

User Guide

AIR-Q®3 Insertion Air-Q®3, Air-Q®3G

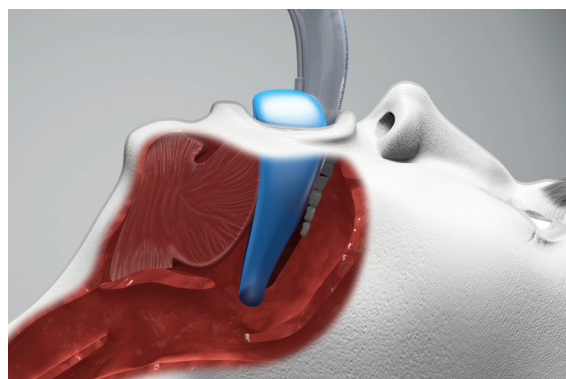
Step 1

Open inflation valve by inserting a syringe and deflate the cuff. Lubricate the external surface including the mask cavity ridges.



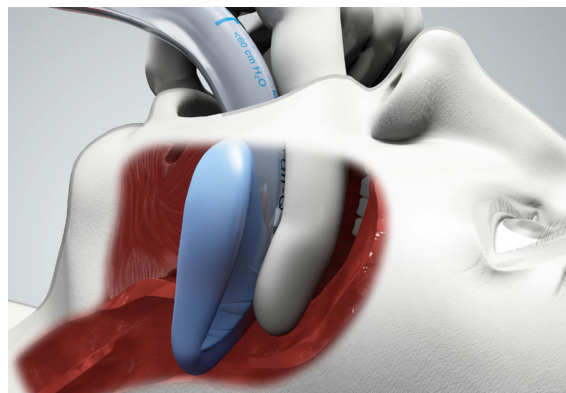
Step 2

Place the front portion of the Air-Q®3 mask between the base of the tongue and the soft palate at a slight forward angle.



Step 3

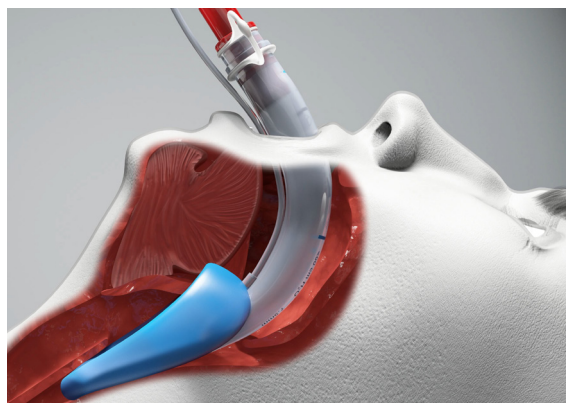
Place back of back of left index finger behind the mask, flexing the finger forward to help guide the mask around the corner into the pharynx.



Step 4

Continue to advance until fixed resistance to forward movement is felt. Correct placement is determined by this resistance to further advancement. Inflate cuff according to recommendations table.

Do not overinflate.



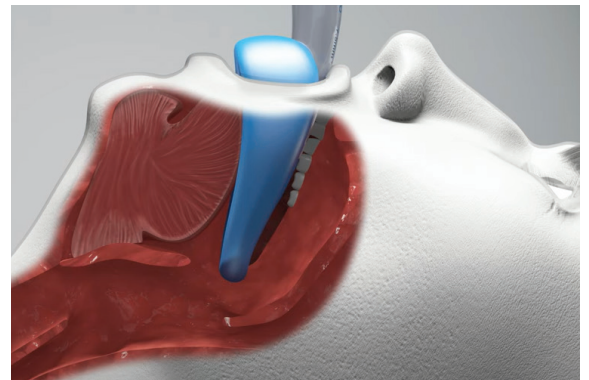
Step 1

Lubricate the external surface including the mask cavity ridges.



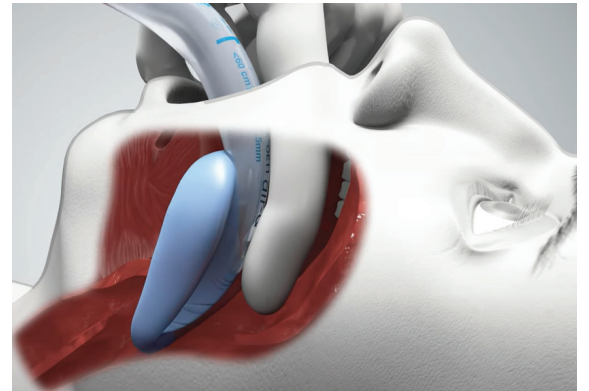
Step 2

Place the front portion of the Air-Q®3 mask between the base of the tongue and the soft palate at a slight forward angle.



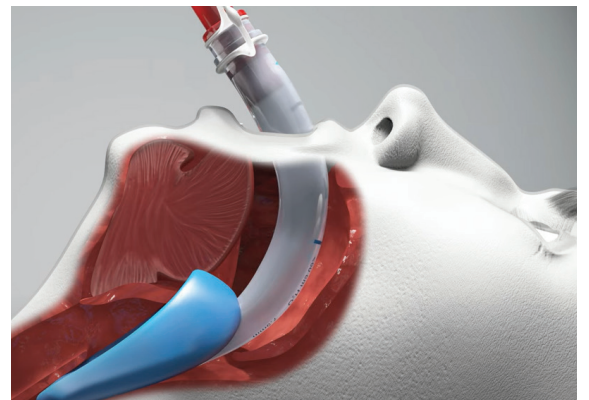
Step 3

Place back of back of left index finger behind the mask, flexing the finger forward to help guide the mask around the corner into the pharynx.



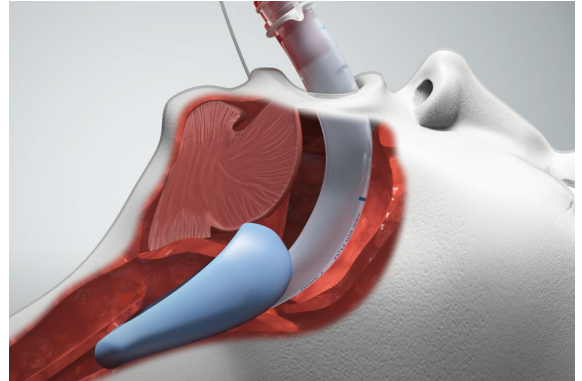
Step 4

Continue to advance until fixed resistance to forward movement is felt. Correct placement is determined by this resistance to further advancement.



Step 1

The laryngeal musculature and vocal cords must be relaxed with aerosolized local anesthetic or with muscle relaxant. Pre-oxygenate. Deflate appropriately sized OETT cuff and lubricate well.



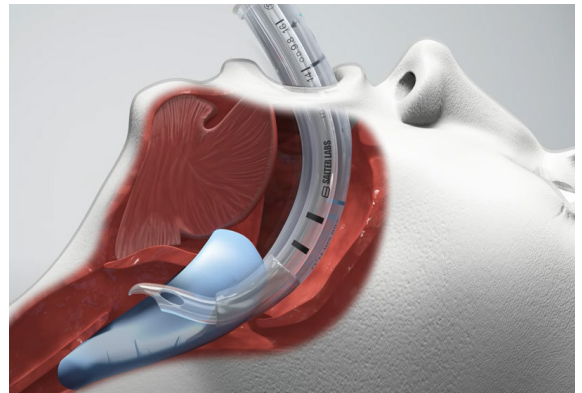
Step 2

Disconnect Air-Q®3 from ventilation device and remove the Air-Q3 connector by squeezing the Air-Q3 tube between the index finger and thumb rocking the connector back and forth while pulling the connector outward.



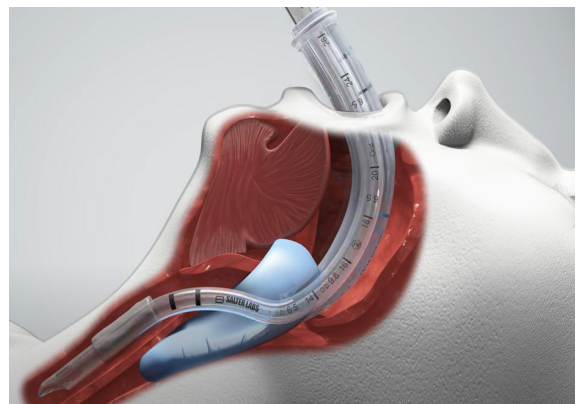
Step 3

Insert deflated and lubricated OETT through the Air-Q3 to a depth 6 to 20 cm depending on the Air-Q3 size. This will place the distal tip of the OETT at or proximal to the opening of the Air-Q3 airway tube within the mask cavity.



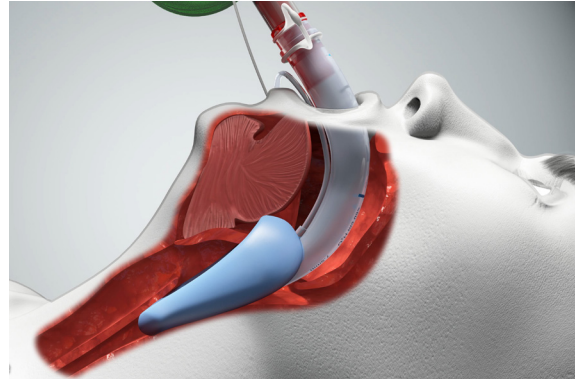
Step 4

Use your standard protocol technique to advance OETT into the trachea and through the vocal cords.



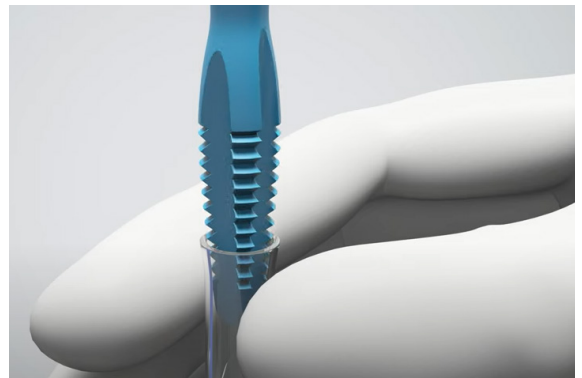
Step 1

Select appropriate stylet. Remove the OETT connector from the OETT. Squeeze the proximal portion of the OETT between index finger and the thumb.



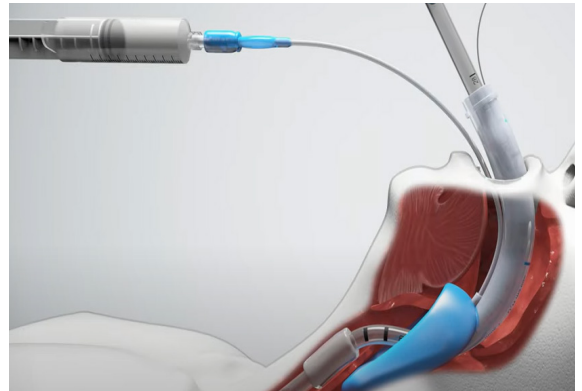
Step 2

Insert tapered end of the Air-Q® removal stylet into the proximal OETT. Use firm inward pressure until the adapter fits within the OETT.



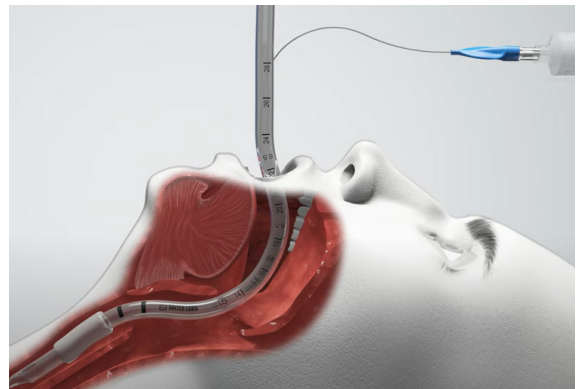
Step 3

Deflate cuff and pilot balloon. Lubricate the pilot balloon on the OETT to withdraw the Air-Q®3. Exert an inward stabilizing force on the stylet slowly withdraw the Air-Q3 outward over the rod.



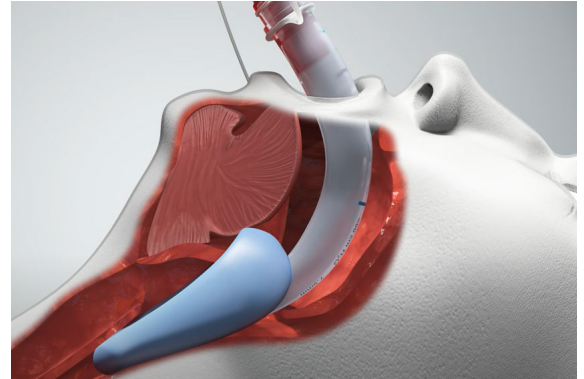
Step 4

Reposition the OETT to the proper depth within the patient. Replace the OETT connector within the OETT. Inflate the OETT if needed and attached to appropriate breathing device.



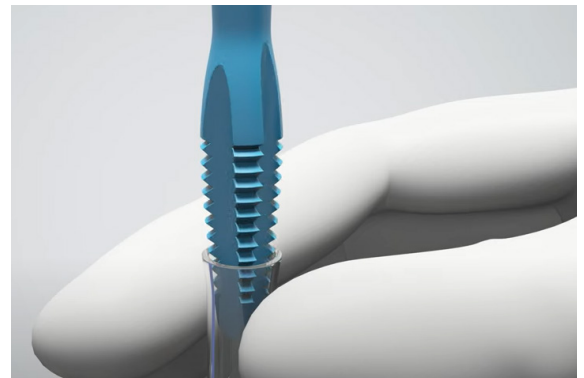
Step 1

Select appropriate stylet. Remove the OETT connector from the OETT. Squeeze the proximal portion of the OETT between index finger and the thumb.



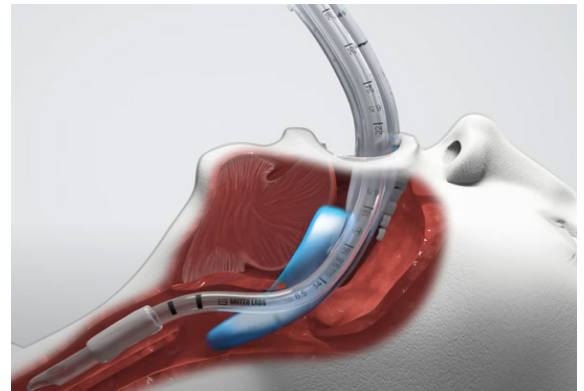
Step 2

Insert tapered end of the Air-Q® removal stylet into the proximal OETT. Use firm inward pressure until the adapter fits within the OETT.



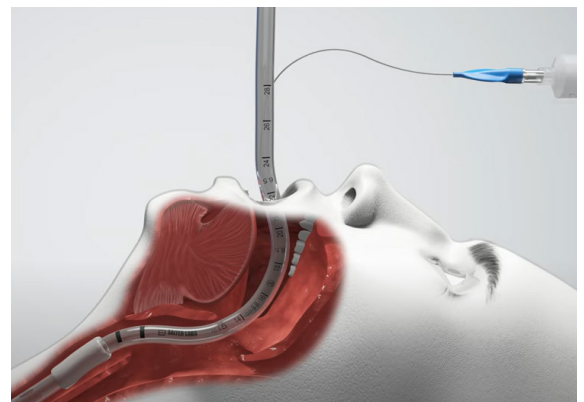
Step 3

Deflate and lubricate the pilot balloon on the OETT to withdraw the Air-Q®3. Exert an inward stabilizing force on the stylet slowly withdraw the Air-Q3 outward over the rod.



Step 4

Reposition the OETT to the proper depth within the patient. Replace the OETT connector within the OETT. Inflate the OETT if needed and attached to appropriate breathing device.



Inadequate Seal Pressure

If the seal pressure of the Air-Q®3 is not adequate for ventilation, it is advised to use a larger size than what is recommended by weight. In addition, even if the seal pressure is achieved, peak airway pressure of ventilation should not exceed 40 cm H₂O in order to prevent possible barotrauma and ineffective ventilation.

Excessive Air Leak During Ventilation

If an excessive air leak during ventilation is noticed, use one or all of the following:

1. Use a larger size Air-Q3
2. For Air-Q3 and Air-Q3G, check the pilot balloon and make sure there is enough air in the mask
3. Limit tidal volume to 5 mL/kg
4. Manually ventilate with slower, gentle breaths

