SuctionPro™72

Closed Suction Systems – Single and Duel Lumen

1 Set-up and Set Suction Flow

- Before attaching system to patient, attach control valve to the suction catheter inlet tube, turn on suction, make sure lock is turned to “Open” position and check operation of control valve by sliding back the thumb actuator completely.
- Set suction flow at prescribed level.
- Once in the fully retracted position, release and ensure the device correctly ceases to suction.

2 Attach to Ventilator Circuit

Attach ventilator circuit to T-piece. If desired, place swivel or expandable flex tube between circuit and T-piece.

3 Attach to Endotracheal or Tracheostomy Tube

Attach T-piece to the endotracheal or tracheostomy tube. If desired, the swivel connector may be used between the endo/trach tube and the suction catheter to reduce torque on the patient.

WARNING: Suction pressures should not exceed -200 mmHg (-27 kPa). The recommended range of negative pressure is from -40 mm Hg (-8 kPa) to -200 mm Hg (-27 kPa). Pressures outside this range may have adverse effects upon the inspiratory flow rate and delivered tidal volume or may result in barotraumas.

4 Begin Suction Procedure

NOTE: Patients may benefit from pre-oxygenation with 100% oxygen.

- Advance catheter until desired depth is achieved. If resistance is met, withdraw catheter 2-3 cm before applying suction.
- Grasp control valve and apply backwards-sliding pressure on blue thumb actuator to suction.

WARNING: Prolonged or aggressive suctioning may cause fluctuations in airway pressures (inspiratory/ expiratory). Prolonged or aggressive suctioning may cause arterial hypoxygenation, atelectasis and arrhythmia. Coughing associated with prolonged or aggressive suctioning may potentially cause abnormally high airway pressure, pneumothorax or barotraumas.

5 Withdraw Catheter

Withdraw the catheter slowly with suction activated in a straight motion to avoid kinking, until catheter tip resides in cone of T-piece and blue mark is just fully visible in catheter sleeve.

WARNING: Following suction, withdraw the catheter until the blue indicator is just fully visible in the sleeve. Failure to do so may result in an increased Peak Inspiratory Pressure (PIP). Over withdrawing of catheter may result in the loss of tidal volume.

6 Prepare to Flush Catheter Tip

Ensure the catheter tip is out of the breathing path and blue mark is just fully visible in catheter sleeve.

NOTE: The suction source may be turned off when not in use.

WARNING: Failure to irrigate and clean the catheter following use could result in encrustation of secretions, which may lead to:
1. Occlusion of the catheter.
2. Only partial closure of this suction control valve, preventing total isolation of the suction source.

WARNING: Failure to remove white cap prior to continuous flow therapy may result in serious injury or death.

7a Flush Catheter Tip: Single Lumen

Instill saline through the irrigation inlet while suction is applied and begin to clean catheter tip. Ensure the catheter tip and area surrounding it is fully flushed with saline. Release control valve actuator and turn the valve lock to the “Closed” position when finished.

WARNING: Failure to irrigate and clean the catheter following use could result in encrustation of secretions, which may lead to:
1. Occlusion of the catheter.
2. Only partial closure of this suction control valve, preventing total isolation of the suction source.

WARNING: Failure to remove white cap prior to continuous flow therapy may result in serious injury or death.

7b Flush Catheter Tip: Dual Lumen

Instill saline through the irrigation inlet while suction is applied and begin to clean catheter tip. Ensure the catheter tip and area surrounding it is fully flushed with saline. Release control valve actuator and turn the valve lock to the “Closed” position when finished.