

AnchorFast Guard Select Oral Endotracheal Tube Fastener

Indication and Intended Use

The oral endotracheal tube fastener is indicated for use by healthcare professionals in securing oral endotracheal tubes ranging in size from 5.0 to 9.0 mm inner diameter and endotracheal tubes with integrated subglottic suction lumen sizes 6.0 to 8.0 mm inner diameter. The suitability of the oral endotracheal tube fastener must be assessed for each patient. (See the section below entitled “Precautions” for factors to consider.)

Application

Step 1 - Preparing the Skin

- Before applying the device, the patient’s skin should be clean, dry, and free of oily residue
- Do not use skin gel wipes or other skin preps with the oral endotracheal tube fastener.

Step 2 - Apply the Oral Endotracheal Tube Fastener (Figures 1, 2A, 2B)

- Remove the product from packaging.
- Remove release liners from skin barrier pads
- Pull back gently on the skin barrier pads so they are out of the way, to prepare for application
- Center the device on the patient’s upper lip, so the non-absorbent upper lip foam lightly touches the skin. Ensure the ET tube is positioned adjacent to the opening of the tube protection sleeve (Figure 2B, item A)
- Press the two skin barrier pads on the patient’s skin and hold in place until they adhere well. This should take approximately 30 seconds

Step 3 - Securing the ET Tube (Figure 4 & 5)

- Squeeze the tabs on the sides of the gliding tube shuttle and move the clamp along the track to a location adjacent to the ET tube.
- Carefully slide the ET tube into the tube protection sleeve. Place the cuff inflation tube within the tube protection sleeve along the bottom, and the integrated subglottic suction lumen, if present, within the upper channel of the protection sleeve.
- Remove the release liner from the “ET tube wrap” [wrap], exposing the adhesive. Before applying the wrap to the ET tube, make sure the ET tube is dry and free of any residue.
- Position the ET tube under the non-slip grippers. Care should be taken to avoid including the cuff inflation tube, and the integrated subglottic suction lumen, if present, within the wrap and/or directly under the non-slip grippers when securing the ET tube
- Loop the wrap tightly around only the ET tube, and pull the remaining portion of the wrap through the security clamp
- Secure the wrap by snapping shut the one-click security clamp (an audible click will be heard)

Step 4 - Applying the Adjustable Neck Strap (Figure 6A, 6B)

- Secure the neck strap by inserting the narrow end of the strap through the plastic loop on the track
- Fasten the narrow end of the strap using the hook and loop closure
- For greater comfort and security, adjust the straps on either side. Do not overtighten
- Allow two fingers width between the strap and the back of the patient’s head

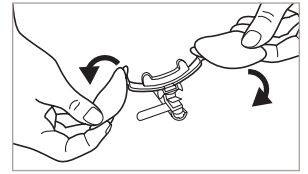


Figure 1

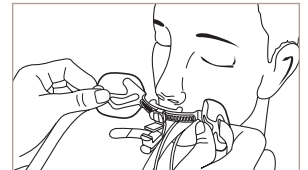


Figure 2A

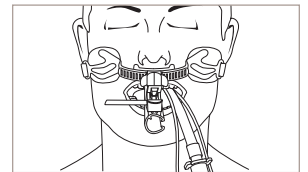


Figure 2B

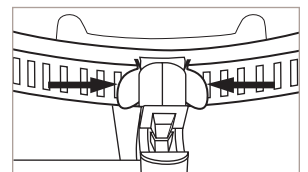


Figure 3

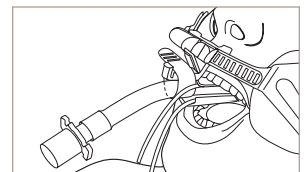


Figure 4

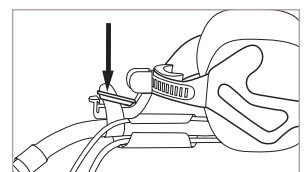


Figure 5

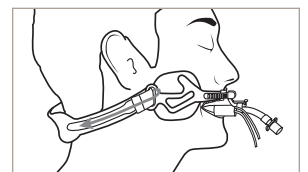


Figure 6A

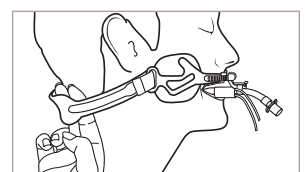


Figure 6B

USA: Rx Only

* **CAUTION:** FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN OR OTHER HEALTHCARE PRACTITIONER LICENSED UNDER STATE LAW TO ORDER THIS PRODUCT. PRIOR TO USING THE ANCHORFAST GUARD SELECT ORAL ENDOTRACHEAL TUBE FASTENER, BE SURE TO READ THE PRODUCT INSTRUCTIONS FOR USE.

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Routine Care

- To reposition the ET tube, squeeze the gliding tube shuttle tabs on the outer edges and move in either direction along the track. (figure 7)
- Reposition the ET tube from side-to-side at least every two hours or more frequently if the patient's condition dictates, to minimize the risk of injury to the skin, lip and/or oral cavity from the unrelieved pressure and shear forces

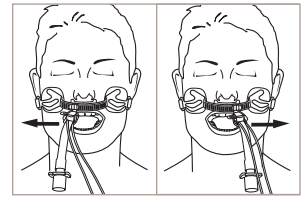


Figure 7

Removal

- Release the security clamp holding the wrap in place
- Carefully remove the wrap from around the ET tube, then remove the tube and inflation lumen, and the integrated subglottic suction lumen, if present, from the tube protection sleeve
- Release the neck strap by unfastening the hook and loop closures
- Remove the skin barrier pads by gently peeling them away from the patient's skin

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Warnings

- The oral endotracheal tube fastener is indicated for single use. To help ensure proper adhesion, do not reuse
- As with any fixation device, excessive pressure introduced by the device and/or patient's head and/or body position (e.g. prone or side-lying) may cause dermal injury, tissue ischemia, or necrosis
- Improper assembly and/or attachment of the device may increase the risk of hypoventilation or aspiration

Precautions

- Be sure to frequently assess patient since wear time varies by patient
- To minimize the risk of pressure injury, inspect the patient's lips and skin at least every two hours or more frequently if the patient's condition dictates (e.g. vulnerable to fluid shifts and/or edema)
- After application of the oral endotracheal tube fastener, check the patient frequently to ensure that both the oral endotracheal tube fastener and the ET tube are secure and correctly positioned
- Use caution in patients with full or swollen lips, facial swelling, dental appliances, restorative implants, and/or loose or protruding teeth
- Patients without front upper teeth or unable to wear upper dentures may lack the maxillary support required to use the oral endotracheal tube fastener
- Patients with facial hair may lack the necessary support to anchor the skin barrier pads
- Reconfirm position, depth of intubation, and patency of the ET tube or other airway device during and after any change in the patient's head, neck, or body position, or any change in the location of the fixation device
- Use caution during patient movement and/or repositioning to avoid dislodging the ET tube
- To ensure proper fixation of the device, exercise caution with the use of other devices and/or instruments (i.e., feeding tubes, fiberoptic (fibre optic) scopes) within the oral cavity during endotracheal intubation
- Discontinue use of the device if redness or skin irritation occurs
- Repeated adjustment of the ET tube in a distal or proximal direction may affect the performance of the "ET tube wrap" [wrap]
- Avoid including all other tubes (e.g. inflation, subglottic) within the wrap
- Care should be taken to avoid aligning the inflation lumen, and the integrated subglottic suction lumen if present, directly under the non-slip grippers when securing the ET tube
- Care must be taken when using endotracheal tubes with subglottic suctioning to avoid occlusion of the suction lumen
- After use, handle and dispose of in accordance with institutional protocol and universal precautions for contaminated waste

In case of serious injury (incident) in relation to your use of the product, please contact your local distributor or manufacturer, and your local competent authority. For more information, see www.Hollister.com/authority or contact EC Rep or local distributor.

Prior to use, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions.

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Hollister Incorporated
2000 Hollister Drive
Libertyville, Illinois 60048
1.800.323.4060

www.hollister.com

Hollister Limited
95 Mary Street
Aurora, Ontario L4G 1G3
1.800.263.7400