Turbo O_2® Cap QTY:10

REF 100-60-0100

INDICATIONS FOR USE

The Turbo® O_2 Cap is an optional accessory intended to channel oxygen into an endotracheal tube for continuous delivery of oxygen to the patient during the intubation procedure. The Turbo® O_2 Cap allows for the option of an appropriately sized stylet to be passed into the endotracheal tube without interfering with oxygen delivery.

DESCRIPTION

The Turbo® O_2 Cap is designed to be attachable to and removable from endotracheal tubes in the size range of 5.5mm – 9mm internal diameter (ID) to enable the flow of oxygen to a patient during the intubation procedure. The device has a self-sealing valve to allow stylets to pass through it (

Table **1**) as well as two safety pressure relief valves.

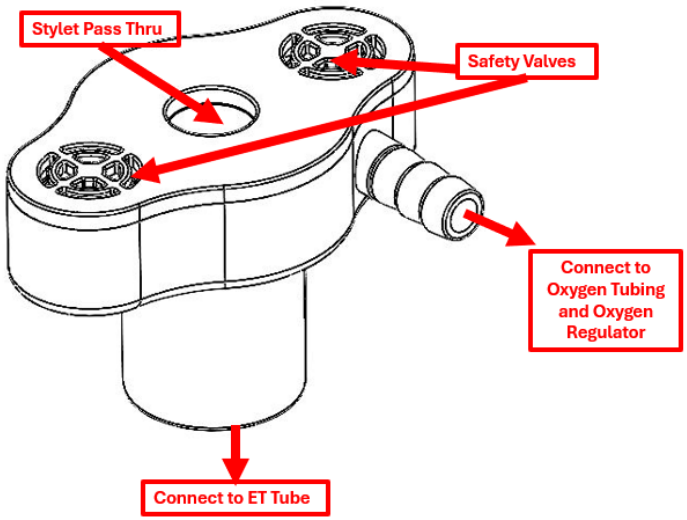

Figure 1 Turbo® O_2 Cap

DISPOSAL

- Device shall be disposed in accordance with facility policies and procedures for biological waste. Do not throw in trash.

LIST OF DEVICE MATERIALS

- Polycarbonate
- Silicone

DIRECTIONS FOR USE

WARNING: This is a prescription use device to be used by medical professionals in an environment where intubations take place.

1. Open the device pouch using clean technique and remove the device from the packaging.

WARNING: Choke hazard. Keep away from children and pets.

2. Connect oxygen tubing to the device by pushing the oxygen tube bushing fully over the barbed oxygen port. Connect the other end of the oxygen tube to an oxygen regulator.

CAUTION: Do not use excessive force while attaching oxygen tubing to the device to avoid damaging the oxygen port.
WARNING: Inspect oxygen tubing that is to be used with the Turbo® O_2 Cap for damage, kinking, blockage, cracks, and holes before use.

3. Connect the device to an endotracheal tube through the conical connection feature.
4. Set the oxygen regulator to a flow rate between ***10 and 15 LPM.***

WARNING: Do not use electrosurgery and / or electrocautery near the head during intubation due to risk of fire.
WARNING: Do not use in the presence of a high heat source.

5. Check to ensure oxygen is flowing through the endotracheal tube. If it is not flowing, clear any blockage and redo previous steps.
6. Intubate the patient.

WARNING: Do not cover safety valves during use. Doing so will prevent the pressure relief function.

7. **OPTIONAL:** Insert a compatible stylet through the instrument valve at the top of the device. **P**lease see the Turbo® O_2 Cap stylet size chart (
8. **Table 1**) below for compatible stylet sizes for each ET tube size**.**

WARNING: Breakable valve is strictly for the insertion of intubation stylets and not intended to introduce other tools or medications.
CAUTION: When inserting stylet into Turbo® O_2 Cap, the tip of the stylet can get caught on the edge of the ET tube conical connector. If so, pull the stylet back slightly, adjust the angle of stylet, and continue.

9. After successful intubation and inflation of the endotracheal tube cuff, remove the Turbo® O_2 Cap.
10. Attach the appropriate respiratory system.

WARNING: After successful intubation and inflation of the endotracheal tube cuff, immediately remove the Turbo O_2® Cap and attach the appropriate respiratory system.

11. If a whistling noise is heard **before** the Turbo® O_2 Cap has been removed; consider different fault conditions that could cause this – see Trouble Shooting in Table 2.
12. Disconnect the oxygen tube from the oxygen regulator and dispose of the Turbo® O_2 Cap and oxygen tubing in accordance with facility policies and procedures.

WARNING: Reuse of the Turbo® O_2 Cap can lead to patient infection or device breakage/failure.

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Table 1: Turbo® O_2 Cap Stylet / ET Tube Compatibility Chart

ET Tube ID Size (Fr)	16.5	18	19.5	21	22.5	24	25.5	27
ET Tube ID Size (mm)	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0
Maximum Stylet Diameter (mm)	$3.\overline{3}$	$3.\overline{3}$	4.0	4.0	$4.\overline{6}$	$4.\overline{6}$	$4.\overline{6}$	$4.\overline{6}$
Minimum Stylet Diameter (mm)	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0

Table 1 indicates the compatible stylet size range for each ET tube size.

CAUTION: Use of a larger diameter stylet than per Table 1 above may cause awhistling noise to be heard. See Table 2 for steps to resolve the issue.

OPERATING AND STORAGE LIMITATIONS

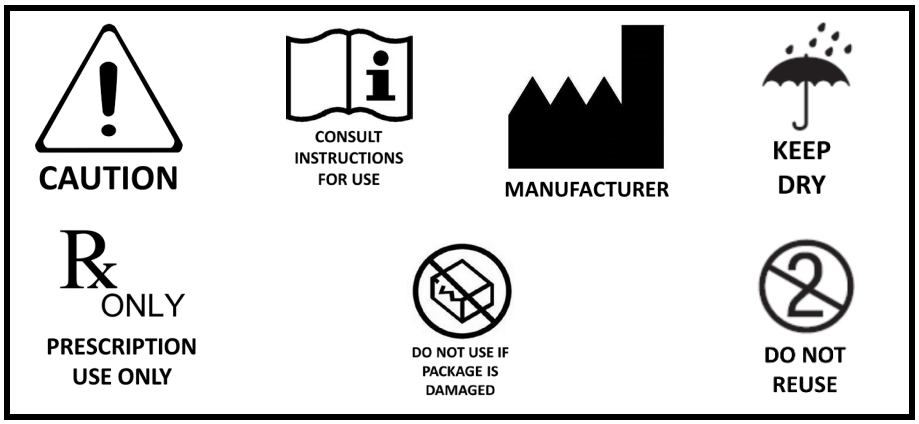
- Single use, do not reuse
- Inspect stylet for damage prior to use
- Inspect oxygen tubing for damage prior to use
- Inspect Turbo® O_2 Cap for damage prior to use
- Use by date listed on the package label
- If the device pouch is ripped, or damaged, do not use and dispose.
- Product does not include latex
- Keep dry

Table 2: Troubleshooting Table

Issue	Possible Cause	Action
Whistling noise is heard after inserting stylet and before intubation procedure is started	Stylet is too large for ET tube	Check Stylet Size Compatibility Chart – **Table 1**
Whistling noise is heard during the intubation procedure but before the ET cuff is inflated	End of ET tube may be blocked against tissue	Reassess placement of ET tube tip
Whistling noise is heard after intubation is successful, the ET cuff is inflated, and the Turbo® O_2 Cap is still attached to the ET tube	After inflating the ET cuff, if the Turbo® O_2 Cap is left on, a closed pulmonary system with increasing airway pressure has been created	Immediately remove Turbo® O_2 Cap
No whistling noise is heard- after intubation is successful, the ET cuff is inflated, and the Turbo® O_2 Cap is still attached to the ET tube	After inflating the ET cuff, if the Turbo® O_2 Cap is left on, a closed pulmonary system with increasing airway pressure has been created	Immediately remove Turbo® O_2 Cap; do not rely on a whistling noise being heard only for indication to remove the Turbo® O_2 Cap
Stylet will not pass into Turbo® O_2 Cap	Stylet is too large for pass through valve	Check Stylet Size Compatibility Chart – **Table 1**
Stylet will not pass into ET tube	Stylet is caught on ET tube conical connector	Check to see if stylet tip is caught on ET tube conical connector

Table 2 is a trouble shooting table to help determine possible causes of issues with the use of the Turbo® O_2 Cap and corrective actions.

SYMBOLS GLOSSARY



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