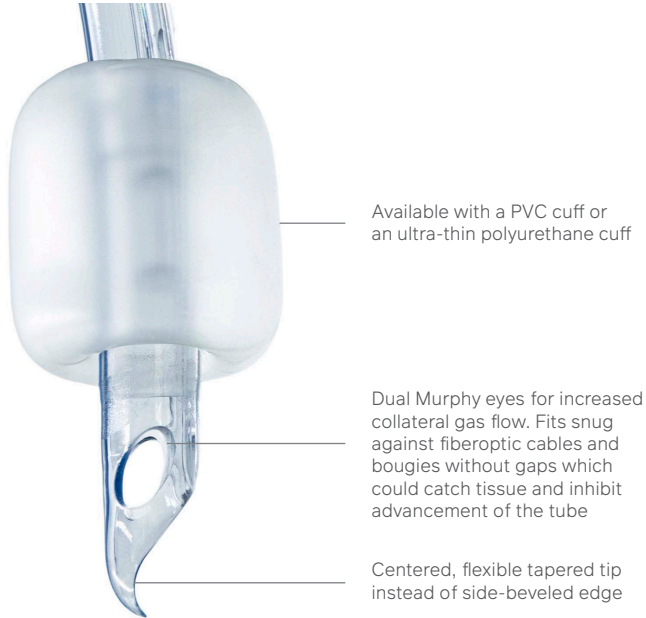


# FLEX-TIP® ENDOTRACHEAL TUBE INSERTION TIPS

The Flex-Tip® Endotracheal Tubes have a flexible, curved and tapered tip to facilitate atraumatic intubation. The flexible, distal tip is designed to flex and slide past the protruding features of the airway.

## FLEX-TIP® DISTINGUISHING DIFFERENCES



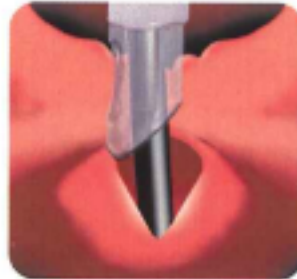
## INSERTION TIPS

- Ensure that the entire cuff and the distal end of the Flex-Tip are well lubricated with a soluble surgical lubricant.
- Follow normal intubation practices, positioning the Flex-Tip midline to the glottis.
- Avoid unnecessary thermo-warming of the Flex-Tip tubes.

## USING A STYLET

- Avoid placing too much curvature on the stylet
- The stylet tip should be located within the lumen of the ET tube and not beyond the proximal end of the Murphy eyes. If the stylet tip is advanced to far, it will interfere with the flexibility of the tip and may cause airway trauma.
- Do not advance the tube/stylet combination past the vocal cords

## STANDARD ENDOTRACHEAL TUBE

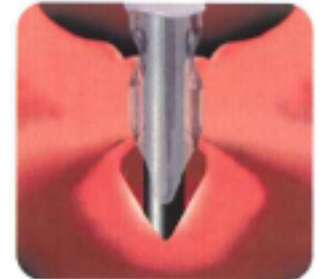


Side-beveled edge of standard ET tube approaching glottic opening. Overhangs right vocal cord.



Side beveled edge of standard ET tube striking and hanging up on right vocal cord.

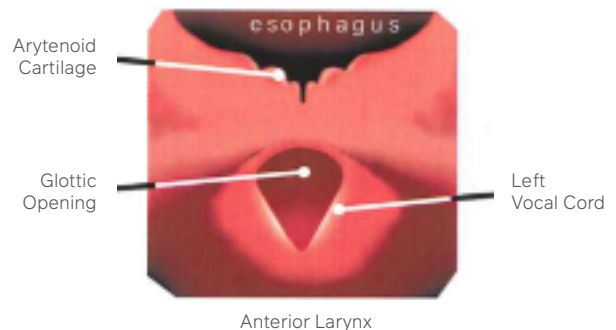
## FLEX-TIP® ENDOTRACHEAL TUBE




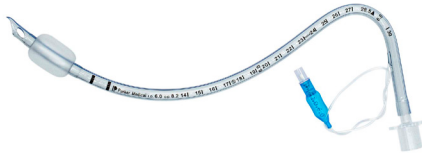







Centered, tapered tip of ET tube approaching glottic opening in midline.



Centered, tapered tip of ET tube entering glottis in middle and gently spreading cords apart. No striking or hanging up on the cords.



# FLEX-TIP® ENDOTRACHEAL TUBES

<p>High Volume Low Pressure, Cuffed (PFHV) 4.0 mm – 9.5 mm</p> 	<p>Preformed, Nasal, Cuffed (PFNC) 4.0 mm – 9.0 mm</p> 	<p>Preformed, Oral, Cuffed (PFOC) 4.0 mm – 9.0 mm</p> 
<p>Low Profile, Cuffed (PFLP) 4.0 mm – 9.5 mm</p> 	<p>Preformed, Nasal, Uncuffed (PFNU) 3.0 mm – 7.0 mm</p> 	<p>Preformed, Oral, Uncuffed (PFOU) 3.0 mm – 9.0 mm</p> 
<p>Endotracheal Tube, Uncuffed (PFUO) 2.5 mm – 7.0 mm</p> 	<p>Reinforced, Cuffed (PFRC) 5.5 mm – 9.5 mm</p> 	<p>Reinforced, Uncuffed (PFRU) 3.0 mm – 5.0 mm</p> 

## FREQUENTLY ASKED QUESTIONS

**Why do you have two Murphy eyes on your tubes?**

The two Murphy eyes facilitate symmetrical flexion of the tip, and also provide more surface area for collateral gas flow.

**The flexible tip seems to curve back toward the opening of the distal end. Is possible that it will soften and collapse once warmed to body temperature?**

The body's warmth is far less than the temperature at which the Flex-Tip® is formed and does not result in any structural changes of the resilient tip with normal use.

**Can the tip fold over and occlude the endotracheal tube?**

If the tip of the endotracheal tube is pressed up against a structure, it is possible the tip could fold over the end of the tube. If this happens, the two Murphy eyes would provide collateral ventilation. Once the tube is repositioned or the force removed, the tip is designed to return to its original position.

**As you extubate, does the curved, pointed end of the Flex-Tip scrape along the tracheal wall and chords?**

No. During extubation, just like intubation, it is the curved back side of the tube rather than the medially-oriented flexible tip which glides along airway surfaces.

**Can thermosoftening be used with the Flex-Tip endotracheal tubes?**

Thermosoftening should be avoided. The purpose of thermosoftening a standard endotracheal tube is to make the tip softer and reduce epistaxis during nasotracheal intubation. The Flex-Tip is already soft and flexible. Thermosoftening makes the tip too soft and may impair the navigability through the nasal passage.