

Use of SACETT (Suction Above Cuff Endo-tracheal TUBE)



Indications

SACETT is recommended for use in all patients receiving mechanical ventilation for >48 hours in NHS Lothian Critical Cares as part of the VAP bundle.

All patients intubated or re-intubated within Critical Care should have a SACETT inserted.

Patients who have been intubated with a standard ETT and transferred to Critical Care from another clinical area (Theatres/ED) **should not** have the standard ETT replaced with a SACETT unless there is another indication to change the ET tube.

Use of Sub-glottic Suction Procedure

1. Apply appropriate PPE: Non-sterile gloves, apron and eye protection
2. Attach a 10ml syringe to **yellow** Sub-glottic drainage port and slowly aspirate secretions
3. Dispose of syringe and PPE
4. Record volume of secretions on 24hour chart
5. Perform suctioning of **yellow** Sub-glottic drainage port **hourly** during initial phase of treatment (Until volume of secretion less than 5 ml per suction)
6. If volume of secretions are less than 5mls per suction then suctioning of Sub-glottic drainage port should be performed **4 hourly**. (Frequency increased again to **1 hourly** if volumes greater than 5 ml per suction)
7. If resistance present on aspiration then the **yellow** Sub-glottic drainage port may be flushed once with 5ml of air or 2ml of 0.9% saline. If resistance to aspiration continues then the port may be blocked or the aperture adjacent to the tracheal wall.

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Authors: Dr Murray Blackstock, G McNeill, C/N David Briody	
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