

**Royal Hospital for Women (RHW)**  
**NEONATAL BUSINESS RULE**  
**COVER SHEET**



**Health**  
South Eastern Sydney  
Local Health District

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<b>SUMMARY</b>	To guide clinicians in the securement and removal of an oral endotracheal tube (ETT) with a NeoBar®.
<b>KEY WORDS</b>	NeoBar®, Endotracheal tube, ETT, neonate, ETT tape, ETT removal

# Royal Hospital for Women (RHW) NEONATAL BUSINESS RULE

## Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

RHW CLIN098

### Contents

1	BACKGROUND .....	2
2	RESPONSIBILITIES.....	2
3	PROCEDURE.....	2
3.2	Equipment.....	2
3.2	Clinical Practice .....	2
3.2.1	Preparation .....	2
3.2.2	Application .....	3
3.2.3	Retaping .....	7
3.2.4	Removal .....	7
3.3	Documentation .....	8
3.4	Abbreviations .....	9
3.5	Related Policies/procedures .....	9
3.6	References .....	9
4	ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION .....	9
5	CULTURAL SUPPORT .....	9
6	NATIONAL STANDARDS.....	10
7	REVISION AND APPROVAL HISTORY .....	10

# Royal Hospital for Women (RHW)

## NEONATAL BUSINESS RULE

### Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

**RHW CLIN098**

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## 1 BACKGROUND

Some newborns in Newborn Care Centre (NCC) may require respiratory support via a ventilator. An oral endotracheal tube (ETT) is inserted into the trachea to ventilate these newborns. The oral ETT is required to be secured safely, with NeoBar® being the securement device utilised in NCC.

## 2 RESPONSIBILITIES

- 2.1 Medical- to identify neonates that require oral intubation and securement with a NeoBar® device.  
To identify neonates that are for extubation.
- 2.2 Nursing- to assist medical staff with oral intubation and ETT securement with a NeoBar® device.  
To manage neonates intubated with a NeoBar® and safely extubate and remove the NeoBar® when no longer required.

## 3 PROCEDURE

### 3.1 Equipment

- NeoBar® device with measuring tape strip
- Gauze
- Sterile Water
- Adhesive Tape
- Scissors
- Adhesive Remover Wipe (if ETT secured with adhesive tape previously)
- Non- sterile gloves (if applicable)
- Neopuff
- Suction
- Stethoscope
- Resuscitation Trolley

### 3.2 Clinical Practice

#### 3.2.1 Preparation

1. Inform the Level 3 medical team that the neonate requires NeoBar® application.
2. Ask a Level 3 RN for assistance during the whole procedure.
3. Ensure Neopuff™ and suction is functional and ready for emergency use.
4. Bring the resuscitation trolley to the bedside and prepare emergency intubation equipment as necessary.
5. If the baby is intubated already, the RN assisting must ensure the ETT always remains secure during procedure.

# Royal Hospital for Women (RHW)

## NEONATAL BUSINESS RULE

### Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

**RHW CLIN098**

6. Perform hand hygiene.
7. Select the correct size NeoBar® by measuring from the middle of the neonate's nasal septum to the start of the tragus (ear canal) with the provided measuring tape strip (picture 1).
  - This step can be done before or after intubation.
  - The colour that falls over the opening of the tragus (ear canal) corresponds to the correct NeoBar® size (picture 2).
8. Cut the adhesive tape to the appropriate length needed to secure the ETT to the NeoBar®. Put courtesy tabs on both ends of the tape (Picture 3).
9. Perform hand hygiene and don gloves if applicable.
10. Clean the face, the cheeks and upper lip with gauze and water thoroughly.
  - If the neonate has an ETT secured with adhesive tape and comfeel, use an adhesive remover wipe to gently remove the tape and comfeel from the ETT and neonate's face.
  - Clean the face with gauze and water to remove the residue from the remover wipe.
11. Using dry gauze, thoroughly dry the skin before applying the NeoBar®.
12. Perform hand hygiene after cleaning neonate's face.

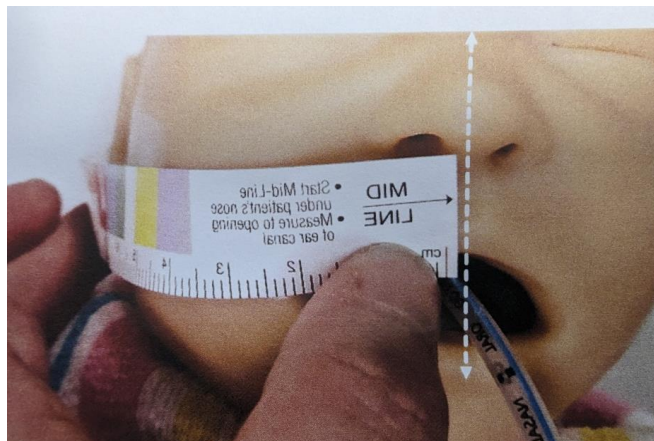
#### NOTE:

If the baby is between two NeoBar® sizes, try the smaller one first.

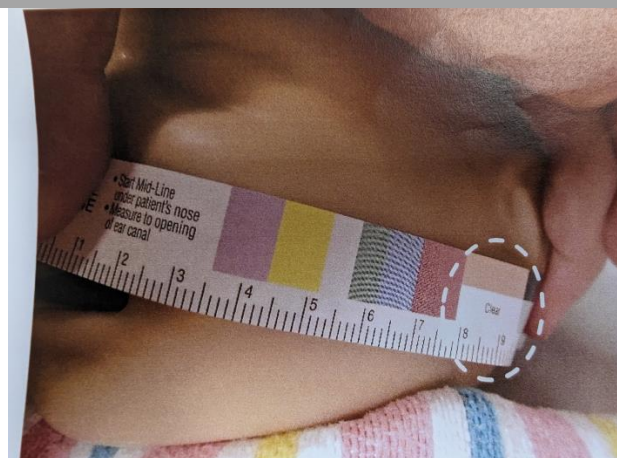
It is important for the skin to be as clean and dry as possible.

Hydrocolloid adhesive tabs will not adhere properly to moist skin or hair.

Oils and lotions (such as skin barrier wipes) will adversely affect adhesion. **DO NOT USE ALCOHOL.**



Picture 1



Picture 2



Picture 3

#### 3.2.2 Application

13. To ensure proper fit, position NeoBar® across centre of mouth, between upper and lower lips (Picture 4).
  - The NeoBar® should not contact the lips.

# Royal Hospital for Women (RHW)

## NEONATAL BUSINESS RULE

### Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

**RHW CLIN098**

- The ETT sits underneath the NeoBar® platform to reduce the pressure on the palate and gums.
  - The hydrocolloid pads must be aligned with the ear, and the pads sit just in front of the ear (Picture 5 and 6).
14. The side that has 'NeoBar®' written across the curved section of the device faces towards the neonate's nose (Picture 7).
  15. Before removing plastic liners, hydrocolloid adhesive tabs must be actively warmed, ensure both adhesive colloids are warmed at the same time. (Picture 8).
  16. Peel and discard plastic liners (Picture 9).
  17. Apply hydrocolloid adhesive tabs in front of ear on the cheek and hold in place for 60 seconds to ensure proper adhesion (Picture 10).
  18. Ensure ETT is at the correct position at the lips based on chest x- ray positioning and tube measurements prior to securing the ETT.
  19. Wrap the adhesive tape completely around the NeoBar® platform, in one full turn, first (Picture 11).
  20. Place the ETT onto the NeoBar® platform and continue wrapping the adhesive tape around the ETT and NeoBar® platform until there is no tape left (Picture 12, 13, 14).
  21. Assess air entry with stethoscope to determine bilateral equal air entry is audible.
  22. Place the ETT in a downward position from the face to avoid tension on the ETT and to minimise risk of condensation travelling down ETT (Picture 15).
  23. Perform hand hygiene.
  24. Dispose of waste appropriately.
  25. Document procedure in eRIC.

#### NOTE:

Warming techniques include holding between the palms of your hands for at least 60 seconds. Do not hold up to the radiant heater to warm or put it in the milk warmer; this can cause burns to the neonate's skin.

A tree/ arm holder may be required for nursing neonates with a NeoBar® to assist in correct positioning of the ETT and NeoBar.



Picture 4

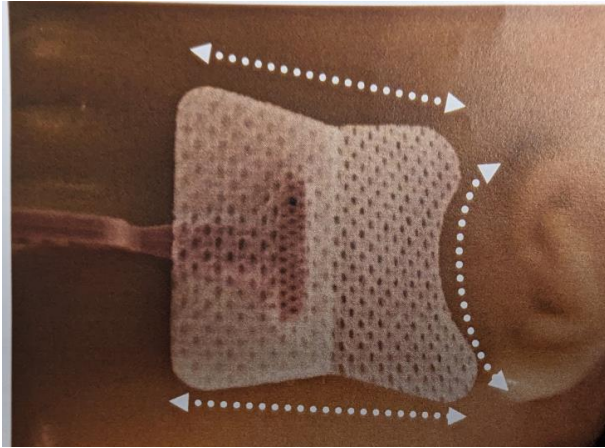


Picture 5

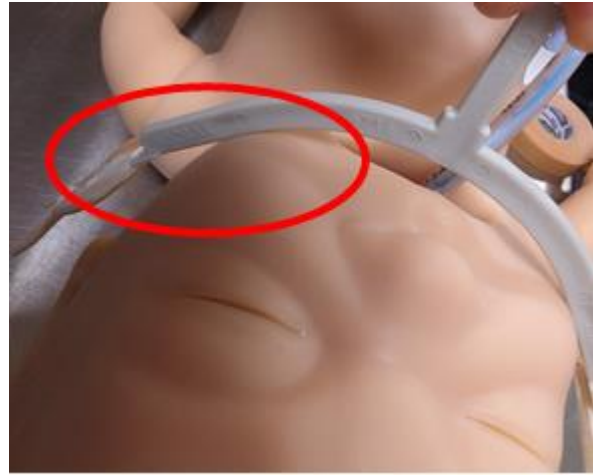
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## Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

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Picture 6



Picture 7



Picture 8



Picture 9

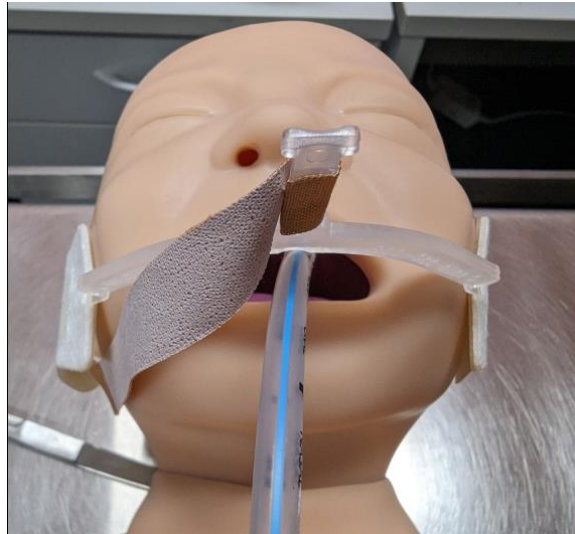
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**Oral ETT Taping- Securement and Removal  
using a NeoBar® (Neonate)**

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Picture 10



Picture 11



Picture 12



Picture 13

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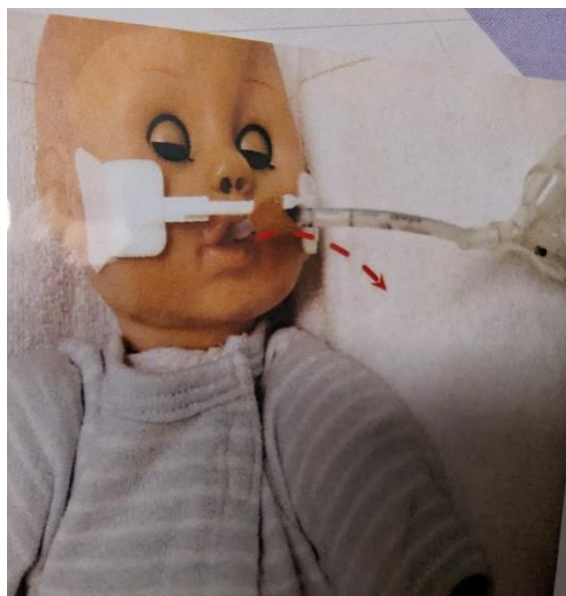
## NEONATAL BUSINESS RULE

### Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

RHW CLIN098



Picture 14



Picture 15

#### 3.2.3 Retaping

26. If the ETT has moved from the original position based on measurement at the lips or confirmation via chest x-ray, the ETT requires re- taping.
27. Gather emergency resuscitation equipment and resus trolley at the bedside and place intubation equipment on resus trolley (in case emergency intubation required).
28. Second Level 3 RN is required to hold the ETT in place.
29. Perform hand hygiene.
30. Cut a piece of adhesive tape to desired length and put courtesy tabs on either end of the tape (Picture 3).
31. Perform hand hygiene.
32. Remove the adhesive tape from the ETT and NeoBar® (remover wipe can be used but it is not necessary) (Picture 16).
33. Adjust the ETT to the correct position as per medical team.
34. Wrap the adhesive tape completely around the NeoBar® platform, in one full turn, first (Picture 11).
  - A new piece of adhesive tape must be cut and used for re- taping
35. Place the ETT onto the NeoBar® platform and continue wrapping the adhesive tape around the ETT and NeoBar® platform until there is no tape left (Picture 12 and 13).
36. Assess air entry with stethoscope to determine bilateral equal air entry is audible.
37. Perform hand hygiene.
38. Document procedure in eRIC with new ETT measurement.

#### 3.2.4 Removal

39. Gather emergency resuscitation equipment and resus trolley at the bedside and place intubation equipment on resus trolley (in case emergency intubation required).
40. Replace NeoBar® if hydrocolloid tabs lifting from the face, the NeoBar® is no longer secure or the NeoBar® is soiled.
41. Ask second level 3 RN to assist during removal.

## Royal Hospital for Women (RHW) NEONATAL BUSINESS RULE

### Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

**RHW CLIN098**

42. Unwrap the adhesive tape from the ETT and NeoBar® platform and continue until the tube is released from the platform (Picture 16).
43. Slowly peel the hydrocolloid tabs away from the skin as you swab with water or remover wipes (Picture 17).
44. Remove the ETT and NeoBar® device from the neonate's face and apply appropriate respiratory support as needed.
45. Dispose of equipment
46. Document procedure in eRIC.

#### NOTE:

The NeoBar® has an emergency fail safe for accidental extubations or the ETT requires removal quickly: cut the plastic that attaches the curved bar to the hydrocolloid pads on both sides with scissors and pull the bar and ETT from the neonate's mouth and face (Picture 18).



Picture 16



Picture 17



Picture 18

### 3.3 Documentation

- eRIC

# Royal Hospital for Women (RHW)

## NEONATAL BUSINESS RULE

### Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

**RHW CLIN098**

### 3.4 Abbreviations

ETT	Endotracheal Tube		
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### 3.5 Related Policies/procedures

- RHW NCC Medical Clinical Business Rule- Golden Hours Protocol- Management of Preterm Infants <32 weeks in the first 2 hours
- RHW NCC Medical Clinical Business Rule- Preterm Infants – Delivery Management for Extremely Preterm Infants less than 26 Weeks Gestation
- RHW NCC Medical Clinical Business Rule- Neonatal Resuscitation at Delivery
- RHW NCC Nursing Clinical Business Rule- Strapping of Nasal Endotracheal Tube

### 3.6 References

1. Neotech. NeoBar Directions for Use. Neotech Products. 2022. Accessed 13/12/2023.  
[https://www.neotechproducts.com/n17/wp-content/uploads/2019/10/D470\\_RevE\\_NeoBar\\_DFU\\_One\\_Sheet.pdf](https://www.neotechproducts.com/n17/wp-content/uploads/2019/10/D470_RevE_NeoBar_DFU_One_Sheet.pdf)
2. Neotech. NeoBar Directions for Use. Neotech Products. 2023. Accessed 13/12/2023.  
<https://www.youtube.com/watch?v=FvL8UM0EIPi&list=PLcbssUKkCEbQAdSbgtaNcFr-9qShJULOF&index=8>

## 4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

## 5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017\_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

# Royal Hospital for Women (RHW) NEONATAL BUSINESS RULE

## Oral ETT Taping- Securement and Removal using a NeoBar® (Neonate)

**RHW CLIN098**

### 6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 3 Preventing and Controlling Healthcare Associated Infections
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety
- Standard 8 Recognising and Responding to Acute Clinical Deterioration

### 7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
13/12/2023	1	R Jackson (NE)
19.09.2024		Endorsed by NCC CBR Committee
21.10.24	2	Approved RHW BRGC