Dobhoff Tube Placement by ENT: Annoyance vs. Life Saving

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elevated risk factors such as skull base fractures, prior skull base surgery, or high bleeding risk from low platelets or anticoagulation status. Placement of Dobhoff tubes in patients that do not meet these criteria consumes valuable time and resources as it requires an ENT resident to be present with a rigid nasal endoscope.

Methods: The number of DHT consults placed each month was recorded and the reason for each consult was analyzed to determine if it met criteria for a high risk patient. Each request for a DHT placement was recorded as a separate consult.

Results: There were a total of 20 DHT consults on 11 unique patients placed over a five-month period. Only three patients met criteria for being “high risk” with skull base fractures. five patients required multiple DHT placement, secondary to patient removal of the tube.

Conclusion: Less than 30% of the DHT consults in a five-month period were placed for high risk patients. This data supports revision of the current protocol to allow ENT review of the consult, and deferment to the hospital’s specialized DHT placement team if the patient does not meet high risk criteria.

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