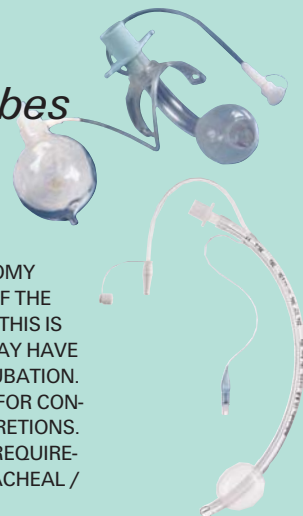


# HI-LO\* EVAC

## Tracheal and Tracheostomy Tubes with Aspiration System

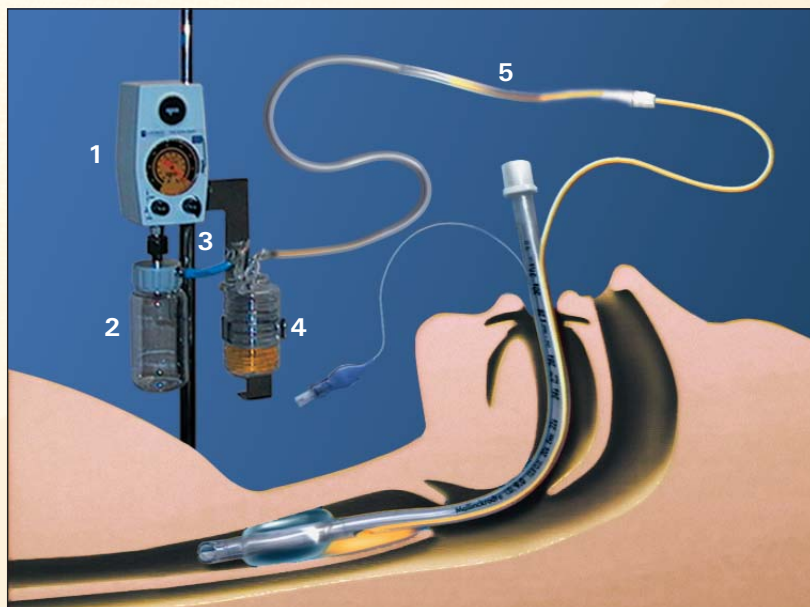
### Mini-Guide

INDICATIONS FOR USE: THE HI-LO EVAC TRACHEAL AND TRACHEOSTOMY TUBES HAVE AN ADDITIONAL LUMEN, INTEGRATED INTO THE WALL OF THE TUBES WHICH ENDS IN A DORSAL OPENING PROXIMAL TO THE CUFF. THIS IS INDICATED FOR EVACUATION OR DRAINAGE OF SECRETIONS THAT MAY HAVE ACCUMULATED IN THE SUBGLOTTIC SPACE DURING LONG TERM INTUBATION. THE ASPIRATION SYSTEM ONCE ATTACHED TO THE LUMEN ALLOWS FOR CONTINUOUS ASPIRATION OR INTERMITTENT SUCTIONING OF THESE SECRETIONS. IMPORTANT: USE OF THE EVAC DOES NOT REDUCE / ELIMINATE THE REQUIREMENTS FOR OTHER SUCTIONING USUALLY PERFORMED SUCH AS TRACHEAL / BRONCHIAL, ORAL CAVITY ETC.



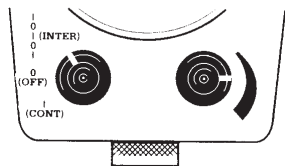
AN EFFECTIVE TREATMENT IN THE PREVENTION OF VENTILATOR-ASSOCIATED PNEUMONIA.

#### EVAC ASPIRATIONS SYSTEM



#### Legend

1. Suction Machine – may be positioned either on pole mount or bed mount.
2. Safety Re-usable Container – to prevent contamination of the suction device.
3. Adapter – between safety container and disposable reservoir.
4. Single-use Reservoir – for collection of secretions (supplied with caps for disposal according to Infection Control policies).
5. Aspiration Line – 100 cm max. length (in order to maintain effective vacuum).



### INTERMITTENT MODE

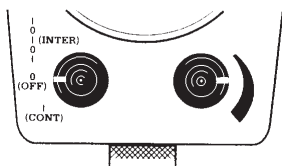
10101 - Suction is

intermittent (cycles "ON"  
and "OFF")

"ON" - suctioning - 8 seconds

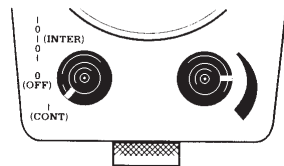
"OFF" - suctioning off - 15 seconds

(recommended suction pressures  
between 100 - 150 mmHg)



### OFF MODE

0 - No suction is supplied to the  
patient



### CONTINUOUS MODE

1 - Suction is continuous

(recommended suction pressures  
must not exceed 20 mmHg in this  
mode)

"OFF" - suctioning off - 15 seconds  
(recommended suction pressures  
between 100 - 150 mmHg)

## Maintenance

### Blockage of lumen

If bottles show little or no secretions this may indicate:

- 1) there are no secretions in the subglottic space
- 2) evacuation lumen is blocked by mucus, blood etc.

### Clearing a blockage

If you suspect a blockage it may be removed by administering a bolus of air into the lumen using a syringe.

### Maintaining patency of the lumen

Subglottic secretions vary in consistency from one patient to the next so it is recommended to maintain patency of the lumen. Clean lumen at least 3 times per day with 10 ml of sterile distilled water. (NB: before cleaning check the cuff pressure.)

### Cuff pressure

Always monitor cuff pressures as recommended in Instruction For Use of tracheal / tracheostomy tube in situ. (An adequate inflated cuff is required to reduce possibility of secretions leaking into bronchi).

## Handling

### Safety re-usable container

Periodically clean and sterilise these containers. Wash product with water and detergent <sup>(1)</sup>, autoclave at 121 °C for 15 minutes at 1 bar. During cleaning it is important to ensure that all secretions are removed from the safety re-usable container.

<sup>(1)</sup> Caution: Do not use solvents.

### Single-use reservoir

The single use reservoir collects aspirated secretions, it should be changed on a daily basis, or before if full or damaged. Before replacement, disconnect lines and close two connectors by means of supplied caps.

Note: In both cases all personnel must strictly adhere to all hospital policies regarding any infection control risks and in particular to the disposal of biological liquids.

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