



Closed Suction Tracheostomy Catheters

STERILE **Rx Only** **CAUTION:** Federal (USA) Law restricts this device to sale by or on the order of a physician

GENERAL DIRECTIONS FOR USE

These instructions apply to the Resp-O₂™ Closed Suction Tracheostomy Catheters Pediatric/Adult Catheters • 10 FR–16 FR Tracheostomy: 30.5 cm (12 inches) T-Piece version • Double Swivel Elbow version (DSE)

INTENDED USE:

The Closed Suction Tracheostomy Catheter is intended for suctioning and removal of secretions from the respiratory tract of ventilator dependent patients.

PRECAUTIONS:

1. Inspect package prior to use. Do not use product if package has been damaged or opened. Non-sterile contents may cause infection.
2. Inspect the quality of the sleeve. Do not use if sleeve has been damaged.
3. The Closed Suction Tracheostomy Catheters are intended to be used for 24 hours, change catheter if soiled or damaged during use.
4. Do not re-sterilize, reuse, or reprocess. Single patient use only. Rx only.
5. Cap on T-piece version must be removed for initiating of continuous flow therapy. Failure to remove cap may result in serious injury or death.
6. Select optimal size of catheter, it's recommended that the catheter utilize no more than half the inner diameter of the airway.
7. The closed suction tracheostomy 30.5 cm (12 inches) catheters length is to be used on tracheostomy patients only. If used on an endotracheal patient, ineffective suction may result. Do not use endotracheal closed suction 54 cm (21.3 inches) length on a tracheostomy patient, mucosal damage may result.
8. Ensure that excess fluid does not enter the Heat and Moisture Exchanger (HME) during lavage or rinsing of the catheter. The HME fluid in the HME may increase the resistances.
9. Follow appropriate suction guidelines. Many experts suggest suctioning should last no more than 10-15 seconds and actual duration of negative pressure should be no more than 5-8 seconds per episode.
10. Always withdraw the catheter until the black marking stripe is visible in the sleeve, this will confirm the catheter is out of the airway. Catheters left in the airway may increase airway resistance.
11. Use appropriate regulated vacuum levels. Guidelines suggest -80 to -120 mm/Hg. (-10.7 to -15.9 kPa).
12. Always use caution and good clinical judgement as to ventilator modes. Settings may require adjustment based on the Practitioner findings during suction procedure.
13. Metered Dose Inhaler (MDI). The MDI adapter on the T-piece version is located on the T-piece opposite the ventilator circuit connection point. The MDI adapter on the Double Swivel Elbow (DSE) version is located proximal to the ventilator circuit connection point. Confirm MDI port is capped.
14. Place the thumb valve in the locked position when not in use, this prevents inadvertent activation of suction.
15. T-Piece version: The internal volume of patient end adaptor is 14 mL, the internal volume of a flex adaptor is 23 mL. Double Swivel Elbow version: The internal volume of patient end adaptor is 7.7 mL, the internal volume of a flex adaptor is 33 mL.
16. The closed suction catheter is DEHP free.
17. The closed suction catheter is not MRI safe.

SET UP:

1. Select appropriate catheter size.
2. Attach thumb control valve to suction tubing.
3. Depress and hold thumb control valve and simultaneously adjust vacuum pressure to desired level.
4. Release control valve and attach catheter between the patient and the ventilator circuit.

SUGGESTED SUCTION PROCEDURE:

1. Unlock the thumb control valve.
2. Stabilize the catheter and tracheostomy tube by firmly holding the T-piece or elbow with one hand and inserting the catheter into the tracheostomy tube by advancing the catheter between the thumb and forefinger of the opposite hand. Advance catheter to the desired depth.
3. Activate suction by depressing the thumb control valve while gently withdrawing the catheter. Stop when the black marking stripe on the catheter is visible in the sleeve.
4. Release the thumb control valve.
5. Repeat steps 1 to 4 above as needed.

PATIENT LAVAGE INSTRUCTIONS:

1. For tracheostomy patient, advance the catheter 3 cm to 4 cm (1.5 to 2 inches) into the tracheostomy tube.
2. Instill desired amount of saline or preferred fluid into the lavage port.
3. Advance catheter to desired depth and follow the above suggested suction procedure.

CATHETER IRRIGATION INSTRUCTIONS:

1. Confirm the black marking stripe on the catheter is visible in the sleeve or the black catheter tip is in the cleaning chamber.
2. Attach vial or syringe to the irrigation port.
3. Slowly instill saline or established fluid while depressing the thumb control valve simultaneously.
4. Continue to irrigate until catheter is clear.
5. Remove vial or syringe and replace cap on irrigation port.
6. Lock the thumb control valve by lifting the top of the valve and rotate 180 degrees to the locked position.

METERED DOSE INHALER (MDI) (NOT INCLUDED):

1. Uncap the MDI port and attach the MDI canister to the port, use care to avoid discharge of canister when connecting.
2. Support the canister during activation.
3. Flanges on each side of the MDI port add additional support during activation of the canister.
4. Dose as appropriate.
5. Remove canister and cap port upon completion of administering the prescribed medication.

THUMB CONTROL VALVE:

1. The thumb control valve can be locked to prevent inadvertent suctioning. To lock, lift white part of the thumb control valve and rotate 180 degrees.
2. To unlock, repeat the action above.

DAY STICKER USAGE:

Observe the "Change of Day" sticker, replace catheter accordingly.

1. Apply the appropriate day sticker to the thumb control valve.

Example: If the closed suction catheter was opened on Sunday, place the Monday sticker on the thumb control valve.

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Made in China

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