Quick Reference Card Ventrain® and Tritube®

This quick reference card does not replace the instructions for use of Ventrain and Tritube.

Workflow for ventilation with Ventrain and Tritube | elective use | adult patient

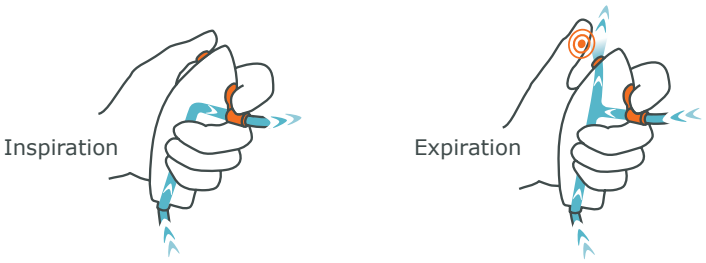
1 Inflate cuff – check for leakage - deflate cuff.
2 Lubricate cuff (for instance with lidocain gel - 4%) and fold cuff around Tritube.
3 Visually assess larynx and remove secretions if present.

4 **Oral intubation**
- Bend tube in curve required for intubation.
- Local anesthetics may be applied topically to pharynx.
- Advance Tritube from stylet after the tip has passed the vocal cords.

or

Nasal intubation
- Remove stylet.
- Local anesthetics may be applied topically to nasal cavity.
- Intubate Tritube.

5 Flush pressure lumen with saline/air to ensure absence of any obstructions.
6 Set gas flow at 15 L/min using a pressure compensated flow regulator.
7 Connect Ventrain (orange connector) and manometer (grey connector) to Tritube.
8 Suggested: perform 2-3 ventilation cycles with deflated cuff to confirm (limited) pressure readings on manometer.



9 Inflate cuff.
10 Continue ventilation:
- Observe the patient's chest excursions.
- Ventilate between PEEP and Peak pressure.
- Flush pressure / ventilation lumen with saline followed by air, in case of (near) obstruction.
- Note that exhaled gases (and potentially secretions) exit via the thumb hole.
- Volumes may be calculated based on flow and time (see table below).
- Remove thumb and index finger from Ventrain (equilibration) in case of distraction or any doubt. Ventrain is functionally switched off, allowing passive expiration.

Flow (L/min)	6	10	12	15
Volume (mL) in 1 second	100	167	200	250

See next page for capnometry, extubation and materials >>

Capnometry

Note that a reliable $etCO_2$ measurement requires gas sampling during an equilibration phase and a sealed airway (inflated cuff):

1 Perform capnography via the side port of Ventrain.
2 A filter may be used to avoid contamination of the capnometer.
3 Insufflate to aimed intratracheal Peak pressure.
4 Start equilibration phase.

5 Read CO_2 value from curve when a plateau is nearly reached (taking approx. 5-8 seconds).
6 Resume ventilation.

Extubation

1 Stop TIVA.
2 Perform oral/pharyngeal suctioning to remove secretions if needed.
3 Deflate cuff, while continuing Ventrain ventilation and monitoring intratracheal pressures.
An open airway results in less pronounced pressure build-up.
Intratracheal pressure build-up may appear during wakening, indicating an increased glottic functioning.
4 After wakening, confirm patient's ability to cough and inhale upon request (if not done spontaneously).
5 Extubate Tritube after confirmed stability of patient and his/hers airway.

See next page for workflow ventilation Ventrain and Tritube >>

Materials

- Ventrain
- Tritube
- Manometer
- Lubricant (e.g. 4% lidocaine gel)
- Syringe with saline
- Syringe empty
- Side stream capnometer with liquid trap and/or filter
- Capnometer tubing with male Luer slip connector
- High pressure oxygen source with pressure compensated flow regulator
- TIVA

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