Evidence Based Use of Cuffed Endotracheal Tubes in Children

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**SUMMARY**

- Historically, uncuffed endotracheal tubes (ETT) have been used in children less than eight years of age due to the increased risk of post-extubation laryngeal edema associated with older, poorly constructed pediatric cuffed ETTs.

- In 1997, a group of pediatric anesthesia researchers presented evidence from a large, prospective study that there was no difference in outcomes between children intubated with uncuffed ETTs and those intubated with cuffed ETTs.

- Since that time, and although the used of cuffed ETTs in children remains controversial, many researchers have presented additional evidence supporting the appropriate use of cuffed ETTs in children.

- The intraoperative use of cuffed ETTs in children has grown to become the standard of care in most pediatric centers due to the advantages of the cuff during general anesthesia.

- Because the most significant risk associated with cuffed ETTs in young children continues to be post-extubation laryngeal edema, researchers are now focused on how best to monitor and control ETT cuff pressure.

- Researchers are consistently presenting evidence that the appropriate use of cuffed ETTs in children should include vigilant cuff pressure monitoring and control with a cuff pressure manometer.

**REFERENCES**


Revised 2/5/14