



Division of Azimuth Corp.
Largo, FL 33773 USA

Endotracheal Tube Introducer

Sterile disposable packaged 10 per case

9-0212-70 -- 15Fr x 70CM with a Coude Tip

9-0212-72 -- 15Fr x 70CM with a Straight Tip

Indications for use:

- When the laryngeal opening is not fully visible
- To control the direction of the endotracheal tube during insertion

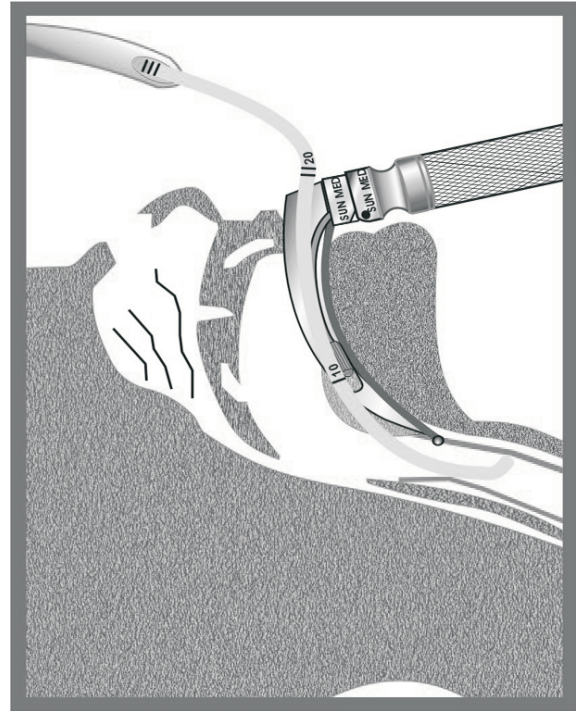
Precautions

Soft tissue damage or bronchial rupture may occur:

- During blind intubation
- Positioning past the carina
- When undue pressure is applied
- Endotracheal tube is threaded over introducer without using a laryngoscope

Correct tube placement may be confirmed by:

- End-tidal CO₂ detection
- Esophageal Detector Device (Self Inflating Bulb)
- Chest auscultation along the mid-axillary lines and the epigastrium



OVER

Technique

1. May be used for endotracheal tubes 6.0 mm and larger
2. Introducer may be lubricated with sterile water or KY jelly
3. Perform an optimal direct laryngoscopy

The following for use with Coude Tip Introducer

4. At a minimum, the tip of the epiglottis must be visible * in order to direct the introducer to the glottic inlet.
5. Tactile confirmation of tracheal clicking will be felt as the distal tip of the introducer bumps against the tracheal rings. If tracheal clicking cannot be felt, continue to gently advance the introducer until “hold up” is felt. Tracheal “clicking” and “hold-up” are positive signs that the introducer has entered the trachea. No tracheal clicking or hold-up is indicative of esophageal placement.
6. Advance the introducer to a depth of approximately 25 cm so that the distal tip lies at least 2 to 3 cm beyond the glottic opening.
7. While holding the introducer securely and without removing the laryngoscope, advance the endotracheal tube over the proximal tip of the introducer. Once the endotracheal tube tip passes beyond the teeth, rotate the endotracheal tube 90° counter clockwise (1/4 turn to the left) so that the endotracheal tube bevel does not catch on the arytenoid cartilage.
8. Advance the endotracheal tube to the proper depth so that the tip of the endotracheal tube lies in the mid-trachea.
9. Holding the endotracheal tube securely, remove the introducer.
10. Confirm endotracheal intubation.
11. Do not clean or sterilize this disposable introducer, or use it on another patient.

*(Lehane & Cormack Grade III Laryngoscopic View)