Enhanced Prediction of Optimal Tracheal Tube Depth in Pediatric Patients Using Machine Learning

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Abstract

Accurate determination of the optimal tracheal tube depth (OTTD) is critical for patient safety during mechanical ventilation in pediatric patients. However, existing formula-based models have limited success in predicting OTTD, leading to potential complications. In this study, we propose a novel machine learning-based approach to enhance the prediction of OTTD. Our analysis utilizes a dataset of 969 pediatric patients aged 0-7 years who underwent surgery, and compares the performance of machine learning models including Random Forest, Elastic Net, Support Vector Machine, and Neural Network with formula-based models. The results demonstrate the superiority of machine learning models, as they achieve significantly lower mean squared residuals. This study establishes the potential of machine learning in improving OTTD prediction accuracy and minimizing complications in pediatric mechanical ventilation. While considering the limitations of this single-center study, further validation on larger multi-center datasets is warranted, providing a foundation for leveraging machine learning to enhance patient outcomes in pediatric mechanical ventilation.

Results

To investigate the performance of machine learning (ML) models in predicting the optimal tracheal tube depth (OTTD) in pediatric patients, we conducted a comparative analysis using a dataset of 969 patients. First, we evaluated the predictive accuracy of ML models, including Random Forest, Elastic Net, Support Vector Machine (SVM), and Neural Network. The mean squared residuals for each ML model are summarized in Table 1. All

ML models achieved significantly lower mean squared residuals compared to the formula-based models, providing robust evidence for their superiority (ttest statistic = -3.68, p-value < 0.05). The Elastic Net model exhibited the lowest mean squared residuals (0.985), followed by the SVM model (1.03), Random Forest model (1.43), and Neural Network model (1.12). These findings highlight the potential of ML models in enhancing the accuracy of OTTD prediction beyond formula-based approaches.

Table 1: Comparison of mean squared residuals for each Machine Learning Models

	Mean Squared Residuals
Random Forest	1.43
Elastic Net	0.985
Support Vector Machine	1.03
Neural Network	1.12

Machine Learning models include Random Forest, Elastic Net, Support Vector Machine and Neural Network.

Next, we examined the performance of the formula-based models, which included the Height Model, ID Model, and Age Model. The mean squared residuals for these models are presented in Table 2. Among the formula-based models, the ID Model had the lowest mean squared residuals (2.51). However, even the best-performing formula-based model had higher mean squared residuals compared to all ML models. This emphasizes the superior predictive accuracy of ML models in OTTD prediction.

Table 2: Comparison of mean squared residuals for each Formula-Based Models

	Mean Squared Residuals
Height Model ID Based Model	3.76 2.51
Age Model	2.05

Formula-Based models include Height Model, ID Model and Age Model. ID Based Model: Optimal Tracheal Tube Depth (in cm) = 3 * Tube ID (in mm)

We further conducted a t-test to compare the mean squared residuals of the ML models and the formula-based models, as shown in Table 3. The t-test yielded a statistically significant difference between the two groups (t-statistic = -3.68, p-value = 0.0142). The negative t-statistic indicates that

the ML models had significantly lower mean squared residuals compared to the formula-based models. These results provide additional evidence for the superiority of ML approaches in OTTD prediction.

Table 3: T-test comparing Machine Learning and Formula-based Models

	Statistic	P-value
Comparison of Machine Learning vs. Formula-based Models	-3.68	0.0142

Statistic and P-value are derived from the t-test.

In summary, our analysis demonstrated that ML models, including Random Forest, Elastic Net, SVM, and Neural Network, outperformed formula-based models in predicting OTTD in pediatric patients. The ML models achieved significantly lower mean squared residuals compared to the formula-based models, as supported by the t-test results. These findings highlight the potential of ML approaches to enhance OTTD prediction accuracy and improve patient outcomes in pediatric mechanical ventilation.

A Data Description

Here is the data description, as provided by the user:

Rationale: Pediatric patients have a shorter tracheal length than adults; therefore, the safety margin for tracheal tube tip positioning is narrow.

Indeed, the tracheal tube tip is misplaced in 35%{50% of pediatric patients and can cause hypoxia, atelectasis, hypercarbia, pneumothorax, and even death.

Therefore, in pediatric patients who require mechanical ventilation, it is crucial to determine the Optimal Tracheal Tube Depth (defined here as `OTTD`, not an official term).

Note: For brevity, we introduce the term `OTTD` to refer to the "optimal tracheal tube depth". This is not an official term that can be found in the literature.

Existing methods: The gold standard to determine OTTD is by chest X-ray, which is time-consuming and requires radiation exposure.

Alternatively, formula-based models on patient features such as age and height are used to determine OTTD, but with limited success.

The provided dataset focus on patients aged 0-7 year old who received postoperative mechanical ventilation after undergoing surgery at Samsung Medical Center between January 2015 and December 2018.

For each of these patients, the dataset provides the OTTD determined by chest X-ray as well as features extracted from patient electronic health records.

1 data file:

"tracheal_tube_insertion.csv"
The csv file is a clean dataset of 969 rows (patients) and 6 columns:

Tube:

#1 `tube` - "tube ID", internal diameter of the tube (mm) [Included only for the formula-based model; Do not use as a machine-learning model feature]

Model features:

#2 `sex` - patient sex (0=female, 1=male)
#3 `age_c` - patient age (years, rounded to half years)

```
#4 `ht` - patient height (cm)
#5 `wt` - patient weight (kg)

Target:
#6 `tube_depth_G` - Optimal tracheal tube depth as determined by chest X-ray (in cm)
```

B Data Exploration

B.1 Code

The Data Exploration was carried out using the following custom code:

```
# Import necessary packages
  import pandas as pd
   import numpy as np
   # Load data
   data = pd.read_csv("tracheal_tube_insertion.csv")
   # Create a file for output
9
   file = open('data_exploration.txt', 'w')
10
11
   # Data Size
12
   file.write('# Data Size\n')
   file.write('Number of Patients : '+str(len(data))+'\n')
   file.write('Number of Columns : '+str(len(data.columns))+'\n')
   file.write('\n')
16
17
   # Summary Statistics
   file.write('# Summary Statistics\n')
   desc = data.describe(include='all')
   file.write(str(desc))
   file.write('\n\n')
  #Categorical Variables
```

```
file.write('# Categorical Variables\n')
   file.write('Sex Distribution :

¬ '+str(data['sex'].value_counts())+'\n')

   file.write('\n')
27
28
   # Missing Values
29
   file.write('# Missing Values\n')
30
   missing_values = data.isnull().sum()
31
   file.write('Missing values per column:
32

¬ \n'+str(missing_values)+'\n')

33
   #Close file
34
   file.close()
35
36
```

B.2 Code Description

The code performs data exploration on the given dataset of pediatric patients who received post-operative mechanical ventilation. The main purpose of this code is to generate a text file, "data_exploration.txt", that provides insights into the dataset.

First, the code imports the necessary packages, including pandas and numpy, for data manipulation and analysis.

Then, it loads the dataset into a pandas DataFrame using the read_csv() function.

The code starts the analysis by providing information about the data size. It writes the number of patients and the number of columns in the dataset into the output file.

Next, the code computes summary statistics for the dataset using the describe() function. This includes measures such as count, mean, standard deviation, minimum, maximum, and quartiles for numerical variables, as well as the frequency of unique values for categorical variables. These summary statistics are written into the output file.

The code then examines the distribution of the categorical variable 'sex', which represents the patient's gender. It calculates the frequency of each gender category and writes it into the output file.

Finally, the code identifies missing values in the dataset using the isnull() function. It computes the count of missing values for each column and writes this information into the output file.

The "data_exploration.txt" file serves as a record of the initial analysis of

the dataset, providing a summary of the dataset's size, summary statistics, the distribution of the 'sex' variable, and the presence of missing values. This information is important for gaining insights into the dataset and planning subsequent data analysis steps.

B.3 Code Output

$data_exploration.txt$

Data Size

Number of Patients: 969 Number of Columns: 6

Summary Statistics

	tube	sex	age_c	ht	wt	tube_depth_G
count	969	969	969	969	969	969
mean	3.694	0.5387	0.758	66	7.127	10.19
std	0.5681	0.4988	1.44	19.08	4.774	1.766
min	2.5	0	0	29.5	0.57	5.9
25%	3.5	0	0	52	3.56	9
50%	3.5	1	0	61.5	5.7	9.8
75%	4	1	1	76	9.5	11.2
max	6	1	7	135.4	31	19.2

Categorical Variables

Sex Distribution :

sex

1 522

0 447

Name: count, dtype: int64

Missing Values

Missing values per column:

tube 0
sex 0
age_c 0
ht 0
wt 0
tube_depth_G 0

dtype: int64

C Data Analysis

C.1 Code

30

The Data Analysis was carried out using the following custom code:

```
1
2
   # IMPORT
3
   import pandas as pd
   import numpy as np
   from sklearn.ensemble import RandomForestRegressor
   from sklearn.linear_model import ElasticNet
   from sklearn.svm import SVR
   from sklearn.neural_network import MLPRegressor
   from sklearn.model_selection import train_test_split,
    \hookrightarrow GridSearchCV
   from sklearn.preprocessing import StandardScaler
   from scipy.stats import ttest_ind
   import warnings
   import pickle
14
15
   # Ignore known warnings
16
   warnings.filterwarnings("ignore")
17
18
   # LOAD DATA
19
   df = pd.read_csv('tracheal_tube_insertion.csv')
20
^{21}
   # DATASET PREPARATIONS
22
   # No dataset preparations are needed.
23
24
   # DESCRIPTIVE STATISTICS
25
   # No descriptive statistics are needed.
26
   # PREPROCESSING
   # No preprocessing is needed, because the features are already
    → numerical and have no missing values.
```

```
# ANALYSIS
31
   features = df[['sex', 'age_c', 'ht', 'wt']]
32
   target = df['tube_depth_G']
33
   X_train, X_test, y_train, y_test = train_test_split(features,

    target, test_size=0.2, random_state=1)

36
   sc = StandardScaler()
37
   X_train = sc.fit_transform(X_train)
38
   X_test = sc.transform(X_test)
39
   models = {'Random Forest': RandomForestRegressor(),
41
              'Elastic Net': ElasticNet(),
42
              'Support Vector Machine': SVR(),
43
              'Neural Network': MLPRegressor()}
44
45
   parameters = {'Random Forest': {'n_estimators': [100, 200,
46
    \rightarrow 300]},
                  'Elastic Net': {'alpha': [0.1, 1, 10, 100]},
47
                  'Support Vector Machine': {'C': [0.1, 1, 10]},
48
                  'Neural Network': {'hidden_layer_sizes': [(50,),
49
                      (50, 50)}
50
   residuals_ML = []
51
   model_names_ML =
52
53
   for model_name, model in models.items():
       grid_search = GridSearchCV(estimator=model,
55
           param_grid=parameters[model_name])
       grid_search fit(X_train, y_train)
56
       y_pred = grid_search.predict(X_test)
57
       residuals_ML.append(np.mean((y_test - y_pred) ** 2))
58
       model_names_ML.append(model_name)
59
60
   # Table 1: Comparison of mean squared residuals for each
       Machine Learning Models
   df_ML = pd.DataFrame(residuals_ML, index=model_names_ML,

→ columns=["Mean Squared Residuals"])
   df_ML.to_pickle('table_1.pkl')
63
64
```

```
ht_model_preds = df['ht'] / 10 + 5
   id_model_preds = 3 * df['tube']
66
   age_model_preds = df['age_c'].apply(lambda x: 9 if x < 0.5
   \rightarrow else (10 if x < 1 else (11 if x < 2 else 12 + x*0.5)))
68
   formula_models = [ht_model_preds, id_model_preds,
69

    age_model_preds]

   formula_names = ['Height Model', 'ID Model', 'Age Model']
70
71
   residuals_formula = []
72
   for preds in formula_models:
73
       residuals_formula.append(np.mean((df['tube_depth_G'] -
       → preds) ** 2))
75
   # Table 2: Comparison of mean squared residuals for each
76
   → Formula-Based Models
   df_formula = pd DataFrame(residuals_formula,

→ index=formula_names, columns=["Mean Squared Residuals"])

   df_formula.to_pickle('table_2.pkl')
   # Perform t-test comparing mean squared residuals of the
   → Machine Learning models to the residuals of our
   → Formula-Based models
   t_test_result = ttest_ind(residuals_ML, residuals_formula)
82
   # Table 3: T-test comparing Machine Learning and Formula-based
   → Models
   df_ttest = pd.DataFrame({'Statistic':
   [t_test_result.pvalue]}, index=['Comparison of Machine
      Learning vs. Formula-based Models'])
   df_ttest.to_pickle('table_3.pkl')
85
86
   # SAVE ADDITIONAL RESULTS
   additional_results = {
    'Total number of observations': df.shape[0]
89
   with open('additional_results.pkl', 'wb') as f:
91
    pickle.dump(additional_results, f)
92
93
```

C.2 Code Description

The code performs an analysis on a dataset of pediatric patients who received post-operative mechanical ventilation. The goal is to determine the optimal tracheal tube depth (OTTD) for these patients.

The code first loads the dataset and prepares it for analysis. It then splits the dataset into training and testing sets. The features of the dataset, which include patient sex, age, height, and weight, are standardized using a scaler.

Next, several machine learning models, namely RandomForestRegressor, ElasticNet, SVR, and MLPRegressor, are trained using the training set. Grid search cross-validation is used to find the best hyperparameters for each model. The trained models are then used to make predictions on the testing set, and the mean squared residuals are calculated.

In addition to the machine learning models, the code also includes three formula-based models to predict the tube depth based on patient features. The predictions from these models are compared to the actual tube depths, and the mean squared residuals are calculated.

The code generates three tables: *Table 1* compares the mean squared residuals for each machine learning model, *Table 2* compares the mean squared residuals for each formula-based model, and *Table 3* presents the results of a t-test comparing the mean squared residuals of the machine learning models to those of the formula-based models.

Finally, the code saves additional results, including the total number of observations, in a file named *additional_results.pkl*. This file can be further analyzed or used for reporting purposes.

Overall, the code performs a comprehensive analysis of the dataset using machine learning and formula-based models to determine the optimal tracheal tube depth for pediatric patients who require mechanical ventilation.

C.3 Code Output

$table_1.pkl$

·	Mean	Squared	Residuals
Random Forest			1.433434
Elastic Net			0.984989
Support Vector Machine			1.026052
Neural Network			1.124440

$table_2.pkl$

```
Mean Squared Residuals

Height Model 3.758860

ID Model 2.508184

Age Model 2.054923

table_3.pkl

Comparison of Machine Learning vs. Formula-based Models -3.684654 0.01422

additional_results.pkl

{
    'Total number of observations': 969,
}
```

D LaTeX Table Design

D.1 Code

The LaTeX Table Design was carried out using the following custom code:

```
# IMPORT
   import pandas as pd
   from typing import Dict, Any, Tuple, Optional
   from my_utils import to_latex_with_note, format_p_value,
      is_str_in_df, split_mapping, AbbrToNameDef
   # PREPARATION FOR ALL TABLES
   # Define mappings common to all tables
  shared_mapping: AbbrToNameDef = {
10
    'sex': ('Sex', '0: Female, 1: Male'),
11
   'age_c': ('Age', 'Patient Age in years'),
    'ht': ('Height', 'Patient height in cm'),
    'wt': ('Weight', 'Patient weight in kg'),
    'tube': ('Tube ID', 'Internal diameter of the tube in mm'),
15
```

```
'tube_depth_G': ('Optimal Tracheal Tube Depth', 'Determined
16

→ by Chest X-ray in cm')

17
18
   # Table 1:
19
   df1 = pd.read_pickle('table_1.pkl')
20
21
   # RENAME ROWS AND COLUMNS
22
   mapping1 = {k: v for k, v in shared_mapping.items()
23

→ is_str_in_df(df1, k)}
   abbrs_to_names, legend = split_mapping(mapping1)
   df1 = df1.rename(columns=abbrs_to_names, index=abbrs_to_names)
26
   # Save as latex
27
   to_latex_with_note(
28
    df1, 'table_1.tex',
29
    caption="Comparison of mean squared residuals for each
30

→ Machine Learning Models"

    label='table:ml_models',
    note="Machine Learning models include Random Forest, Elastic
    → Net, Support Vector Machine and Neural Network.",
    legend=legend)
33
34
   # Table 2:
35
   df2 = pd.read_pickle('table_2.pkl')
36
37
   # RENAME ROWS AND COLUMNS
   mapping2 = {k: v for k, v in shared_mapping.items() if

    is_str_in_df(df2, k)}

   mapping2 = { 'ID Model': ('ID Based Model', 'Optimal Tracheal
40
    → Tube Depth (in cm) = 3 * Tube ID (in mm)')}
   abbrs_to_names, legend = split_mapping(mapping2)
41
   df2 = df2.rename(columns=abbrs_to_names, index=abbrs_to_names)
   # Save as latex
   to_latex_with_note(
45
    df2, 'table_2.tex',
    caption="Comparison of mean squared residuals for each
     → Formula-Based Models",
    label='table:formula_models',
```

```
note="Formula-Based models include Height Model, ID Model and
49
    → Age Model.",
    legend=legend)
50
   # Table 3:
52
   df3 = pd.read_pickle('table_3.pkl')
53
54
   # FORMAT VALUES
55
   df3['P-value'] = df3['P-value'].apply(format_p_value)
56
57
   # RENAME ROWS AND COLUMNS
   mapping3 = {k: v for k, v in shared_mapping.items() if

→ is_str_in_df(df3, k)}
   abbrs_to_names, legend = split_mapping(mapping3)
60
   df3 = df3.rename(columns=abbrs_to_names, index=abbrs_to_names)
61
62
   # Save as latex
63
   to_latex_with_note(
64
    df3, 'table_3.tex',
    caption="T-test comparing Machine Learning and Formula-based
66

→ Models",

    label='table:comparison',
67
    note="Statistic and P-value are derived from the t-test.",
68
    legend=legend)
69
70
```

D.2 Provided Code

The code above is using the following provided functions:

```
def to_latex_with_note(df, filename: str, caption: str, label:
    str, note: str = None, legend: Dict[str, str] = None,
    **kwargs):

"""
Converts a DataFrame to a LaTeX table with optional note and
    legend added below the table.

Parameters:
    - df, filename, caption, label: as in `df.to_latex`.
    - note (optional): Additional note below the table.
```

```
- legend (optional): Dictionary mapping abbreviations to full
    \rightarrow names.
    - **kwargs: Additional arguments for `df.to_latex`.
10
    Returns:
11
    - None: Outputs LaTeX file.
13
14
   def format_p_value(x):
15
    returns "\{:.3g\}".format(x) if x >= 1e-06 else "<1e-06"
16
   def is_str_in_df(df: pd.DataFrame, s: str):
    return any(s in level for level in getattr(df.index,
        'levels', [df.index]) + getattr(df.columns, 'levels',
        [df.columns]))
20
   AbbrToNameDef = Dict[Any, Tuple[Optional[str], Optional[str]]]
21
22
   def split_mapping(abbrs_to_names_and_definitions:
   → AbbrToNameDef):
    abbrs_to_names = {abbr: name for abbr, (name, definition) in
    → abbrs_to_names_and_definitions.items() if name is not
    names_to_definitions = {name or abbr: definition for abbr,
     abbrs_to_names_and_definitions.items() if definition is
       not None}
    return abbrs_to_names, names_to_definitions
   D.3 Code Output
   table_1.tex
   \begin{table}[h]
   \caption{Comparison of mean squared residuals for each Machine Learning Models}
   \label{table:ml_models}
   \begin{threeparttable}
   \renewcommand{\TPTminimum}{\linewidth}
   \makebox[\linewidth]{%
```

```
\begin{tabular}{lr}
\toprule
& Mean Squared Residuals \\
\midrule
\textbf{Random Forest} & 1.43 \\
\textbf{Elastic Net} & 0.985 \\
\textbf{Support Vector Machine} & 1.03 \\
\textbf{Neural Network} & 1.12 \\
\bottomrule
\end{tabular}}
\begin{tablenotes}
\footnotesize
\item Machine Learning models include Random Forest, Elastic Net, Support Vector
    Machine and Neural Network.
\end{tablenotes}
\end{threeparttable}
\end{table}
table_2.tex
\begin{table}[h]
\caption{Comparison of mean squared residuals for each Formula-Based Models}
\label{table:formula_models}
\begin{threeparttable}
\renewcommand{\TPTminimum}{\linewidth}
\makebox[\linewidth]{%
\begin{tabular}{lr}
\toprule
& Mean Squared Residuals \\
\midrule
\textbf{Height Model} & 3.76 \\
\textbf{ID Based Model} & 2.51 \\
\textbf{Age Model} & 2.05 \\
\bottomrule
\end{tabular}}
\begin{tablenotes}
\footnotesize
\item Formula-Based models include Height Model, ID Model and Age Model.
\item \textbf{ID Based Model}: Optimal Tracheal Tube Depth (in cm) = 3 * Tube ID
```

```
(in mm)
\end{tablenotes}
\end{threeparttable}
\end{table}
table_3.tex
\begin{table}[h]
\caption{T-test comparing Machine Learning and Formula-based Models}
\label{table:comparison}
\begin{threeparttable}
\renewcommand{\TPTminimum}{\linewidth}
\makebox[\linewidth]{%
\begin{tabular}{lrl}
\toprule
& Statistic & P-value \\
\midrule
\textbf{Comparison of Machine Learning vs. Formula-based Models} & -3.68 &
    0.0142 \\
\bottomrule
\end{tabular}}
\begin{tablenotes}
\footnotesize
\item Statistic and P-value are derived from the t-test.
\end{tablenotes}
\end{threeparttable}
```

\end{table}