TUBE ATTACHMENT DEVICE CARE TIPS

AnchorFast Oral Endotracheal Tube Fastener

Hollister Education

Introduction

This is a quick reference guide for the application and routine care of the AnchorFast oral endotracheal tube fastener.* The AnchorFast tube fastener secures oral endotracheal tubes ranging in size from 5 to 10 mm in diameter. The suitability of the oral endotracheal tube fastener must be assessed for each patient.

Application

Step 1 - Prepare the skin

- Make sure the skin is clean, dry, and free of oily residue
- Do not use skin gel wipes or other brands of skin preps with the oral endotracheal tube fastener

Step 2 - Remove the release liners

- Remove the release liners from the two skin barrier pads

Step 3 - Place the device on the patient (Figure 1)

- Center the device on the upper lip so the nonabsorbent upper lip stabilizer lightly touches the skin
- Position the one-click security clamp approximately 1/2 inch below the patient's upper lip
- Press the two skin barrier pads against the patient's skin
- Hold the device in place until the barrier pads adhere well. This should take approximately thirty seconds

Step 4 - Apply the adjustable neck strap (Figure 2)

- Insert the narrow end of the strap through the plastic loop on the track
- Fasten the narrow end of the strap using the hook and loop closure
- Adjust straps on either side for added comfort and security. Do not overtighten
- Allow two fingers width between the strap and the back of the patient's head (Figure 3)

Step 5 - Secure the endotracheal tube

- Squeeze the tabs on the sides of the gliding tube shuttle and move the clamp along the track to a location above the tube (Figure 4)
- Remove the release liner from the ET tube wrap exposing the adhesive. Before applying the wrap to the tube, make sure the tube is dry and free of any residue
- Position the tube under the nonslip grippers
- Care should be taken to avoid aligning the inflation lumen directly under the nonslip grippers when securing the tube. Loop the wrap tightly around the tube, and pull the remaining portion of the wrap through the security clamp
- Secure the wrap by snapping the one-click security clamp shut (an audible click will be heard) (Figure 5)

Routine Care

- To reposition the tube, squeeze the shuttle tabs on the outer edges and move in either direction along the tube track (Figure 6)
- Reposition the tube side to side at least every two hours[1,2] or more frequently if the patient's condition dictates, to minimize the risk of injury to the skin and/or lips from unrelieved pressure

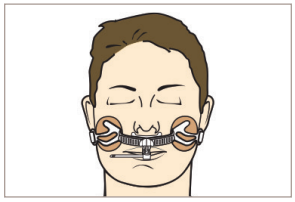

Figure 1

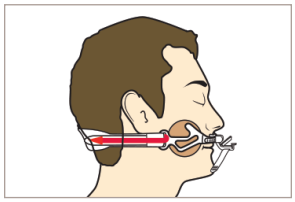

Figure 2

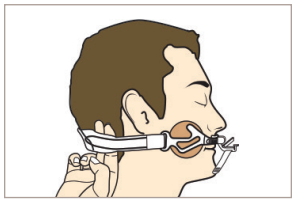

Figure 3

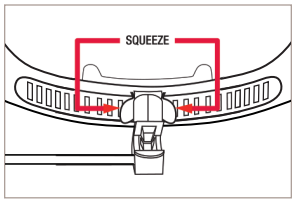

Figure 4

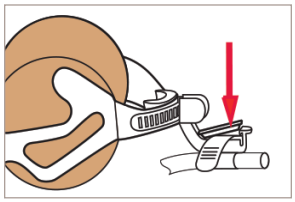

Figure 5

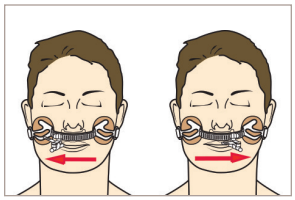

Figure 6

VISIT **WWW.HOLLISTER.COM** TO VIEW VIDEO INSTRUCTIONS FOR PRODUCT APPLICATION.

*** CAUTION:** FEDERAL (USA) LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN. PRIOR TO USING THE ANCHORFAST ENDOTRACHEAL TUBE FASTENER, BE SURE TO READ THE PRODUCT INSTRUCTIONS FOR USE.

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Warnings

- As with any fixation device, excessive pressure created by the device may cause dermal injury, tissue ischemia, or necrosis
- Improper assembly and/or attachment of the device may increase the risk of hypoventilation or aspiration

Precautions

- Patients without front upper teeth or unable to wear upper dentures may lack the maxillary support required to use the oral endotracheal tube fastener
- Use caution in patients with full or swollen lips, facial swelling, dental appliances, restorative implants, and/or loose or protruding teeth
- Patients with facial hair may lack the necessary support to anchor the skin barrier pads
- After application of the oral endotracheal tube fastener, check the patient frequently to ensure that both the oral endotracheal tube fastener and the endotracheal tube are secure and correctly positioned
- To ensure proper fixation of the device, exercise caution with the use of other devices and/or instruments (i.e., feeding tubes, fiberoptic (fibre optic) scopes) within the oral cavity during endotracheal intubation
- Reconfirm position, depth of intubation, and patency of the tracheal tube or other airway device during and after any change in the patient's head, neck, or body position, or any change in the location of the fixation device
- To minimize the risk of pressure injury, inspect the patient's lips and skin at least every two hours[1, 2] or more frequently if the patient's condition dictates
- Be sure to frequently assess patient since wear time varies by patient
- Discontinue use of the device if redness or skin irritation occurs
- Repeated adjustment of the endotracheal tube in a distal or proximal direction may affect the performance of the ET tube wrap
- Care should be taken to avoid aligning the inflation lumen directly under the non-slip grippers when securing the tube
- After use, handle and dispose of in accordance with institutional protocol and universal precautions for contaminated waste
- The oral endotracheal tube fastener is indicated for single use. **To help ensure proper adhesion, do not reuse**

For product questions, sampling needs, or detailed clinical questions concerning our products in the US, call **1.888.808.7456**. In Canada call **1.800.263.7400**. For orders only, call **1.800.323.4060**.

References

1. Pieper, Barbara. "Mechanical Forces: Pressure, Shear, and Friction." Chapter 12 in *Acute & Chronic Wounds: Nursing Management*, 3rd ed., ed. Ruth A. Bryant & Denise P. Nix. (St. Louis: Mosby, Inc., 2007).
2. Panel for the Prediction and Prevention of Pressure Ulcers in Adults. "Pressure Ulcers in Adults: Prediction and Prevention." *Clinical Practice Guidelines*, Number 3. AHCPR Publication No. 92-0047. (Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. May 1992.)

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