Rapid intubation of difficult airways.

When a difficult airway must be established, time and accuracy are critical. Now you can be assured of rapid intubation and effective ventilation with the Combitube® esophageal/tracheal double-lumen airway from Nellcor. Unlike traditional endotracheal tubes, the Combitube airway is designed to establish a nonsurgical patent airway when placed into either the trachea or the esophagus.

Unique double-lumen design allows for rapid airway establishment through either esophageal or tracheal placement.

Blind placement eliminates the need for laryngoscope.

Pharyngeal balloon holds device firmly in place and helps prevent the escape of gas through the nose or mouth.

Full-length lumen allows for suctioning of gastric contents with no interruption of ventilation in the event the Combitube airway is placed in the esophagus.

Esophageal cuff inflates to seal the esophagus so gas does not enter the stomach and gastric contents are not aspirated.

Appropriate for prehospital, surgical and emergency use.
Combitube®
ESOPHAGEAL/TRACHEAL DOUBLE-LUMEN AIRWAY

Step 1
• Place the patient’s head in neutral position.
• Open the mouth and depress tongue.

Step 2
• Insert the Combitube flat along the tongue.
• Continue until the patient’s front teeth are aligned between the depth marks.

Step 3
• First, use the large syringe to inflate the blue pilot balloon for the large oropharyngeal cuff. Inflate to 85 mL (37 Fr) or 100 mL (41 Fr).
• Then, use the smaller syringe to inflate the white pilot balloon for the distal cuff. Inflate to 12 mL (37 Fr) or 15 mL (41 Fr).
• During inflation, the Combitube airway might move slightly out of the patient’s mouth due to the self-adjusting property of the oropharyngeal balloon.

Step 4
• Assure esophageal positioning.
• Attach ventilating device to the longer, blue connecting tube.
• If auscultation of breath sounds is positive, continue ventilation. Confirm tracheal ventilation with end-tidal CO₂ detection.
• Use the shorter, clear connecting tube for gastric suctioning.

Step 5
• If auscultation of breath sounds is negative, attach breathing device to the shorter, clear connecting tube and ventilate.
• Confirm tracheal ventilation with auscultation of breath sounds and end-tidal CO₂ detection. The Combitube airway is functioning as a tracheal tube in this case.

Ordering Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Catalog Number</th>
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<tbody>
<tr>
<td>Size 37 Fr (O.D.) (For patients 4’ to 6’ tall)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combitube Single</td>
<td>4/carton</td>
<td>5-18237</td>
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<tr>
<td>Combitube Roll-up Kit</td>
<td>4/carton</td>
<td>5-18437</td>
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<tr>
<td>Combitube Tray Kit</td>
<td>4/carton</td>
<td>5-18537</td>
</tr>
<tr>
<td>Size 41 Fr (O.D.) (For patients 5’ tall and above)</td>
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<tr>
<td>Combitube Single</td>
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<td>Combitube Roll-up Kit</td>
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<td>Combitube Tray Kit</td>
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<tr>
<td>Combitube Demonstration Airway Kit</td>
<td>1/carton</td>
<td>5-18141</td>
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</tbody>
</table>

Kits include large syringe, small syringe, suction catheter and elbow.