically ill patients. Artificial air way is utilized to facilitate mechanical ventilation and the endotracheal tube (ETT) is commonly used. Endotracheal suctioning (ETS) is one common procedures performed in patients with artificial airways. It is a component of bronchial hygiene therapy. Aim of this study is to describe reported practices among intensive care unit (ICU) for monitoring endotracheal tube and related issues and to assess the current practices of suctioning endotracheal tubes in ICU of National Hospital of Sri Lanka (NHSL). A cross sectional hospital based study was done among nurses in all ICUs of NHSL. Self-administered questionnaire was developed using American Association of Respiratory Care (AARC) clinical Practice guideline 2010. Data was analyzed by using SPSS 16 version. Majority of nurses were females and aged between 20- 40 years (91.3%). Reported correct practices was 57.8% (N= 107). Most had good reported practices (> 75%) on VAP bundle to prevent ventilator associated infection in ICU, clamp the suction catheter when entering it to the ET tube for suctioning, How long do you keep the patient in 100% oxygen after the ET suction. Only 18% had practiced proper oral hygiene in mechanically ventilated patients. Majority (63,2%) reported incorrect practices related to suction method and measuring the suction catheter length. Almost half (55.7%) responded that they administer oxygen prior to the suctioning, during suctioning and post of suctioning. Only 21.6% responded they do pre oxygenation only and 47% responded they had practiced auscultation prior

and post suction. Only 5.4% responded they auscultate lung sounds prior, during and post suctioning. Most were not following current recommendations of AARC clinical practice Guideline. It is recommended to develop correct protocols and guidelines for ET suctioning and mechanically ventilated patients.

References:

1. Miia J, Tero A, Pekka Y and Helvi K. (2013). Evaluation of endotracheal-suctioning practices of critical care nurses an observational correlation study. Journal of Nursing Education and Practice. 3 (7).

2. Elbokahary R, Osama A, Al- Khader M. (2015). Knowledge and practices of ICU nurses regarding endotracheal suctioning for mechanically ventilated patient. American journal of clinical neurology and neurosurgery. 1 (2): 92-98.

3. Seneviratne S M S K, Jiffry M T M, Fernando S. (2007). Preventing specific infection in ICU. 27-35.

4. Healthcare Infection Control Practices Advisory Committee; Centers for Disease Control and Prevention (US). Guidelines for preventing health-care-associated pneumonia, 2003 recommendations of the CDC and the Healthcare Infection Control Practices Advisory Committee. Respir Care. 2004; 49(8):926-939.

5. Sole ML, Penoyer DA, Su X, et al. (2009). Assessment of endotracheal cuff pressure by Continuous monitoring: a pilot study. Am J Crit Care. 18:133-143.

Biography

Colombage T D is a nursing officer in surgical intensive care unit at National Hospital of Sri Lanka since 2008 to up to now. Meanwhile she completed her B.Sc., nursing special in Trauma from University Of Sri Jayewardenapura in 2017. member of the organizing committee in Sri Lankan society of Critical care nurses association.

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