

Department of Otolaryngology-Head and Neck Surgery

**HOMECARE INSTRUCTIONS:  
NASOPHARYNGEAL (NP) TUBE CHANGE****Definition:** The placement or change of a nasopharyngeal tube for maintaining airway patency.**Frequency:** Change nasopharyngeal airway \_\_\_\_\_.**Indications:** High upper airway obstruction-Pierre Robin.**Equipment:**

1. Endotracheal tube of appropriate size.
2. Suction equipment and supplies.
3. Lubrication.
4. Taping supplies (umbilical white tape).
5. Standby oxygen tank and mask.
6. Scissors to cut tape.

**Procedure:**

1. Cut Endotracheal tube to specific length ordered by ENT.
2. Put small safety pin through just the edge of the cut tube, so ½ cm is left out of the baby's nare. The pin will be on the inside curve of the ET tube, so that the bevel and murphy eye hole are pointing to the sides, not anterior-posterior. Then put tape around end of safety pin clamp so it doesn't open up.
3. Cut 2 pieces of umbilical tape, \_\_\_\_\_ inches long. Put these through each end of the safety pin.
4. Lubricate new ET tube.
5. Pull old tube out.
6. Positioning tube with bevel at the side, put the new tube in opposite nare, gently.
7. To hold ties in place but clear tegaderm tape over the ties on each cheek. This should hold the nasopharyngeal tube in place, with the pin on his/her upper lip and ½ cm of tube sticking out of the nare.
8. The NP tube should be suctioned before feeds and PRN as needed.

**Cleaning:** NP tubes can be cleaned and reused. Once removed from the nose, wash in hot soapy water, (mild soap). Rinse with hot water and allow to dry before putting in a bag. May wash and reuse the tube 3-4 times if the tube is clean and intact.

**PLEASE CALL IF YOU HAVE ANY QUESTIONS!**  
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