

INSTRUCTION FOR USE FOR ENDOTRACHEAL TUBE

Material Used:

- P.P. (Polypropylene)
- Medical grade phthalate free P.V.C. (Poly Vinyl Chloride) (DEHP free).

Indications:

- Tracheal Tube is designed to secure airway or to practice mechanical ventilation for the patients in a short time during general anesthesia.
- people who are unconscious
- who can't breathe on their own
- Maintains an open airway and helps prevent suffocation.
- To open airways so that you can receive anesthesia, medication, or oxygen
- To protect lungs
- if breathing is stopped or having difficulty breathing
- when have a head injury and cannot breathe on your own
- You need to be sedated for a period of time in order to recover from a serious injury or illness

Contraindications:

- Patients Who Are At An Increased Risk Of Gastric Aspiration
- Patient With A History Of Obesity,
- Hiatal Hernia,
- Gastro Paresis
- Bronchospasm
- Morbid Obesity Results In High Airway Resistance Pulmonary Edema
- In premature babies
- May be traumatic to the oro-pharyngeal or esophageal route.
- It may cause sinusitis and esophagitis infections

Instruction for Use:

- preparation

Before an endotracheal tube is placed, your jewelry should be removed, especially tongue piercings. People should not eat or drink before surgery for at least six hours to reduce the risk of aspiration during intubation.

- During the procedure

An endotracheal tube is often placed when a patient is unconscious. If a patient is conscious, medications are used to ease anxiety while the tube is placed and until it is removed.

- Intubation

- During intubation, a physician usually stands at the head of the bed looking towards the patient's feet and with the patient lying flat. The positioning will vary depending on the setting and whether the procedure is being done with an adult or child. With children, a jaw thrust is often used
- The endotracheal tube with the assistance of a lighted laryngoscope is inserted through the mouth, after moving the tongue out of the way; the scope is then carefully threaded down between the vocal cords and into the lower trachea.
- When it's thought that the endotracheal tube is in the proper location, the doctor will listen to the patient's lungs and upper abdomen to make sure that the endotracheal tube was not inadvertently inserted into the esophagus. Other signs that suggest the tube is in the proper position may include seeing chest movement with ventilation and fogging in the tube.
- ❖ When a doctor is reasonably sure the tube is in position, a balloon cuff is inflated to keep the tube from moving out of place. (In infants, a balloon may not be needed). The tube is then taped to the patient's face.
- ❖ Immediately after cuff inflation, auscultate both lung fields.
- After the procedure



❖ After the endotracheal tube is in place and a patient connected to a ventilator, health care providers will continue to monitor the tubing, settings, and provide breathing treatments and suctioning as needed. Careful attention to oral care will also be provided.

- Removing the Endotracheal Tube

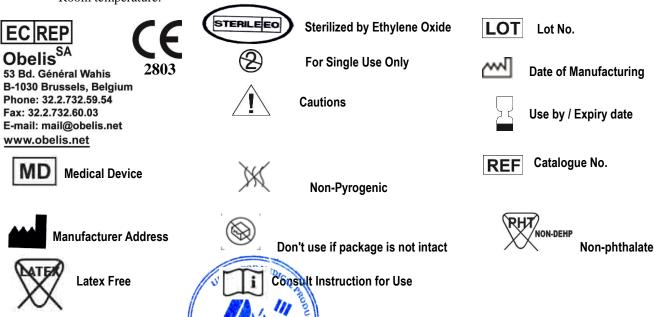
The tape holding the endotracheal tube on the face is removed, the cuff is deflated, and the tube is pulled out.

Warning:

- For single use only; Reusing can be associated with Cross infection, Device Malfunction and Reactions to endotoxins as sterilization will not inactivate toxins produced by the breakdown of Gram-negative bacteria even if the bacteria themselves are killed.
- The device is Gram-negative bacteria even if the bacteria themselves are killed.; Cautions:
- Single use only.
- Sterile if package is unopened or undamaged.
- Do not re-sterilize.
- Do not expose to temperatures above 49 °C.

Conditions of Handling, Preservation and Storage:

- Not more than 5 cartoons on each other.
- Nice Ventilated place.
- Out of Sun light.
- Room temperature.



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Instruction For Use

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