

REPORT OF A CASE

A 53-year-old man with hemorrhagic pancreatitis, massive ascites, and ventilatory failure developed a cuff leak necessitating placement of a new endotracheal tube. He had had a nasogastric tube in place in the stomach for several days, which was not on suction at the time. The endotracheal tube was changed using a guide. The patient expressed no complaints, and his arterial blood gases, tidal volume, respiratory rate, and airway pressures were unchanged. A chest x-ray was done following the procedure, which is reproduced in figure 1. The nasogastric tube was in the left mainstem bronchus.

It is likely that the nasogastric tube was pulled up and coiled in the pharynx when the old endotracheal tube was removed, and was introduced into the trachea along with the new tube. There was no outward evidence that this had occurred, as the nasogastric tube remained taped to the nares, and the patient expressed no complaint.

The commercially available tube changer is marked so that depth of intubation can be controlled, and it has been suggested that additional chest x-rays are not needed.² An exception to this may be made in situations

where nasogastric or feeding tubes are in use, as this complication was not evident at the time it occurred.³

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A Simple System For Transtracheal Ventilation

To the Editor:—Descriptions of transtracheal catheter ventilation as described in the *Textbook of Advanced Cardiac Life Support* of the American Heart Association and other sources require a special hand-operated release valve, pressure adjustment valve, or other adaptors.¹⁻³

Unfortunately, these attachments are not standard on all code arrest carts. However, a 12-ml syringe and endotracheal tubes, which are standard, can be used to connect the large bore (12- or 14-gauge) intravenous catheter to a bag-valve device. By removing the plunger from the syringe, inserting the distal end of the endotracheal tube into the syringe barrel, inflating the cuff, then attaching the syringe to the catheter, and the endotracheal tube to the bag-valve device (not shown), a system for delivering transtracheal ventilation is readily assembled (fig. 1).

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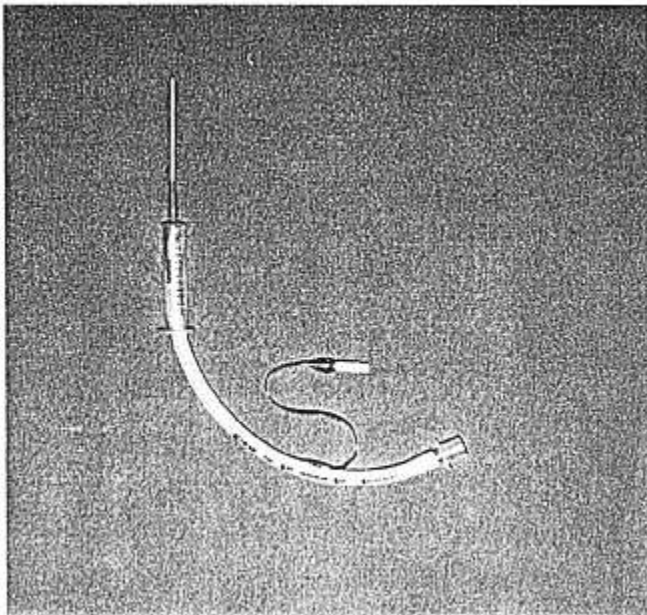


FIG. 1. System designed for delivering transtracheal ventilation.