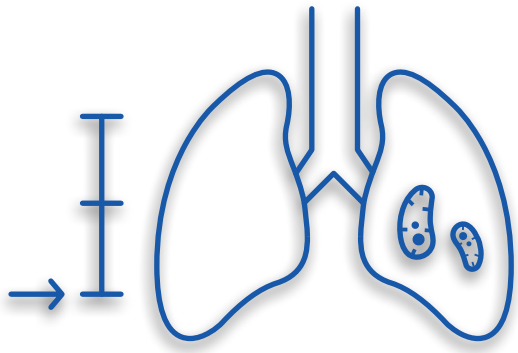
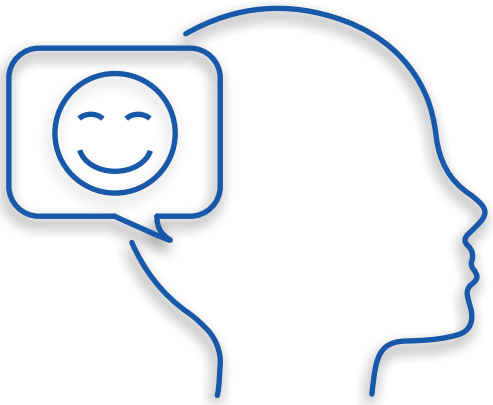
TrachFlush

A NOVEL AND EASE-OF-USE MEDICAL DEVICE FOR INVASIVE MECHANICAL VENTILATED PATIENTS



TRACHFLUSH CAN **REDUCE VENTILATOR- ASSOCIATED PNEUMONIA**



TRACHFLUSH CAN **ELIMINATE THE NEED FOR MANUAL TRACHEAL SUCTIONING** AND THEREBY **REDUCE WORKLOAD** AND **IMPROVE PATIENT COMFORT**

ITALIAN INVENTION

DANISH DESIGN

TRACHFLUSH

1 DEVICE WITH 2 FEATURES

CUFF CONTROL AND FLUSH CONTROL

CUFF CONTROL

TrachFlush automatically maintains the user set cuff pressure, blocking subglottic secretions from entering the lungs, and reduces VAP with 50% [2].

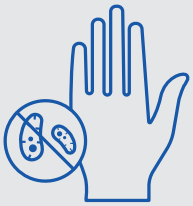
FLUSH CONTROL

TrachFlush automatically removes secretion from invasive mechanically ventilated patients with the push of a button [1].

BENEFITS OF USING TRACHFLUSH

Improving patient comfort

No "vacuum" cleaner in nor obstruction of the airways. No post-suctioning patient instability. [4] [5]

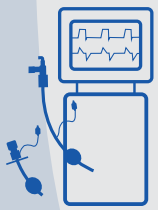


Reduces contamination risks for staff

Remove secretion without being near the patient.

VAP reduction

Reduces VAP with 50%.[2]



Ease of Use

Use TrachFlush with any mechanical ventilator, ETT and TT – simple connectivity.

Cost effective

Remove secretion in less than 1 minute, reduce workload and consumable usage.

Fast and easy activation

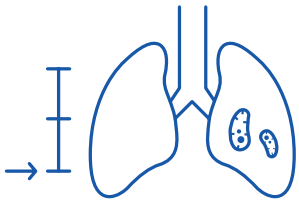
Secretion removal with the push of a button.[1]

CUFF CONTROL

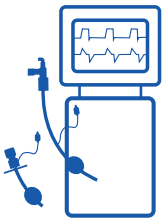
TRACHFLUSH CAN REDUCE VENTILATOR-ASSOCIATED PNEUMONIA

TrachFlush automatically maintains the user set cuff pressure, blocking subglottic secretions from entering the lungs, and reduces VAP with 50% [2].

BENEFITS



VAP reduction
Reduces VAP with 50%.[2] [3]



Ease of Use
Use TrachFlush with any mechanical ventilator, ETT and TT – simple connectivity.

Cost effective
Maintains cuff pressure during mechanical ventilation, reduces workload and VAP costs.[2] [3] [7]

TRACHFLUSH CUFF CONTROL
STEP-BY-STEP

1 Set the cuff pressure by pressing arrow up or down on TrachFlush.

2 Accept the cuff pressure by pressing the accept button.

TrachFlush automatically maintains the user set cuff pressure.

FLUSH CONTROL

TRACHFLUSH CAN ELIMINATE THE NEED FOR MANUAL TRACHEAL SUCTIONING AND IMPROVE PATIENT COMFORT

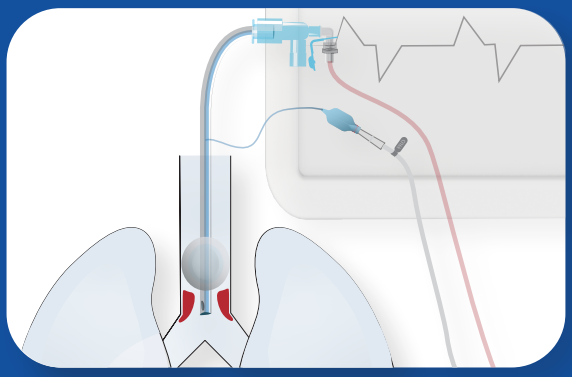
TrachFlush automatically removes secretion from invasive mechanically ventilated patients with the push of a button.[1]

IMPROVE PATIENT COMFORT WHEN USING TRACHFLUSH

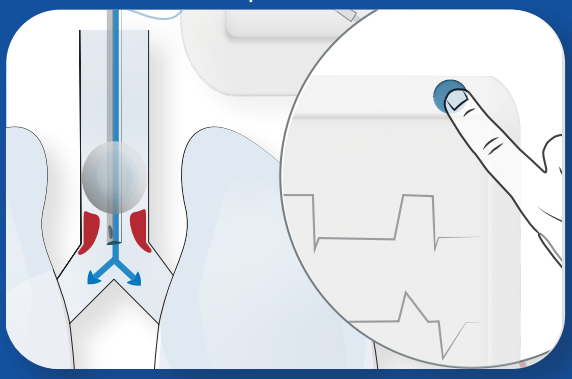
- NO PATIENT DISCOMFORT [4][5][6]
- NO OBSTRUCTION OF THE AIRWAYS [4][5][6]
- NO POST-SUCTIONING INSTABILITY [4][5][6]
- NO CONTAMINATION RISK FOR STAFF

TRACHFLUSH FLUSH CONTROL **STEP-BY-STEP**

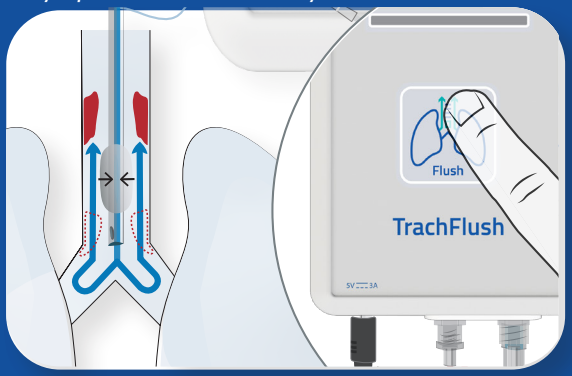
Clinical indications for secretion removal.



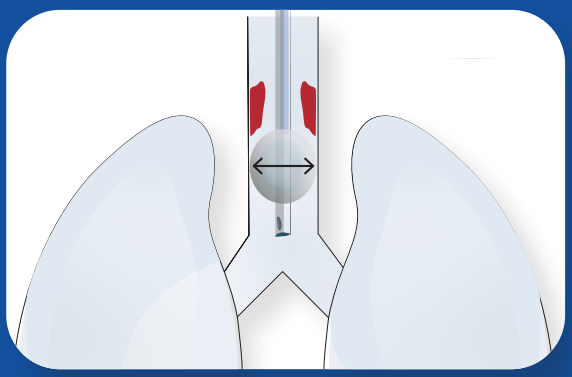
1 Nurse adjust ventilator settings if needed and if safe for the patient.



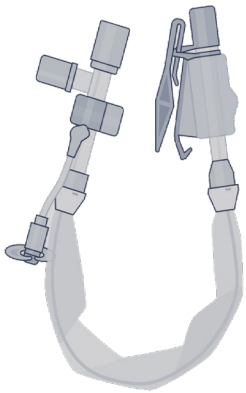
2 Nurse presses the "Flush" button.
TrachFlush deflates the cuff in alignment with the ventilator inspiratory pressure in the lungs, allowing the air-flow of pressure to push/flush the secretion from below the cuff and all the way up into the oral cavity.



3 After flush of the secretion, the cuff is automatically inflated again within the inspiratory cycle.



TRACHFLUSH CAN ELIMINATE THE NEED FOR MANUAL TRACHEAL SUCTIONING AND REDUCE WORKLOAD



TODAY'S SUCTIONING PROCEDURE

TRACHFLUSH PROCEDURE

SECRETION REMOVAL INDICATIONS

PATIENT & RESOURCE PREPARATION

3 MINUTES

Deliver 100% oxygen to the patient prior to suctioning, prepare vacuum source, suctioning catheter, trap, gloves, goggles, mask and other appropriate equipment and pre-oxygenate with 100% oxygen to the patient prior to suctioning.

NONE

Check that the consumables are properly connected.

SUCTIONING PROCEDURE

2 MINUTES

Insert catheter and start suctioning. Monitor oxygen saturation, check for airway clearance indications and repeat if necessary. Dispose the suction catheter or rinse it. If the patient is uneasy/stressed, calm down the patient and await stability prior to repeat of suctioning.

1 MINUTE

Press the "Flush" button. Check for airway clearance indications and repeat if necessary.

POST-SUCTIONING FOLLOW-UP CARE

Hyper-oxygenation of the patient. If the patient is uneasy/stressed post-suctioning, calm down the patient and await stability. Monitor the patient for adverse reactions.

Monitor the patient for adverse reactions.

UP TO 80 % WORKLOAD REDUCTION WHEN USING TRACHFLUSH

Reference: ARC Clinical Practice Guidelines: Endotracheal Suctioning of Mechanically Ventilated Patients With Artificial Airways 2010

Secretion removal indications: Clinical indications based on patient status or guidelines. **Resources/Equipment preparation:** A licensed or credentialed respiratory therapist who have the skills and training should perform the suctioning. Check if vacuum source and suction regulator functions properly; a collection/trap bottles is connected to airway system; gloves, goggles, mask and other appropriate equipment is equipped; and prepare manual resuscitation bag with oxygen-enrichment for emergency use. **Suctioning procedure:** Insert catheter, start suctioning, monitor patient for oxygen saturation. If closed suction; leave catheter with patient. If open suction; dispose catheter. **Post-suctioning follow-up care:** Hyper-oxygenate the patient with same techniques to pre-oxygenate. Monitor for adverse reactions.

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References:
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2. Continuous Endotracheal Tube Cuff Pressure Control System Protects Against Ventilator-Associated Pneumonia by Leonardo Lorente et al.
3. Continuous control of tracheal cuff pressure for VAP prevention: a collaborative meta-analysis of individual participant data by Saad Nseir et al.
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ITALIAN INVENTION DANISH DESIGN

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