

# INSTRUCTIONS

## Shiley™ TaperGuard Evac Endotracheal Tube



A simple way to remove subglottic secretions and reduce the incidence of ventilator-associated pneumonia (VAP)<sup>1</sup>

### STEP 1

Set the suction regulator according to your institution's protocol.

Continuous suction \_\_\_\_\_

Intermittent suction \_\_\_\_\_

**It's essential to occlude the suction tubing completely when setting the vacuum level. Failure to do so could lead to unregulated suction pressures.<sup>2-4</sup>**

### STEP 2

After setting the suction regulator, attach suction tubing to the yellow port on the Shiley™ TaperGuard evac tube.

By following a few simple steps, healthcare providers using the Shiley™ TaperGuard evac tube may significantly reduce the incidence of VAP.<sup>5</sup>

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**This guide is not intended to replace product directions for use. It is intended as a guide only and should not replace institutional policies or physician orders.**

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2. Carroll PL. The Principles of Vacuum and Its Use in the Hospital Environment. Ohio Medical. <http://ohio-medical.com/publications/SOT%20645%20Principles%20of%20Vacuum.pdf>. Published 2006.
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Note that:

- You should continue to follow your protocol for oral, tracheal, or bronchial suctioning
- Subglottic secretion drainage doesn't replace these patient care procedures
- To clear a blockage in the line, inject a bolus of air into the Shiley™ TaperGuard evac suction lumen as needed or as per your protocol; don't flush the line with saline

It's normal to see:

- Little or no secretions; you may remove as little as 1 to 2 mL within 24 hours
- Secretions moving very slowly through suction line due to low suction pressure and small secretion volumes

Vacuum regulator shown Ohio Medical Corporation™\* P/N 8701-1251-901 demonstrates ±1% gauge accuracy

If you have any questions, contact your Medtronic airway management specialist

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