

REORDER NUMBER:

**RTG-02300**

**RespVent™**

**Closed Suction System 14F**

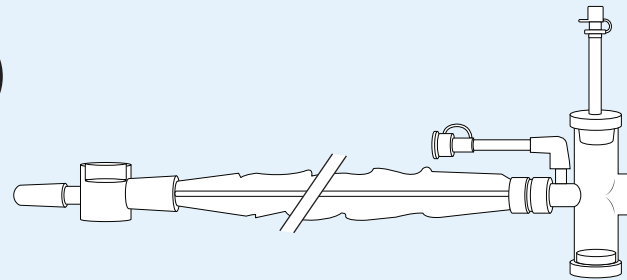
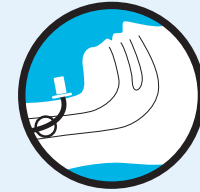
**ADULT**

# T-Piece Tracheostomy

→○← 4.6mm (14F)  
DIAMETER

←→| 30.5cm (12in.)  
LENGTH

**MDI Adapter**



**CONTENTS:**

- 1 Closed Suction Catheter
- 1 MDI Adapter
- 1 22mm Flex Adapter
- 1 15mm x 22mm Adapter
- 1 15mm Straight Swivel Adapter
- 1 Day Sticker

**GENERAL DIRECTIONS FOR USE**

**These instructions apply to the RTG Tracheostomy Closed Suction System:**

**WARNING:**

1. Remove Cap on T-Piece before starting continuous flow therapy. Failure to do so prior to continuous flow therapy may result in a serious injury or death.
2. This medical device is not intended for reuse.
3. Do not reuse, reprocess, or resterilize this medical device. Reuse, reprocessing, or resterilization may (a) adversely affect the known biocompatibility characteristics of the device, (b) compromise the structural integrity of the device, (c) lead to the device not performing as intended, or (d) create a risk of contamination and cause the transmission of infection diseases resulting in patient injury, illness, or death.

**CAUTIONS:**

1. Inspect the RespVent™ catheter package before opening. Do not use product if packaging has been compromised. Non-Sterile contents may cause infection.
2. Excess fluid in heat and moisture exchanger (HME) may increase gas flow resistance. When introducing fluid into T-Piece, ensure that fluid does not enter HME.
3. Single patient use only.

4. RespVent™ Closed Suction System are intended to be used and changed as needed PRN or when catheter becomes heavily soiled during use.
5. Inspect Sodium Chloride vial prior to opening. Compromised contents may cause infection.
6. Rx Only.
7. Do not use 54cm (21.3 inch) catheter on tracheostomy patients. Mucosal damage may result.
8. Select the appropriate size RespVent™ Closed Suction Catheter. Most experts suggest that the catheter selected should occupy no more than one half of the internal diameter of the artificial airway.
9. Do not leave the catheter within the airway. Always pull back until the black stripe is visible within the sleeve. Any catheter left extended into the airway will cause increased airway resistance.
10. Use appropriate regulated vacuum levels. Most experts suggest -80 to -120mm/Hg (-10.7 to -15.9 kPa).
11. Use appropriate suction technique. Most experts suggest that the entire suction procedure should last no longer than 10 to 15 seconds and that actual duration of negative pressure should be no longer than 5 to 8 seconds per episode.
12. Always use caution and good clinical judgement no matter what ventilator mode is in use. If the clinician notes any signs of suction intolerance such as oxygen desaturation, negative ventilator system pressures, patient stress or excessive discomfort, adjustments to the ventilator settings

may need to be made. These adjustments (please refer to the ventilator's instructions for use) may include manipulation of the inspiratory trigger sensitivity, inspiratory volume or flowrate, and selection of a different ventilator mode; or may require the use of an alternate suction technique. Failure to follow the above precautions may increase the risk of positive and negative barotrauma.

13. Always place the thumb valve in the locked position when not in use to prevent inadvertent activation.
14. This medical device is DEHP (diethylhexylphthalate) FREE

**SETUP:**

1. Select appropriate size RespVent™ closed suction catheter.
2. Attach thumb control valve to suction tubing.
3. Depress and hold thumb valve and simultaneously adjust vacuum regulator to desired level.
4. Release thumb control valve and attach RespVent™ closed suction catheter between patient and the ventilator circuit.

**SUGGESTED SUCTION PROCEDURE:**

1. Stabilize the RespVent™ Closed Suction Catheter adapter with one hand then push the catheter into the tracheostomy tube with the thumb and forefinger of the opposite hand (Fig 1).
2. Advance catheter to desired depth.

3. Depress and hold thumb control valve, then gently withdraw catheter. Stop withdrawal when black marking ring is visible inside sleeve (Fig 2).
4. Release thumb control valve.
5. Repeat steps 1-4 above as necessary.

**PATIENT LAVAGE INSTRUCTIONS:**

1. For trach patient, advance the catheter 3-4 cm (1.5-2 inches) into the tracheostomy tube.
2. Instill desired amount of fluid into the lavage port.
3. Advance catheter to desired depth and follow the above suggested suction procedure.

**Internal volume of patient end adaptor 14 ml.  
Internal volume of flex adaptor 23ml.**

**CATHETER IRRIGATION INSTRUCTIONS:**

1. Be sure the black marking ring is visible in the sleeve (Fig 2). Open cap on irrigation port.
2. Introduce fluid slowly into the port, simultaneously depress the thumb control valve (Fig 3)
3. Continue to irrigate until catheter is clear (Fig 4)
4. Close cap on port.
5. Lift and turn thumb control valve 180 degrees to lock position (Fig 5)
6. Place catheter and suction tubing alongside breathing circuit.

**TRACHEOSTOMY PATIENTS:**

1. Use tracheostomy 30 cm (12 inch) catheter for patients with tracheostomy artificial airway only. If 30 cm catheter is used on endotracheal artificial airway, ineffective suction may result.

**METERED DOSE INHALER (MDI): (NOT INCLUDED)**

1. Remove cap on port and attach canister. Use care to avoid discharge of canister when connecting.
2. Hold canister in vertical position. Depress canister during, or just prior to inspiration cycle. Repeat as prescribed by physician or protocol.
3. Remove canister and replace cap on port.

**END TIDAL CO<sub>2</sub> MONITOR CONNECTION:**

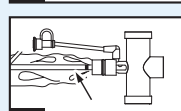
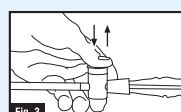
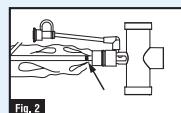
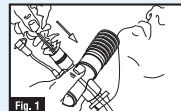
1. Predetermine appropriate tubing for attachment to luer fitting.
2. Remove luer cap and attach tubing from CO<sub>2</sub> analyzer tubing to begin sampling.

**THUMB CONTROL VALVE OPERATION:**

1. The thumb control valve can be locked to prevent inadvertent or accidental suction. To lock, lift white part of thumb control valve and rotate 180 degrees. To unlock, repeat this action (Fig 5).

**DAY STICKER USAGE:**

1. RespVent™ Closed Suction Systems are intended to be used and changed as needed PRN or when catheter becomes heavily soiled during use.
2. Apply the appropriate day sticker to the thumb control valve.



ATTENTION: INSTRUCTIONS FOR USE

Contents in unopened, undamaged package are sterile.

SINGLE USE ONLY

STERILE

DO NOT RESTERILIZE

NOT MADE WITH NATURAL RUBBER LATEX

DOES NOT CONTAIN DEHP

Rx Only Caution: Federal law (USA) restricts this device to use by or at the direction of a physician