CRITICAL CARE GUIDE FOR USE

AnchorFast Oral Endotracheal Tube Fastener

Introduction

The oral endotracheal tube fastener is indicated for use by healthcare professionals in securing oral endotracheal tubes ranging in size from 5.0 to 10.0 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 - Prepare 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 brands of skin preps with the oral endotracheal tube fastener

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

• 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. (Figure 2)
• 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 3 & 4)

• 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
• Remove the release liner from the “ET tube wrap” [wrap] exposing the adhesive. Before applying the wrap to the ET tube, make sure the tube is dry and free of any residue
• Position the ET tube under the non-slip grippers
• Loop the wrap tightly around the ET tube; avoid including any other tubes within the wrap. 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 5A, 5B)

• 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
• Adjust straps on either side for added comfort and security. Do not overtighten
• Allow two fingers width between the strap and the back of the patient’s head (Figure 5B)

Routine Care (Figure 6)

• To reposition the ET tube, squeeze the gliding tube shuttle tabs on the outer edges and move in either direction along the tube track
• 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 and/or lips from unrelieved pressure and shear forces

Removal

• Release the security clamp holding the wrap in place. Carefully remove the wrap from around the ET tube.
• 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

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 ORAL ENDOTRACHEAL TUBE FASTENER, BE SURE TO READ THE PRODUCT INSTRUCTIONS FOR USE.*
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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 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.
- After use, handle and dispose of in accordance with institutional protocol and universal precautions for contaminated waste.