

Endotracheal aspiration

The aim of [endotracheal aspiration](#) is to eliminate [secretions](#) in patients with an artificial [airway](#). All children with [mechanical ventilation](#) must undergo this procedure periodically. The frequency of aspiration depends on the type and quantity of the respiratory [secretions](#) and on the patient's clinical status.

The ideal [head](#) height should be 45 degrees during and after endotracheal aspiration in regard to maintaining [cerebral oxygenation](#) in neurosurgery [intensive care](#) patients. It is extremely important to monitor the [cerebral oxygenation](#) status of patients, with non-invasive measurement tools during and after endotracheal aspiration, to prevent secondary complications.

This study reveals the importance of raising the head 45 degrees in the best preservation of cerebral oxygenation values in neurosurgery intensive care patients. Intensive care nurses should pay attention to maintaining this head height ¹⁾.

Performing 6 or more endotracheal tube suction events during the 24 hours before [extubation](#) is a risk factor for extubation failure in neurosurgical patients ²⁾.

¹⁾

Köstekli S, Çelik S, Keskin E. Evaluation of the effect of endotracheal aspiration at different head heights on oxygenation of the brain by non-invasive method in intensive care patients. J Clin Nurs. 2022 Mar 31. doi: 10.1111/jocn.16314. Epub ahead of print. PMID: 35362186.

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León-Gutiérrez MA, Tanus-Hajj J, Sánchez-Hurtado LA. Predictores de fracaso en la extubación de pacientes neuroquirúrgicos [Predictors of extubation failure in neurosurgical patients]. Rev Med Inst Mex Seguro Soc. 2016;54 Suppl 2:S196-201. Spanish. PMID: 27561025.

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