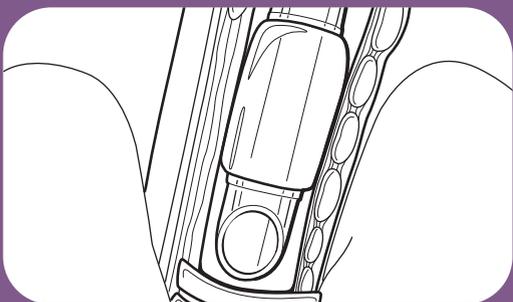
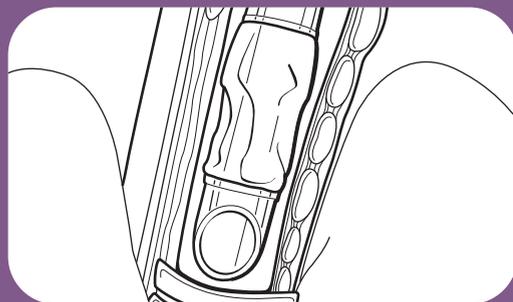




## KIMBERLY-CLARK\* MICROCUFF\* Paediatric Endotracheal Tube

### Important MICROCUFF\* Paediatric Endotracheal Tube Points to Remember:



**1** Refer to MICROCUFF\* Sizing Chart to assist in proper selection of the MICROCUFF\* Paediatric Endotracheal Tube.

**2** Ensure black Intubation Depth Mark is placed between vocal cords during intubation. *For MICROCUFF\* Oral Curved ET tube, the black Intubation Depth Mark should be situated at or below the level of the vocal cords.* Auscultate for symmetrical breath sounds to avoid endobronchial intubation.

**3** After intubation, confirm an audible air leak is present at  $\leq 20$  cm H<sub>2</sub>O airway pressure with the cuff fully deflated. If no air leak is detected, the tube may be too large; consider changing the tube.

**4** Inflate the cuff to the effective sealing pressure but no higher than 20 cm H<sub>2</sub>O cuff pressure. In case of excessive leakage re-evaluate patient and intubation depth. Continuously monitor cuff pressure to ensure pressure does not exceed 20 cm H<sub>2</sub>O.

**NOTE:** manual compression of the pilot balloon should be avoided.

Recommended sizing chart for MICROCUFF\* Paediatric Endotracheal Tubes  
 Chart may not apply to children who have known abnormal tracheal anatomy or dimensions.

#### Recommended Size Selection

Tube Size I.D.	Age/Weight Years/kg
3.0 mm	term $\geq$ 3 kg to <8 months
3.5 mm	8 months to <2 years
4.0 mm	2 to <4 years
4.5 mm	4 to <6 years
5.0 mm	6 to <8 years
5.5 mm	8 to <10 years
6.0 mm	10 to <12 years
6.5 mm	12 to <14 years
7.0 mm	14 to <16 years



Trusted Clinical Solutions\*

## KIMBERLY-CLARK\* MICROCUFF\* Paediatric Endotracheal Tube



**MICROCUFF\* Paediatric  
Endotracheal Tube Magill**

KIMBERLY-CLARK\* MICROCUFF\* Paediatric Endotracheal Tube is just one of the clinical solutions that you can depend on to meet the demands of your fast-paced world.

Whether your needs involve preventing healthcare-associated infections, surgical and digestive solutions or pain management, with Kimberly-Clark you'll always have one less worry



### Commitment to Excellence

If, for any reason, our products do not meet your expectations, please let us know your comments or suggestions for improvement. Your input will result in a concerted effort on our part to meet your requirements. Our goal is to provide quality products that completely meet your needs time after time.

For more information, please call your Kimberly-Clark representative or visit our web site at [www.kchealthcare.com/microcuff](http://www.kchealthcare.com/microcuff).

\*Registered Trademark or Trademark of Kimberly-Clark Worldwide, Inc. or its affiliates. ©2006 KCWW. All rights reserved.  
HC622/01-UK KLM-166 H8346

Kimberly-Clark N.V. Belgicastraat 13, 1930 Zaventem, Belgium. Distributed in the U.S. by Kimberly-Clark Global Sales, Inc., Roswell, GA 30076 USA  
In USA call 1-800-528-5591; International call 1-801-572-6800  
[www.kchealthcare.com](http://www.kchealthcare.com)

1 Dullenkopf, A., C. Gerber and M. Weiss, Fit and Seal Characteristics of a New Paediatric Tracheal Tube with High Volume-low Pressure Polyurethane Cuff. Acta Anaesthesiol Scand 2005; 49:232-237

### Directions for use: Use aseptic technique.

**Intubation and extubation should be performed following currently accepted medical techniques.**

1. Expert clinical judgment should be used in choosing the suitable endotracheal tube size and style for each patient.
2. Remove the sterile MICROCUFF\* Endotracheal Tube from its protective package. Test the cuff, pilot balloon and valve of each tube by inflation prior to use. Insert a luer tip syringe into the cuff inflation valve housing and inject enough air to fully inflate the cuff.
3. After test inflation, completely evacuate the air.
4. If pre-cutting of the tracheal tube is considered, evaluate suitability of the tube for pre-cutting prior to intubation. If the tube is pre-cut, it should be cut at a slight angle to facilitate reinsertion of the 15 mm connector into the tube. **Always assure the connector is firmly seated in both the tracheal tube and the breathing circuit to prevent disconnection during use.**
5. In those situations where it is deemed appropriate to pre-cut the tube, the user is cautioned that anatomical variations, conditions of use or other factors may result in a tracheal tube either too long or too short for a given patient when the standard pre-cut length indicated on the tube is used. Expert clinical judgment should be used in selecting the appropriate tube size and pre-cut length.
6. Intubate the patient following currently accepted medical techniques with consideration given to the specific cuff-related WARNINGS and PRECAUTIONS stated in the product insert.
7. Once the patient is intubated, inflate the cuff only with enough gas mixture to provide an effective seal at the desired lung inflation pressure. The use of Minimal Occluding Volume, Minimum Leak techniques and monitoring (measuring) of cuff pressure can help reduce the occurrence of many of the adverse reactions associated with the use of cuffed tracheal tubes.
8. Remove syringe from the valve housing after cuff inflation. Leaving the syringe attached will keep the valve open, permitting the cuff to deflate.
9. Check to verify inflation system is not leaking. Integrity of the system should be verified periodically during intubation period. Uncorrected failure of the inflation system could result in death. Cuff pressure should be closely monitored and any deviation from selected seal pressure should be investigated and corrected immediately.
10. Prior to extubation, deflate cuff by inserting syringe into valve housing and removing gas mixture until a definite vacuum is noted in the syringe and the pilot balloon is collapsed.
11. Extubate the patient following currently accepted medical techniques.
12. Discard the tracheal tube.

 **Kimberly-Clark**

Trusted Clinical Solutions\*