

### Insertion

Air-Q®3 instructions for use can guide the provider through the technique of inserting the Air-Q3. Below are some tips to help with successful placement based on feedback from providers that are currently using the Air-Q3.

- Placing the patient's head in the neutral position can help facilitate the optimal jaw lift to elevate the tongue and allow the Air-Q3 to slide into position.
- Insert the mask between the tongue and the soft palate. Use a slight forward angle and the index finger to apply pressure during insertion. The Air-Q3 mask should glide anteriorly along the tongue until resistance is met. (Figure 1)
- There are printed lines on the Air-Q3 tube that frame the logo. The top line can be used as reference points to approximate where the incisors will be if properly placed. This is only a gross approximation as patient's anatomy and size can differ, but does give a good reference point. (Figure 2)
- Each Air-Q3 size corresponds to an ideal body weight (IBW) for the patient. Size selection is not necessarily based on IBW alone, the physical characteristics of the patient, their anatomy and the experience of the provider are taken into consideration. It has been noted that for the larger, morbidly obese patients, the sizing can be difficult to determine. If an Air-Q3 is unable to be placed correctly with these larger patients, intubation should be considered instead.
- Cuff inflation for the manual cuff on the Air-Q3 should follow the recommendation table in the IFU. For example, a size 4 has a recommended maximum inflation volume of 40 mL, but keep in mind that cuff pressures should be less than 60 cm H<sub>2</sub>O.

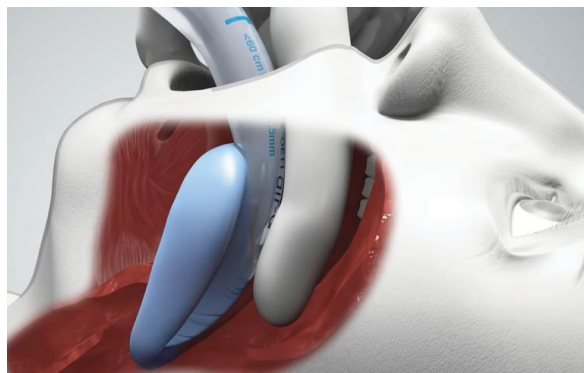


Figure 1



Figure 2

ITEM	DESCRIPTION	SIZE	MAXIMUM CUFF INFLATION VOLUME
30005	Air-Q3	0	4 mL
30055	Air-Q3	0.5	7 mL
30105	Air-Q3	1	10 mL
30155	Air-Q3	1.5	14 mL
30205	Air-Q3	2	20 mL
30305	Air-Q3	3	30 mL
30405	Air-Q3	4	40 mL
30505	Air-Q3	5	50 mL
50005	Air-Q3G	0	4 mL
50055	Air-Q3G	0.5	7 mL
50105	Air-Q3G	1	10 mL
50155	Air-Q3G	1.5	14 mL
50205	Air-Q3G	2	20 mL
50305	Air-Q3G	3	30 mL
50405	Air-Q3G	4	40 mL
50505	Air-Q3G	5	50 mL

## Air-Q®3 Securement

The Air-Q®3 is a stable airway once inserted, however securing is necessary to minimize inadvertent removal of the Air-Q3. This can be accomplished with tape, twill, or any commercial securing device available on the market that will safely secure the airway to minimize the risk of inadvertent removal or displacement.

## Intubation

Fiber optic bronchoscopy is recommended for visualization of proper placement if intubation is required through a supraglottic airway. If fiber optic bronchoscopy is not available, some tips for success are below:

- Prepare the appropriately sized endotracheal tube based on the recommendations in the IFU for the Air-Q3.
- Disconnect the colored airway connector (Figure 3) from the Air-Q3 and allow it to hang freely from the tethered connector. Place the lubricated endotracheal tube into the Air-Q3, aligning the markings on the ETT with the number with the arrows near the top of the Air-Q3. For example, a size 4 will have (<- 18 ->). (Figure 4) This number corresponds to the distance from the proximal end of the air-Q3 to the start of the elevator ramp. Once the ETT is inserted to the corresponding number on the ETT, the provider knows that the ETT is in opening of the bowl. (Figure 5) The provider can now advance the ETT, and at the same time, back out the Air-Q3 a small amount while advancing the ETT into the airway.



Figure 3



Figure 4



Figure 5

## Removal of Air-Q®3 After Intubation

Once the patient is successfully intubated through the Air-Q3, removal of the Air-Q3 may be desired. See tips below for removing the Air-Q3 after intubation. (Figure 6)

- The Air-Q3 exchanger can be used to assist in the removal of the Air-Q3. The Air-Q3 exchanger consists of an adapter connected to a semi-rigid rod. The adapter is tapered from bottom to the top with horizontal ridges and vertical grooves to allow the ridges to engage various sizes of ETT to 'lock' into place.
- Deflate the Air-Q3 cuff if it is a manual inflation cuff, no action is necessary if the self-pressurizing model is used.
- Deflate the cuff on the ETT.
- While exerting inward pressure on the exchanger to stabilize the ETT, withdraw the Air-Q3 over the Air-Q3 exchanger.
- Once removed, confirm appropriate ETT placement and re-inflate the cuff to the appropriate cuff pressure or use minimal leak technique.

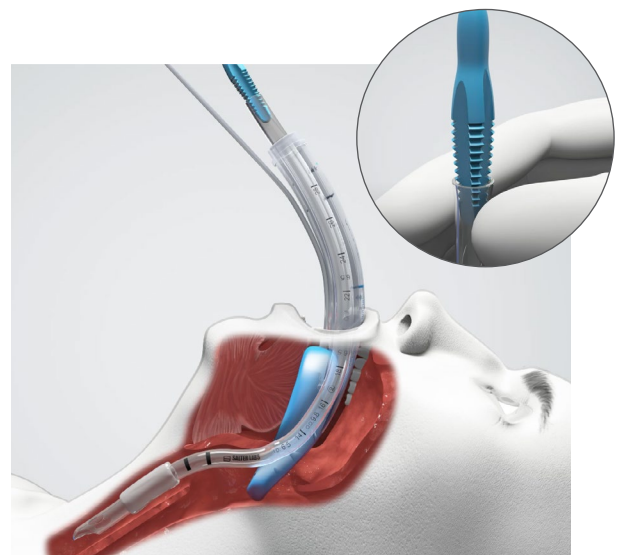


Figure 6



Air-Q3  
Product  
Introduction



Air-Q3G  
Product  
Introduction



Air-Q3  
Inservice



Air-Qsp3  
Inservice

### Self-Pressurizing Cuff

There is a port behind the heel of the Air-Q3 mask that connects the mask to the main airway channel of the Air-Q3 body. (Figure 7) The ventilating pressure, whether it be from a ventilator, resuscitation device or spontaneous breathing, will allow the mask to inflate and seal the airway during inspiration. On exhalation the mask will maintain a seal and match the airway pressure (atmospheric or PEEP level). (Figure 8) The self-pressurizing feature allows the pressure to change between inspiration and expiration.

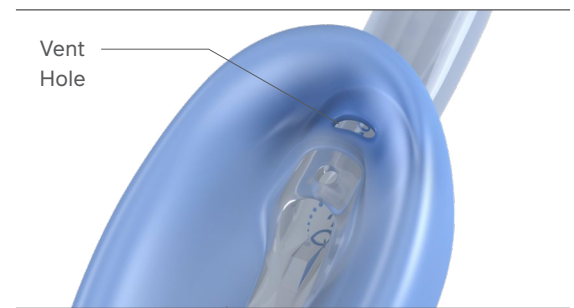


Figure 7

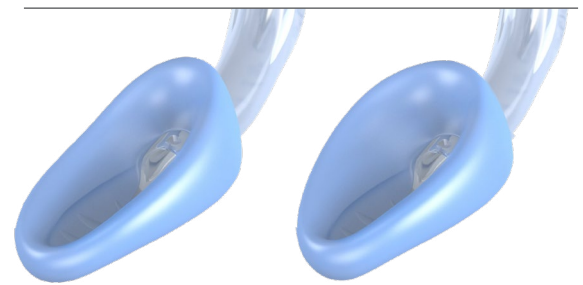


Figure 8

### Gastric Access Use

The gastric model of Air-Q3 has 2 channels down each side of the main body of the airway that meet at the distal tip of the mask. The channels are designed to accommodate a gastric suction catheter of various sizes, depending on the size of the airway. (Figure 9)

### Insertion of a Gastric Catheter into the Channels of the Air-Q<sup>®</sup>3

It is recommended to pre-lubricate the gastric catheter and channel prior to insertion. Lubricating both services will facilitate easier placement. (Figure 10). The gastric catheter can be threaded down the channel prior to the Air-Q3 placement in the patient airway.



Figure 9

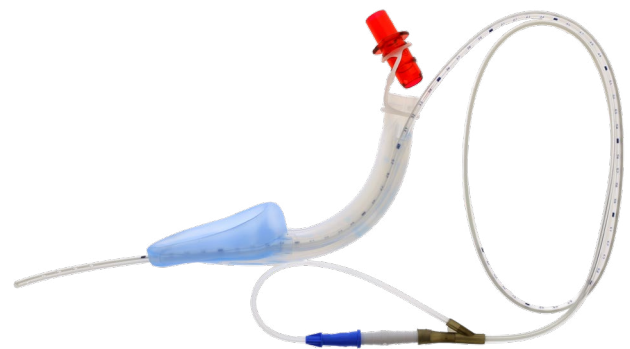


Figure 10