

Middle finger length good guide for intubation depth in children

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(HealthDay)—Using middle finger length to guide tracheal intubation depth improves the rate of appropriate tube placement in children, according to a study published in the November issue of *Pediatric Anesthesia*.

Qing-he Zhou, from Jiaying University in China, and colleagues used a fiberoptic bronchoscope (FOB), inserted into the trachea, to measure the lengths from the upper incisor teeth to carina and vocal cords in 86 anesthetized children.

The researchers found that, compared with the age-based intubation, the rate of appropriate tube placement was higher for middle finger length-based intubation (88.37 versus 66.28 percent; $P = 0.001$). In middle finger length-based intubation the proximal intubation rate was lower (4.65 versus 32.56 percent; P finger length and optimal tracheal tube depth than between age and optimal tracheal tube depth (correlation coefficient, 0.883 versus 0.845).

"Our data indicate that the appropriate tube placement rate can be improved by using three times the [middle finger](#) length as the tracheal intubation depth in children," the authors write.

More information: [Abstract](#)
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