

Endotracheal Tube Introducer

Federal (USA) Law restricts this device to sale by or on the order of a physician or any other practitioner licensed by the law of the State in which he/she practices to use or order the use of the device.

Intended Use:

Endotracheal Tube Introducers are used to assist/facilitate endotracheal tube intubation, where the visualisation of the glottis is inadequate. All physicians using this device should be trained and experienced in airway management techniques. Appropriate techniques for placement of an endotracheal tube should be employed.

Description/Features:

1. Controllable tip to facilitate placement through the vocal chords.
2. Centimetre markings.
3. Fluorescent flexible tip to confirm placement of catheter through vocal chords
4. Smooth tip to minimize trauma during intubation.

Contraindications:

Not to be used with a double lumen endotracheal tube

Warnings/Cautions:

1. Inspect devices prior to use for damage during shipment or storage.
2. Retain original package for patient record.
3. Inspect device immediately upon removal from the patient for any signs of breakage or fragmentation.
4. Insertion of Endotracheal Introducers should not extend beyond the carina.
5. Do NOT use rubbing alcohol (70% isopropyl) for cleaning, as this may degrade and weaken the surface/coating of device.
6. Do NOT use lubricants with a petrochemical base.
7. Single use only.
8. Do not re-sterilize. Re-sterilization could change the physical characteristics of the material and should not be attempted.
9. Exposure to elevated temperatures and ultraviolet light should be avoided during storage.
10. Sterile if package is not opened or damaged.

Sizing:

Recommended use with an endotracheal tube of 7mm - internal diameter or larger.

Technique:

1. Using direct or video laryngoscopy, introduce the tip of the introducer through the vocal cords.
2. The tip of the introducer can be manoeuvred by a combination of proximal or distal pressure on the tip control tabs located along the underside of the introducer and rotation of the introducer.
3. Once the vocal chords have been negotiated the tip should be advanced. Further information regarding the depth of insertion may be taken from the centimetre markings on the introducer.
4. Once satisfied with the position of the introducer, the endotracheal tube can be loaded and advanced to the desired position.
5. Maintain the endotracheal tube position whilst removing the introducer.
6. The position of the endotracheal tube can be validated using standard clinical techniques.