



Vortex 72 Closed Suction Catheters



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

Not made with natural rubber latex.

GENERAL DIRECTIONS FOR USE

These instructions apply to the Resp-O₂™ Vortex 72 Closed Suction Pediatric/Adult Catheters

10 FR–16 FR

Tracheostomy: 30.5 cm (12 inches)

Endotracheal: 54.0 cm (21.3 inches)

T-Piece and Double Swivel Elbow (DSE)

INTENDED USE:

Resp-O₂ Vortex 72 Closed Suction Catheters are intended for suctioning and removal of secretions from the respiratory tract of ventilator dependent patients.

PRECAUTIONS:

1. Do not re-sterilize. For single-patient use only. Prescription required.
2. Follow the "Change of Day" sticker instructions and replace the catheter as needed (PRN) or when the catheter becomes heavily soiled during use. The catheter is designed for use up to 72 hours, though replacement timing should be based on clinical assessment and patient condition.
3. Check the package before use. Do not use if the package is compromised.
4. Choose the appropriate catheter size; experts often recommend using a catheter that occupies no more than half the inner diameter of the airway.
5. Ensure the sheath is intact. Do not use if the sheath is compromised.
6. Use 54 cm (21.3 inch) standard length catheters for intubated patients exclusively.
7. Use 30.5 cm (12 inch) catheters for tracheostomy patients exclusively.
8. Prevent excess fluid from entering the Heat and Moisture Exchanger (HME) during lavage or rinsing, as fluid in the HME can increase resistance.
9. Adhere to proper suction guidelines. Experts suggest suctioning should last no longer than 10–15 seconds, with negative pressure duration no more than 5–8 seconds.
10. Always retract the catheter until the black band is visible in the sheath to confirm it is out of the airway. Leaving catheters in the airway can increase resistance.
11. Use appropriate vacuum levels. Guidelines suggest -80 to -120 mmHg (-10.6 to -16.0 kPa) for adult patients.
12. Exercise caution and clinical judgment regarding ventilator modes. Settings may need adjustment based on observations during the suction procedure.
13. The Metered Dose Inhaler (MDI) adapter on the T-Piece version is located opposite the ventilator circuit connection point. On the Double Swivel Elbow version, it is located just proximal to the ventilator circuit connection point. Ensure the MDI port is capped.
14. The cap on the T-piece prevents continuous flow (blow-by) therapy. Always remove the cap before starting continuous flow therapy.

SET UP:

1. Choose the correct catheter size.
2. Connect the thumb control valve to the suction tubing.
3. Press the thumb control valve and simultaneously adjust the vacuum pressure.
4. Release the control valve and connect the catheter between the patient and the ventilator circuit.

SUGGESTED SUCTION PROCEDURE:

1. Unlock the thumb control valve.
2. Secure the catheter and endotracheal tube by holding the T-Piece or Elbow with one hand and inserting the catheter into the endotracheal or tracheostomy tube with the other hand to the desired depth.

3. Initiate suction by pressing the thumb control valve while gently withdrawing the catheter. Stop when the black band on the catheter is visible in the sheath.
4. Release the thumb control valve.
5. For additional suctioning, repeat steps 1 to 4.
6. After suctioning, rinse the catheter by attaching a saline vial or syringe to the rinse port. Activate suction by pressing the thumb control valve, drawing saline or selected fluid into the rinse chamber. Rinse until the catheter is clear.

SUCTION DEPTH:

1. Align the number on the catheter with the printed number on the endotracheal tube closest to the endotracheal tube adapter. The catheter tip will be in line with the end of the endotracheal tube.
2. Advance the catheter to the desired depth beyond the tip of the endotracheal tube. Once resistance is met, withdraw the catheter 1 cm to 3 cm before applying suction.

LAVAGE RECOMMENDATIONS:

1. **For endotracheal tubes:** advance the catheter 10 cm to 13 cm (4–5 inches) into the endotracheal tube.
2. **For tracheostomy tubes:** advance the catheter 4 cm to 5 cm (1.5 to 2 inches) into the tracheostomy tube.
3. Instill the desired amount of saline or preferred fluid into the lavage port.
4. Follow the above recommendations under the Suggested Suction Procedure steps 1 to 6.

CATHETER RINSE RECOMMENDATIONS:

1. Ensure the black band on the catheter is visible within the sheath or that the black catheter tip is positioned in the cleaning chamber.
2. Attach a vial or syringe to the rinse port.
3. Engage suction by pressing the thumb control valve, allowing saline or the chosen fluid to be drawn into the rinse chamber.
4. Continue rinsing until the catheter is clear.
5. Detach the vial or syringe and cap the port.
6. Secure the thumb control valve in the locked position.

THUMB CONTROL VALVE:

1. **Unlocking the Valve:** Lift the top of the valve and rotate it 180 degrees to unlock, allowing the valve to activate suction when depressed.
2. **Locking the Valve:** Lift the top of the valve and rotate it 180 degrees to lock to prevent accidental suctioning.

METERED DOSE INHALER (MDI) RECOMMENDATIONS:

1. Detach the manufacturer-supplied actuator from the MDI canister (not included).
2. Remove the cap from the MDI port and attach the canister to the port.
3. Support the canister during activation.
4. Utilize the flanges on each side of the MDI port for additional support during canister activation.
5. Administer the dose as prescribed.
6. Remove the canister and recap the port after administering the medication.