

CANNULAIDE® SECUREMENT DEVICE

To ensure the safety and performance of our products, AirLife® would like your feedback on our securement portfolio. Please complete the evaluation form after using the product.

DATE _____

FACILITY / HOSPITAL _____

NAME + TITLE _____

DEPARTMENT _____



What size Cannulaide® did you use? Circle all that apply. Size 0 Size 1 Size 2 Size 3 Size 4

LEVEL OF AGREEMENT (CIRCLE ONE FOR EACH STATEMENT)

The Cannulaide was easy to apply	YES	NO
The weight-based sizing guide was appropriate	YES	NO
The Cannulaide occluded nares and maintained adequate pressure	YES	NO
The Cannulaide was gentle on patient's skin	YES	NO
The Cannulaide successfully secured and held nasal prongs in place	YES	NO
The Cannulaide was easy to remove	YES	NO
The Cannulaide was more effective than current practice	YES	NO

ADDITIONAL COMMENTS:
