

Have you helped Zap VAP today?

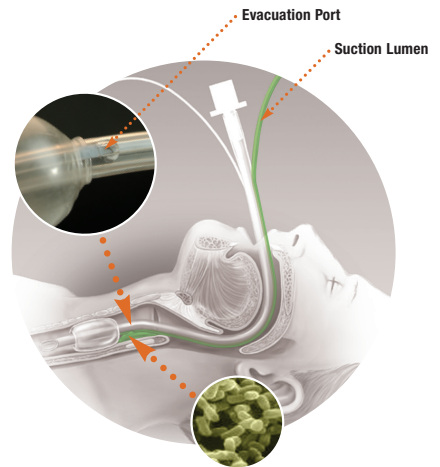
Using the Hi-Lo® Evac Endotracheal Tube Can Reduce Ventilator-Associated Pneumonia

What Causes VAP

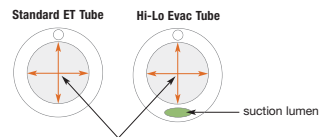
In mechanically ventilated patients, subglottic secretions pool above the endotracheal (ET) tube cuff, where they can contaminate the lower respiratory tract and cause pneumonia.

The Hi-Lo Evac Solution

Clinical evidence has proven that continuous aspiration of subglottic secretions (CASS) reduces VAP. With its integral suction lumen and evacuation port, the *Mallinckrodt® Hi-Lo® Evac Endotracheal Tube* from Nellcor effectively removes subglottic secretions to reduce the occurrence of VAP.

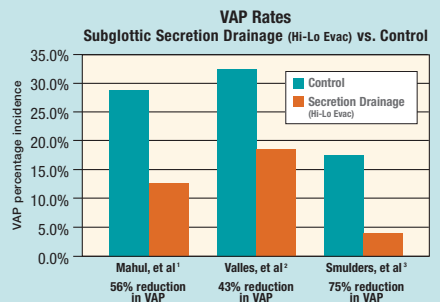


Contaminated secretions enter the large evacuation port near the cuff and are removed through the suction lumen, which connects to wall suction.



Inner diameter is same as that of a standard tube. Outer diameter is 0.8-1.0 mm larger because of the suction lumen.

Studies Show the Hi-Lo Evac ET Tube Has Reduced VAP by up to 75%



Three randomized, controlled studies compared VAP rates when continuous subglottic drainage (*Hi-Lo Evac*) was performed vs. standard procedures with conventional ET tubes (control). In each study, the number of VAP cases was dramatically reduced with use of the *Hi-Lo Evac ET Tube*.

References

- ¹ Mahul Ph, et al. *Intensive Care Medicine*. 1992;18:20-25.
- ² Valles J, et al. *Annals of Internal Medicine*. 1995;122:179-186.
- ³ Smulders K, et al. *Chest*. 2002;121:858-862.

3 Simple Steps for Using the Hi-Lo Evac ET Tube

Step 1: Choose the Tube

For patients expected to be intubated more than 48 hours, intubate with the *Mallinckrodt Hi-Lo Evac Endotracheal Tube* instead of a standard ET tube. Be certain *Hi-Lo Evac* tubes are available in high-risk areas such as the ICU, the ED and code carts on the General Care Floor.

If you suspect a blockage, remove it by using a syringe to administer a bolus of air into the suction lumen. Do not put saline or other fluid into the suction lumen.



Step 2: Connect to Wall Suction

Set the suction regulator according to your institution's protocols, and then connect the *Hi-Lo Evac* suction lumen. Typical suction practices may include continuous low suction at -20 mm Hg or intermittent suction at 100-150 mm Hg.



Suction Lumen Cap

A suction lumen cap is provided for occasions when you are not suctioning (when patient is in transport, x-ray, etc.). Use the cap to prevent contaminants from entering the lumen.



Step 3: Check for Blockages

Check the suction lumen for patency every 2 to 4 hours, as part of routine ventilator and oral care.

Note: While using the *Hi-Lo Evac ET Tube*, continue to perform other needed suctioning, such as tracheal/bronchial, oral cavity and so forth.