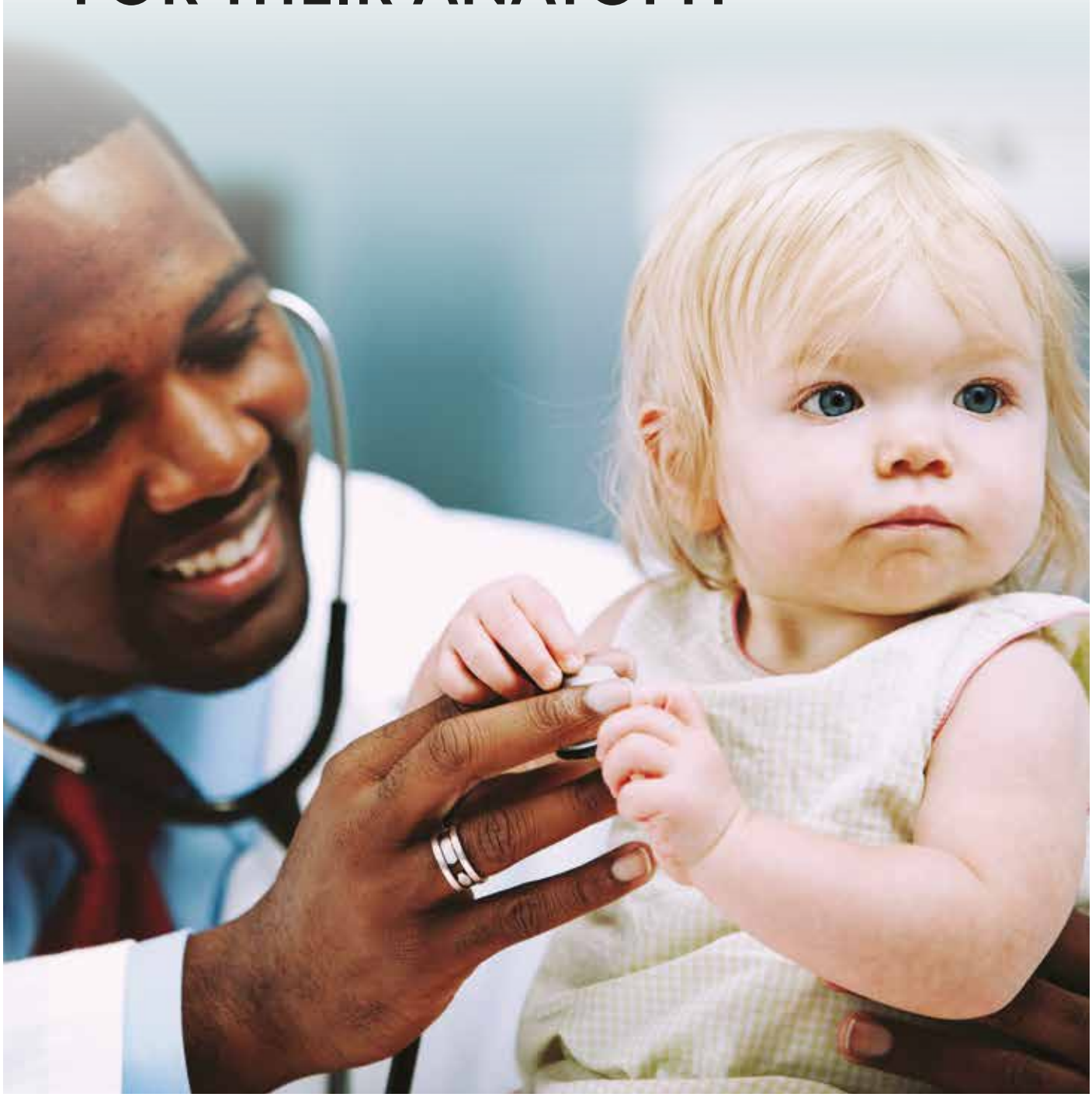
AVANOS | Respiratory Health

NEONATAL AND PAEDIATRIC RANGE

SPECIFICALLY DESIGNED FOR THEIR ANATOMY



AVANOS* NEONATAL AND PAEDIA

AT AVANOS WE UNDERSTAND THE NEONATAL AND PAEDIATRIC NEEDS. OUR SOLUTIONS BRING YOUR PATIENT SAFETY AND COMFORT WITH A FIRM COMMITMENT TO INFECTION CONTROL

AVANOS* MICROCUFF* PAEDIATRIC ENDOTRACHEAL TUBES

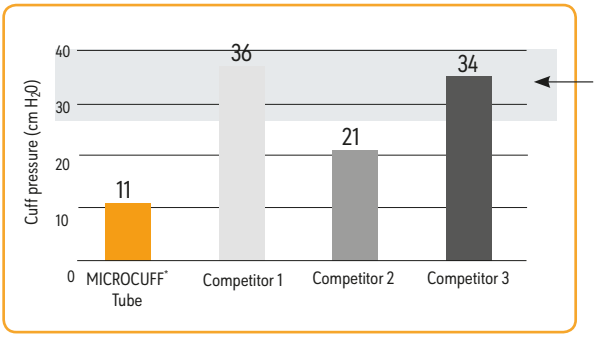
A NEW STANDARD FOR PAEDIATRIC AIRWAY MANAGEMENT

THE PERFECT FIT FOR PAEDIATRIC ANATOMY

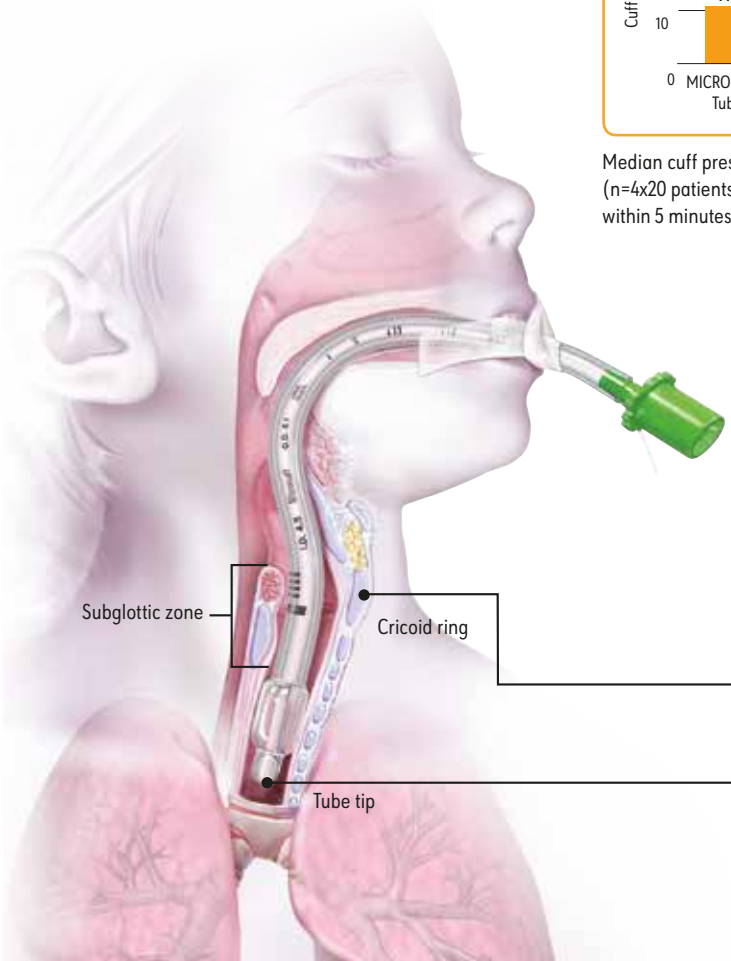
- Cuff placement in the trachea and not in the pressure-sensitive larynx
- Intubation depth markings to ensure optimal tube placement
- Microthin cuff material to seal at lower pressures[1] than conventional tubes reducing the risk to mucosal tissue[2]
- Withstand burst pressures of >800 cm H_2O[3]

"The intubation depth marks of the MICROCUFF* paediatric tracheal tube allowed the safe placement of a cuffed tracheal tube in children from a wide age range" - Weiss,et al. BrJ Anaesthesia 2005

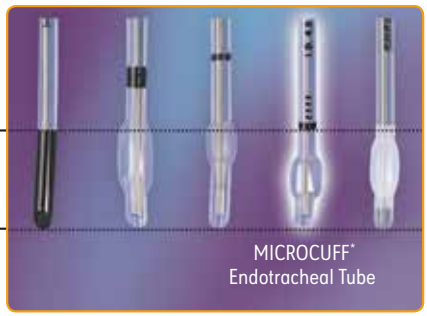
MICROCUFF* tubes seal at a lower pressure than conventional paediatric tubes[1]



Median cuff pressure to seal the trachea in children aged 2-4 (n=4x20 patients, ID 4.0mm). Sealing pressure assessed by ascultation within 5 minutes after intubation.



In an unstandardized market of unequal paediatric tubes, the MICROCUFF* tube is designed for paediatric airway

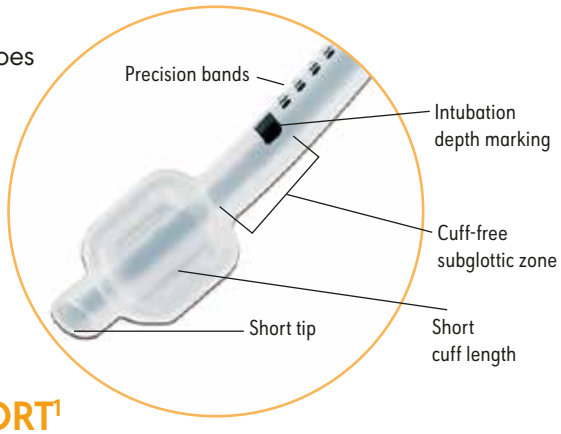


ATRIC SOLUTIONS

Low dead-space adapter
on sizes
3.0 - 4.5mm

CONFIDENCE IN A SEALED AIRWAY

- Low rate of re-intubation[4]
  - Reduces need to replace oversized tracheal tubes
  - Less patient trauma, time and material costs
- Sealed airway allows for use of minimal and low flow anesthesia
- Sealing with a cuff compensates for different sized and shaped airways



IMPROVED PATIENT CARE AND COMFORT[1]

- Positive pressure ventilation with a sealed airway, providing constant and efficient minute ventilation
- Sealed airway ensures reliable end-tidal CO_2 lung function and oxygen consumption monitoring
- Reduced risk of aspiration of blood and secretions

AVANOS* CLOSED SUCTION SYSTEMS FOR NEONATES/PAEDIATRICS

GOLD STANDARD IN CLOSED SUCTION SYSTEMS

Closed suctioning has been extensively studied and has evident advantages over open suctioning for both patients and their caregivers.

- Smaller degree of oxygen saturation fall and fewer incidences of desaturation[5]
- Reduced incidences of bradycardia and hypoxia associated with suctioning[6]
- Standardize the level of care within a ward
- Safely used by one person, reducing the need for two or more caregivers often required for open suctioning procedures[7]
- Perceivably easier, less time-consuming, and better tolerated[7] by small premature infants requiring mechanical ventilation for one or more weeks

Compared to open suctioning, no increase in the rate of[7]:

- bacterial airway colonization,
- frequency of endotracheal suctioning and reintubation,
- duration of mechanical ventilation,
- length of hospitalization,
- incidence of nosocomial pneumonia, nosocomial BSI, severity of BPD, and neonatal mortality.[7]

The unique AVANOS* Multi-Access Catheter is specially designed to

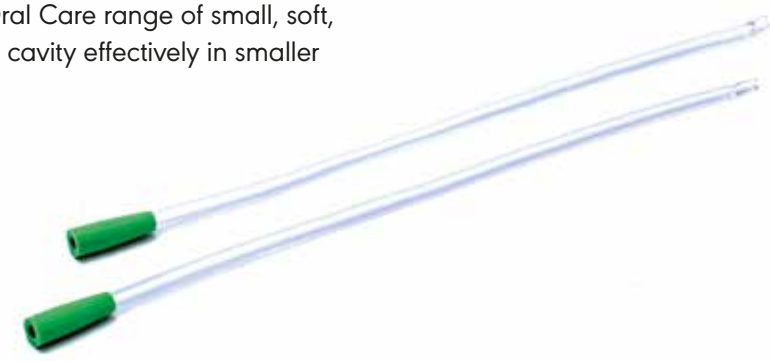
- Access the neonatal airway
- Deliver surfactant without disconnection from the ventilator leading to better distribution of surfactant and almost no wastage

Key features:

- Numerous universal colour stripes
- Sizes 5 to 12 French
  More flexibility for matching the appropriate sized suction catheter to a size 3.5 endotracheal tube
- Noticeably softer catheter
- DEHP-free - All neonatal and paediatric catheters are DEHP-free

AVANOS* ORAL CARE SOLUTIONS FOR NEONATES/PAEDIATRICS

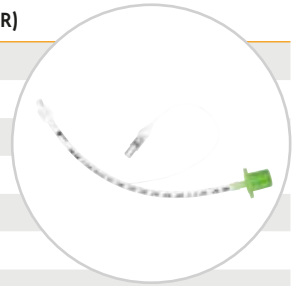
Avanos also offers a Neonatal and Paediatric Oral Care range of small, soft, atraumatic catheters, designed to clean the oral cavity effectively in smaller patients whilst keeping the system closed.



AVANOS* MICROCUFF* PAEDIATRIC ENDOTRACHEAL TUBES

AVANOS* MICROCUFF*
Endotracheal Tube, Paediatric Oral/Nasal Magill

REFERENCE	TUBE SIZE (INNER DIAMETER)	
35111	3.0 mm	
35112	3.5 mm	
35113	4.0 mm	
35114	4.5 mm	
35115	5.0 mm	
35116	5.5 mm	
35117	6.0 mm	
35118	6.5 mm	
35119	7.0 mm	Packaging of each item: 10/dispenser



AVANOS* MICROCUFF*
Endotracheal Tube, Paediatric Oral Curved

REFERENCE	TUBE SIZE (INNER DIAMETER)	
35161	3.0 mm	
35162	3.5 mm	
35163	4.0 mm	
35164	4.5 mm	
35165	5.0 mm	
35166	5.5 mm	
35167	6.0 mm	
35168	6.5 mm	
35169	7.0 mm	Packaging of each item: 10/dispenser

AVANOS* CLOSED SUCTION SYSTEMS FOR NEONATES/PAEDIATRICS

AVANOS* Closed Suction Systems
for Neonates/Paediatrics - "Y"

REFERENCE	OUTER DIAMETER	LENGTH
195-5	5 Fr/1.6mm	30.5cm
196-5	6 Fr/2mm	30.5cm
197-5	7 Fr/2.3mm	30.5cm
198-5	8 Fr/2.6mm	30.5cm
1910-5	10 Fr/3.3mm	40.5cm
1912-5	12 Fr/4mm	40.5cm
Packaging of each item: 20/case		

AVANOS* Closed Suction Systems
for Neonates/Paediatrics - Elbows

REFERENCE	OUTER DIAMETER	LENGTH
206-5	6 Fr/2mm	30.5cm
207-5	7 Fr/2.3mm	35.5cm
208-5	8 Fr/2.6mm	35.5cm
210-5	10 Fr/3.3mm	40.5cm
Packaging of each item: 20/case		

Multi-Access Catheter

REFERENCE	OUTER DIAMETER	LENGTH	DESCRIPTION
1900	5 Fr/1.6mm	30.5cm	MAC catheter adapter: 2.5 mm, 3 mm, 3.5 mm
1920	5 Fr/1.6mm	30.5cm	MAC catheter adapter: 2 mm
1940	5 Fr/1.6mm	30.5cm	MAC catheter adapter: 4 mm
Packaging of each item: 5/case			

AVANOS* ORAL CARE SOLUTIONS FOR NEONATES/PAEDIATRICS

REFERENCE	DESCRIPTION
1221	5 oral care suction catheters: 6 Fr - 2 mm
1222	5 oral care suction catheters: 8 Fr - 2.6 mm
1223	5 oral care suction catheters: 10 Fr - 3.3 mm
Packaging of each item: 250/case	

All codes in **bold** indicate a **sterile** product.

References 1. Dullenkopf A, Schmitz A, Gerber A, Weiss, M. Tracheal sealing characteristics of paediatric cuffed tracheal tubes. Paediatric Anesthesia. 2004; 14:825-830. **2.** Seegobin RD, van Hasselt GL. Endotracheal cuff pressure and tracheal mucosal blood flow: endoscopic study of effects of four large volume cuffs. British Medical Journal. 1984 March;228:965-968. **3.** Data on file. Roswell, GA, KCWW. **4.** Dullenkopf A, Gerber AC, Weiss M. Fit and seal characteristics of a new paediatric tracheal tube with a high volume-low pressure polyurethane cuff. Acta Anaesthesiol Scand. 2005;49:232-237. **5.** Tan, A.M., Gomez, J.M., Matthews, J., Williams, M., Paratz, J., Rajadurai VS. (2005). Closed versus partially ventilated endotracheal suction in extremely preterm neonates: physiologic consequences. **6.** Wright, J. & Fraser Askin, D. (1996). Closed-suctioning procedure in neonates. **7.** Cordero, L., Sananes, M. and Avers, L.W. (2000). Comparison of a closed (Trach Care MAC) with an open endotracheal suction system in small premature infants.

For more information, please contact your Avanos Customer Service Team:

From UK & IE:
tel: 0800 917 65 85 – fax: 0800 169 02 35
customerservice.uk.ie@avanos.com

From other countries:
tel: +32 2 700 68 51 – fax: +32 2 711 26 91
customerservice.export@avanos.com

www.avanos.co.uk

AVANOS