**Venner PneuX™ System**

**POINTS OF REFERENCE**

**This document is intended for quick guidance only –**

**Users should also refer to Quick Start Guide and IFU Manuals**

**SIZE:**

**Recommend Venner PneuX™ ETT/TT Size 8.0 ID Females/Size 9.0 ID Males**

**PRE-USE CUFF CHECK:**

**Inflate cuff with 15-20 mls of air to check for integrity, then deflate cuff**

**SUBGLOTTIC PORT PATENCY CHECK:**

**Flush the subglottic ports with sterile saline prior to use**

**INTUBATION LENGTH/TUBE POSITION:**

**Allow extra intubation length to account for flexible distal tube (approximately 2 cms)**

**Essential - Rigorous check in early phase of use to ensure cuff is mid-tracheal (not laryngeal or bronchial)- Chest X-Ray**

**FIXATION:**

**To avoid unplanned extubation – Ensure adequate and secure fixation to prevent tube movement**

**VENNER PNEUX TSM™ PRESSURE SETTING:**

**NB. Default tracheal wall pressure is 20 mmHg (27.2cmH2O) –**

**Increase to 30 mmHg if there is an audible air leak**

 **Trans-laryngeal air leak – Check PEEP & peak intrathoracic pressure (if high – consider increase to 30 mmHg to match airway pressure)**

**Increase to 40 or 50 mmHg when performing subglottic irrigation**

**SUBGLOTTIC DRAINAGE:**

**Perform every 4 hrs or more often if required (with 10ml syringe)**

**SUBGLOTTIC IRRIGATION:**

**Perform every 12 hours/shift change or more often if required (with 60ml luer lock syringe)**

**Increase tracheal wall pressure to 40 or 50 mmHg for duration**

**DISCONNECTION/TRANSFER:**

**For disconnections of over 1-hour duration, cuff pressure should be monitored/controlled using a standard pressure inflator to ensure this is maintained at 80 cm H20.**

**ALARMS: See overleaf**



**Venner PneuX TSM™ - Tracheal Seal Monitor**

**ALARMS**

**Leak**

Activates when there is a disconnection of the Venner PneuX™ Extension Tube, damage/fracture of the Venner PneuX™ Extension tube or cuff perforation.



**Malposition**

Activates when a sudden requirement for inflation is detected by the Venner PneuX TSM™. This can indicate partial extubation or the unintentional withdrawal of the tube cuff into the stoma (TT).



**Blockage**

Activates when the variability of cuff pressure with ventilation ceases. It indicates a possible cuff inflation system blockage. Activation may also occur with cessation of ventilation.



**Should there be any doubt about the operation of the Venner PneuX TSM™, disconnect the Venner PneuX™ Extension Tube connector from the pilot valve and manually check/re-inflate the cuff EVERY HOUR, with a standard pressure inflator, to maintain pressure of 80 cmH2O**