Nasopharyngeal Airway (NP tube) Change

**Why is it important to change the NP tube?**
Regular NP tube change reduces the chance of infection and allows you to check for signs of redness or skin breakdown.

**How often should I change it?**
The doctor will tell you how often the NP tube needs to be changed. In addition, change your child’s tube whenever there is a blockage in the tube.

**Essential NP tube equipment and supplies**
- NP tube the same size as the child’s, plus a tube one size smaller
- Suction equipment and supplies:
  - Portable suction machine, fully charged with AC/DC power cords
  - Suction catheters
  - Oral suction
  - Saline packets
- Oximeter – fully charged with AC power cord, oximeter cable and finger probe/wraps
- Sterile lubricant with dressings and blunt scissors
- Oxygen tank (check the amount of gas in the cylinder)
- Resuscitator bag and mask with O2 tubing for blow-by oxygen (if child becomes distressed)
- Hand sanitizer

**Steps to changing the NP tube**
1. Wash hands with warm soapy water and/or sanitize.
2. Prepare the NP tube.
   - You will need umbilical tape, Tegaderm, Replicare Thin, Cavilon (skin barrier), blunt scissors, pink tape, and a small safety pin.
   - Cut the tube to the length specified by the doctor.
   - Put a small safety pin through just the edge of the cut tube so ½ centimeter will be left out of your child’s nostril. The pin will be on the inside curve of the tube so that the bevel and Murphy’s eye are pointing to the sides, not top and bottom. Pass a clean suction catheter through the NP tube to check that it has enough space for the catheter to pass.
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- Cut 2 pieces of umbilical tape and put one through each end of the safety pin. Then put tape around both ends of the safety pin so it does not open.
- Lubricate the end section of the new NP tube

3. Have all the essential equipment (see above) within reach
4. Place feeds on hold before you begin the tube change and keep them off during the change.
5. Ensure your child is swaddled (if appropriate) and lay child on their side with the nostril the tube will go in facing up.
6. Give blow-by oxygen at this time.
7. Pull out the old NP tube.
8. Position the new NP tube with the bevel at the side. Put the new (clean) NP tube either in the same or opposite nostril as indicated by the doctor. Gently roll the tube between your fingers and insert slowly for placement. Do not force the NP tube.
9. Apply the dressing and secure the ties. To hold the ties in place, cut clear Tegaderm tape and place it over the ties on each cheek.
10. Check that the NP tube is in the correct position.
11. Suction to the correct depth to check placement.
12. Be sure to suction NP tube before feeds and as prescribed by the doctor.

Cleaning

NP tubes can be cleaned and reused. Once removed from your child, wash in hot soapy water (mild, clear soap.) Rinse with hot water and allow it to dry completely before reusing. You may wash and reuse the tube 3 to 4 times if the tube is clean and intact.
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To Learn More
• Respiratory Therapy 206-987-2258
• Ask your child’s healthcare provider
• www.seattlechildrens.org

Free Interpreter Services
• In the hospital, ask your child’s nurse.
• From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

Your child’s NP tube information
(To be filled out by your healthcare provider)

<table>
<thead>
<tr>
<th>NP tube size</th>
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<tbody>
<tr>
<td>Length</td>
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<tr>
<td>Pin placement</td>
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<tr>
<td>Emergency NP tube size</td>
<td>_________________________</td>
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<tr>
<td>Suction depth</td>
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<td>Suction frequency</td>
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<td>Catheter size</td>
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<td>Change frequency</td>
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<td>Nostril</td>
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Seattle Children’s offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children’s. However, your child’s needs are unique. Before you act or rely upon this information, please talk with your child’s healthcare provider.

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