

Turning a ventilated baby two person procedure.

Turning a ventilated infant should be a clear thought out procedure and may require more than two people on a larger baby.

Step 1- Communicate,

Communication is key to ensure the safety of the baby and the security of the ETT prior to and during the procedure.

- Establish who is to do what.
- Confirm which way the baby will be turned to.
- Talk through the procedure to ensure roles are clear.

Step 2 - Prepare for turning

- Ensure the Neobar is secure and the ETT is securely in place.
- Auscultate the chest on both sides and suction if needed.
- Move leads wires and bedding so not in the way.

Step 3- Preparation

Person one, (white gloves) to hold ETT, Person two (blue gloves) to loosen ventilation tubing giving more slack in preparation to turn.



Step 4- Turn head

Person one, (white gloves) to hold ETT between fingers and support chin, (you can put a finger in the mouth to support tube against tongue or palate) and hold head to turn in to the centre.



Step 5- Change nurse

Person one, (white gloves) turn head to centre, keeping hold of the ETT, person two, (blue gloves) takes over holding ETT from the centred position.



Step 6- Slack off tubing

Person one, (white gloves) supports and loosens ventilator tubing to allow for head movement.



Step 7- Turn body

Person two, (Blue gloves) holds ETT between fingers and support chin, and holds head to turn. Person one, (white glove) to support tubing and turn body once head is turned.



Step 8- Straighten tubing

Person two, (blue gloves) Pulls through tubing and straightens so not dragging or pulling.



Step 9- confirm ETT patency

- Auscultate both sides of chest and perform ETT and OP suction if needed.
- Settle baby into a comfortable supportive position using appropriate developmental aids. Ensuring no NGT or wires are wrapped around the neck or digging into the skin.

Note: good principle care of a ventilated infant requires regular auscultation of the chest and ETT/OP suction.