

WHAT ARE THE RISKS OF AN ET TUBE?

- You may have abnormal heartbeats.
- The tube may cause damage to your mouth, teeth, vocal cords, or trachea.
- The tube may be placed into your esophagus (the passage from your mouth to your stomach). If this happens, you may vomit, and fluid may enter your lungs and cause an infection.
- The tube may be placed too far into your trachea or be dislodged.
- You may not get the oxygen you need. Decreased levels of oxygen can lead to permanent organ or brain damage and be life-threatening.



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WHAT YOU NEED TO KNOW ABOUT ENDOTRACHEAL TUBES



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WHAT IS AN ENDOTRACHEAL TUBE?

An endotracheal (ET) tube is a hollow plastic tube that is placed in your trachea through your mouth. The trachea is also called the windpipe or airway. The ET tube is attached to a machine called a ventilator. A ventilator gives you oxygen and breathes for you when you cannot breathe on your own. The ventilator is life support used in the aid of assisting your family or loved one through critical illness.

WHY MIGHT I NEED AN ET TUBE?

You may need an ET tube if you are not able to breathe enough oxygen on your own. This can occur if you have an injury, serious illness, or a heart attack. An ET tube may also be used during surgery.

HOW IS AN ET TUBE INSERTED?

You will be asleep before your healthcare provider inserts the ET tube. You will get extra oxygen before the ET tube is inserted. A device may be used to help guide the ET tube into place. Your healthcare provider will put the ET tube in your mouth, past your vocal cords, and into your trachea. The tube may have a balloon at the end that is filled with air to hold the tube in place. The tube will be secured to your mouth with medical tape. The ET tube will be attached to a ventilator that will breathe for you.

After the ET tube is put in, your healthcare provider will make sure the tube is in the right place. He will listen for breathing sounds in your lungs and watch for chest movement. He may measure the level of carbon dioxide you are breathing out. An X-ray will also be used to check if the ET tube is in the right place.

WHEN IS THE ET TUBE REMOVED?

The ET tube will be removed when you are able to breathe on your own. No two patients in the ICU are the same, so we use a step-by-step approach that begins with weaning a patient's ventilator settings. These decisions are made based on a combination of data collected by your healthcare team including: vital signs, lab results, medical history and other clinical data.

Once it is believed a patient is ready to have the ET tube removed, a breathing trial may be attempted. During a breathing trial, a patient's ventilator is switched into a mode that allows the patient to breathe while receiving minimal or no ventilatory support. A successful breathing trial indicates a patient is ready for extubation (ET tube removal).

WHAT SHOULD I EXPECT AFTER THE ET TUBE IS REMOVED?

In the first few hours after removal of a breathing tube many patients complain of a sore throat and difficulty speaking. Your family member may require evaluation by a speech language pathologist before resuming a normal diet after removal of a breathing tube due to increased risk of choking and difficulty swallowing. Never attempt to feed your family or loved one without first checking with your nurse.