

**AVANOS\***



**BALLARD\* LIBERATOR  
CLOSED SUCTION SYSTEM  
FOR ADULTS**

**Instructions for Use**



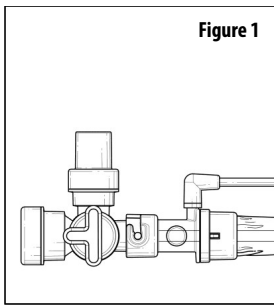


Figure 1

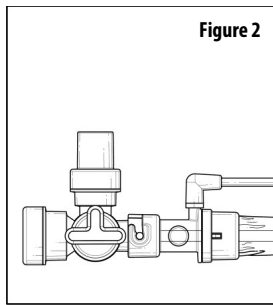


Figure 2

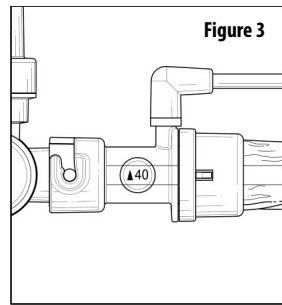


Figure 3

## General Instructions for Use

These instructions apply to: BALLARD® Liberator Closed Suction System.

### Indications:

The BALLARD® Liberator Closed Suction System is a single patient use closed suction system for adults.

### ⚠ Warnings

1. Do not cut or trim the endotracheal tube (not supplied) while the BALLARD® Liberator Closed Suction System is attached, otherwise the BALLARD® Liberator Catheter may also be cut and a portion of the catheter could be aspirated into the lower respiratory tract and may cause death or serious injury.
2. Do not reuse or reprocess this medical device. Reuse or reprocessing may: (a) adversely affect the known biocompatibility of the device, (b) compromise the structural integrity of the device, (c) lead to the device not performing as intended, (d) create a risk of contamination and cause the transmission of infectious diseases resulting in patient injury, illness or death.

### ⚠ Cautions

1. Single patient use only.
2. Rx only.
3. Inspect BALLARD® Liberator Closed Suction System package for signs of damage. Do not use if packaging has been compromised. Nonsterile contents may cause infection.
4. Assure control handle is in the locked position to prevent inadvertent activation.
5. Assure manifold stopcock is open only to the ventilator. (Figure 1)
6. BALLARD® Liberator catheter is intended to be used for 72-hours before changing. Change more frequently if catheter becomes heavily soiled during use.
7. Do not use on tracheostomy patients.
8. Do not leave the catheter in the airway. Always pull back until the black stripe is visible in the sheath. Any catheter left in the airway or manifold will increase airway resistance and may be damaged by closing the stopcock.
9. Use appropriate vacuum levels (normally -10.7~-19.9 kPa [-80 ~ -150 mmHg])
10. Use appropriate suction technique. Most experts suggest limiting duration of entire suctioning procedure to 10-15 seconds and each suctioning episode to no more than 5-8 seconds.
11. Deep suctioning is not recommended and may cause mucosal injury.

12. Do not suction if there are signs of patient intolerance to suction such as oxygen desaturation or significant stress or discomfort.
13. BALLARD® Liberator System Manifold is intended to be changed PRN, but not exceed the life of the ventilator circuit indicated by hospital guidelines.

### Set Up

1. Select the appropriate sized suction catheter according to facility protocol.
2. Assure endotracheal tube is securely attached to the patient and note the centimeter markings at the teeth or lip.
3. Using gloves and eye protection, carefully open the sterile package in a clean manner.
4. Attach the distal manifold port to the endotracheal tube universal adapter and the side port of the manifold to the ventilator. Verify stopcock is fully open to the ventilator only. (Figure 1)  
 ⚠ Caution: Do not use extreme force to connect to the ETT.
5. Attach suction tubing to control handle suction connector.
6. Leave the control handle in the locked position and adjust vacuum regulator to desired level.

### Suctioning Procedure

1. Open stopcock on manifold to the catheter position. (Figure 2)
2. Holding manifold and endotracheal tube with one hand, carefully push the catheter into the ETT.
3. Advance catheter to the appropriate depth marking on the catheter that matches the depth markings on the ETT. Once the catheter has been properly positioned, the centimeter marking on the catheter that is easily visible through the wall of the irrigation changer can be noted and subsequently used for proper catheter positioning during suctioning or wiping procedures. (Figure 3)
4. Rotate lock on control handle to suction, depress suction control valve and gently withdraw until black ring are visible inside sleeve.
5. Release suction control valve.
6. Rotate stopcock on manifold to ventilator only position. (Figure 1)
7. Perform Catheter Rinsing (Irrigation) procedure.

### Catheter Rinsing (Irrigation) Procedure

1. Assure stopcock on manifold is in ventilator only position. (Figure 1)
2. Open cap on irrigation port.
3. Insert 15 cc saline vial or 15 cc slip tip syringe filled with saline into the irrigation port.
4. Rotate lock on control handle to suction and depress suction control valve until catheter and cleaning chamber are clean

or vial or syringe is empty. The saline vial may need to be squeezed, or the syringe injected to utilize all the saline available for the rinsing procedure.











5. Repeat as needed.
6. Rotate lock on control handle to locked position.

### Replacement Catheter


1. Stabilize the artificial airway and manifold with one hand.
2. Assure stopcock on manifold is in the ventilator only position. (Figure 1)
3. Disconnect catheter by rotating counter-clockwise. Avoid leaving device/accessory disconnected from manifold for prolonged period of time.
4. Remove cap on replacement catheter and attach to manifold. Rotate until an engagement or click is felt.



### Day Sticker Usage

1. BALLARD\* Liberator Closed Suction Catheters are intended for use over a 72-hour period.
2. Day use stickers are provided as a convenience to alert when the device should be replaced.
3. As an example, if the device is installed on a Tuesday, the Friday sticker should be placed on the suction control valve.
4. It may be of benefit to replace the entire system more frequently if visible and irremovable soiling of the manifold is observed.

 Diameter	 Length	 Single Use Only	 STERILE EO	 Do not use if package is damaged	 Do not resterilize
 Not made with natural rubber latex		Rx Only	 Caution	 Consult instructions for use	 Endotracheal Length

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