

# Estimating the depth of insertion of oral endotracheal tubes in newborns using weight or vocal cord guide

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
03/09/2013	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
14/10/2013	Completed	<input checked="" type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
21/01/2019	Neonatal Diseases	

## Plain English summary of protocol

### Background and study aims

Many newborn babies receive help for breathing difficulties after birth. Some of these infants are have a tube (an endotracheal tube - ETT) inserted into their windpipe for support with a ventilator. ETTs have markings at 1cm intervals from the tip so that it is known how far it has been inserted. ETTs also have a marker, the vocal cord guide, 2.5-3cm from the tip. It is important that the ETT is inserted far enough so that it is within the windpipe, but not too far so that the lungs are not ventilated evenly. The position of the ETT tip is confirmed using a chest X-ray. Currently, doctors estimate how far they should insert ETTs in a newborn using a formula based on the babys birth weight. Half of the ETTs are not in the correct position when the insertion depth is estimated using this method. It may be more accurate to use the vocal cord guide. We aim to determine whether estimating the insertion depth of ETTs in newborns with the vocal cord guide, compared to weight, results in more correctly-placed ETTs on chest X-rays.

### Who can participate?

Newborn infants who are being intubated (tube inserted) in the Neonatal Intensive Care Unit (NICU) can participate in the study.

### What does the study involve?

Newborns are randomly allocated to one of two groups: estimation of ETT insertion depth using the weight-based formula or the vocal cord guide. Correct position of the ETT insertion is found using an X-ray by a specialist.

### What are the possible benefits and risks of participating?

Infants will not have additional investigations or treatments by virtue of their participation in the study.

There are no risks in participating above those that already exist due to intubation in an intensive care.

### Where is the study run from?

The study is run from the National Maternity Hospital, Holles Street, Dublin, Ireland.

When is study starting and how long is it expected to run for?  
The study started in September 2013 and is expected to run for 12 months.

Who is funding the study?  
The National Childrens Research Centre, Dublin, Ireland.

Who is the main contact?  
Dr. Colm O'Donnell  
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## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

**Protocol serial number**  
NEDI2001

## Study information

**Scientific Title**  
Estimating Neonatal oral Endotracheal tube Depth of Insertion using weight or vocal cord guide

**Acronym**  
NEDI2

**Study objectives**  
Estimating the appropriate depth of insertion of oral endotracheal tubes (ETT) in newborns using the vocal cord guide is more accurate than using a weight based formula.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Diagnostic

**Health condition(s) or problem(s) studied**

Neonatal intensive care, respiratory support, mechanical ventilation

**Interventions**

Newborns are randomised to two groups:

1. Oral ETT insertion depth estimated using a weight-based formula [insertion depth (cm) = 6 + birth weight (kg)]
2. Operators assessment that the top of the vocal cord guide is still visible

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Correct position of the ETT on chest X-ray defined as between the upper border of the first thoracic vertebra (T1) and the lower border of the second thoracic vertebra (T2) on chest X-ray. ETT position will be determined by a consultant paediatric radiologist who will be unaware of the infants treatment allocation.

**Key secondary outcome(s)**

1. Number of extubations before chest X-ray
2. Repositioning of ETT following chest X-ray
3. Unequal lung expansion on initial chest X-ray following intubation
4. Air leaks - pneumothorax, pneumomediastinum, pulmonary interstitial emphysema
5. Duration of ventilation
6. Oxygen therapy at 28 days
7. Oxygen at 36 weeks
8. Death before discharge from hospital

**Completion date**

30/06/2014

**Eligibility**

**Key inclusion criteria**

Newborn infants intubated in the neonatal intensive care unit (NICU)

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Neonate

**Sex**

All

**Key exclusion criteria**

Infants with upper airway anomalies (e.g. Pierre-Robin sequence) or lung abnormalities (e.g. congenital diaphragmatic hernia) that may distort the upper airway anatomy and alter the position of the ETT tip on chest X-ray (CXR) are not eligible for inclusion.

**Date of first enrolment**

16/09/2013

**Date of final enrolment**

30/06/2014

## Locations

**Countries of recruitment**

Ireland

**Study participating centre**

Neonatal Intensive Care Unit

Dublin

Ireland

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## Sponsor information

**Organisation**

The National Maternity Hospital (Ireland)

**ROR**

<https://ror.org/03jcxa214>

## Funder(s)

**Funder type**

Research organisation

**Funder Name**

National Children's Research Centre, Dublin (Ireland)

## Results and Publications

### Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

Not provided at time of registration

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/07/2018	21/01/2019	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes