

The PneuX Tube

Instructions v1

Intubation Quick Guide

INTUBATOR

Recommended sizes

8 for females

9 for males

Position

Normally **2cm more** at the teeth

Method

Stylet or bougie **essential**

AIRWAY ASSISTANT

Checking the tube

Cuff may inflate lob sided.
Roll cuff with fingers to prevent this

Tying the tube

All methods acceptable

Inflating the cuff

15-20ml volume via 20ml syringe.
Check pressure then reaches **80cmH2O**
Attach to cuff pressure monitor when able.



Basic Information - At the Bedside

Length

Normally **2cm** more at the teeth

Fixation

Compatible with all tying methods.

Cuff Pressure Monitor

Pressure at 20mmHg - **Maximum** 30mmHg

Attach with the extension tube provided

** **Manual** cuff pressure should be 80cmH₂O**

Wet circuit

Connect to a wet circuit within 6 hours

Ask a senior or techs for advice.

If no wet circuit give QDS saline 0.9% nebulisers

In line suction

Compatible ✓

If concerns on tube length use a 63cm inline catheter

Subglottic drainage

Every **4** hours with a 10ml syringe via the subglottic port

Document amount in mls on the chart



**CARDIFF
CRITICAL CARE**
GOFAL CRITIGOL
CAERDYDD

Trouble Shooting - Alarms

Leak Alarm

1. Check extension tube hasn't **disconnected** or for signs of **damage. Replace** if needed
2. If persists, check pressures of cuff **manually (80cmH2O)**
3. If cuff doesn't maintain pressure call **airway support - likely cuff leak**

Blockage Alarm

Activates if pressure doesn't vary with ventilation

1. Check extension tube for debris
2. **Replace** extension tube if persists
3. May activate if small tidal volumes used - re-set alarm

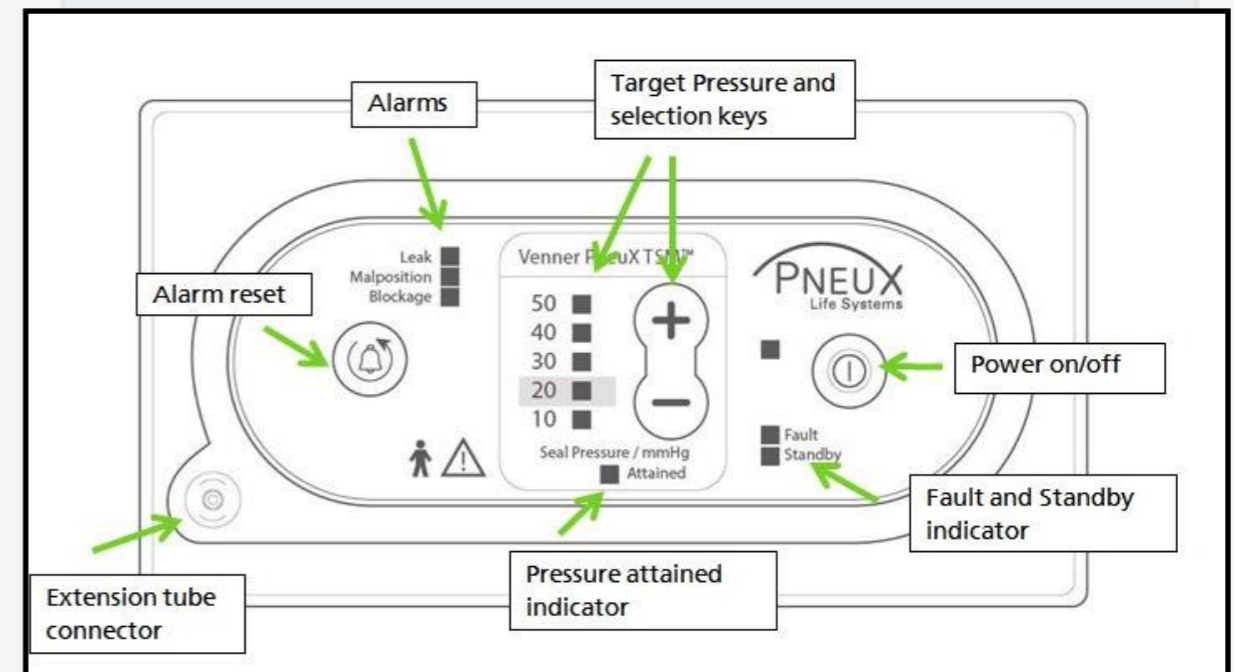
Persisting Problems

If problems persist or doubt about device arise

1. **DISCONNECT** from cuff pressure machine
2. Check cuff pressures hourly **manually** (aim 80cmH2O) - **record** these
3. Call Research Team

Malposition Alarm

1. Check position at tube at the teeth for potential displacement
2. Any audible signs of a new leak?
3. Call airway support for concerns
4. If no signs of tube displacement reset the alarm



Special Procedures

Transfers/Scans/Theatre

Tube is safe for transfer and for use in theatre environment

Cuff pressure must be checked hourly manually to maintain pressures of 80cmH₂O

Circuit to be nebulised with 0.9% saline every 6 hours if prolonged transfer

Bronchoscopy

Compatible with bronchoscopy and safe for use.

Internal non stick material will facilitate bronchoscopy

MRI

MRI compatible and safe for use in MRI scans

Extubation

Remove with a 20 ml syringe

Ensure pilote ballon has fully collapsed prior to removing tube

