

AVANOS*

BALLARD*
CLOSED SUCTION SYSTEM

**SOLUTIONS FOR THE
HOME CARE PATIENT**

INSTRUCTIONS FOR USE

BALLARD*

Use this space to keep all important telephone numbers in one place.

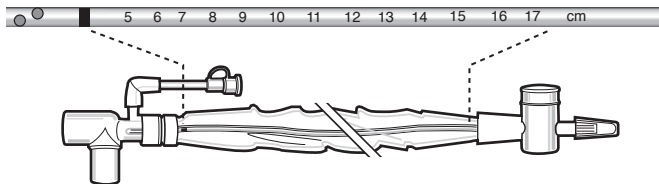
Important Telephone Numbers:

1. Healthcare Provider _____
2. Doctor _____
3. Hospital Emergency Room _____
4. Medical Supply Dealer _____
5. Pharmacist or Drug Store _____
6. Respiratory Therapist _____
7. Home Care Nurse _____

Facts and Important Information:

This space is provided for you to write down important information in one place in case it is needed in an emergency.

1. The reason for the tracheostomy is _____
2. The size of the tracheostomy tube is _____
3. The type of the tracheostomy (brand name) is _____
4. The BALLARD* REF (catalog number) is _____
5. _____ is the depth of insertion (write in the number).



6. The suction machine pressure should be set at _____
7. The place where extra tracheostomy tubes are kept _____
8. The place where extra BALLARD* Closed Suction Systems are kept _____
9. The place where extra saline vials are kept _____
10. The name of the ventilator is _____

BALLARD* CLOSED SUCTION SYSTEM HOME CARE GUIDE

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FORWARD

If the patient has a tracheostomy, you may have questions and concerns about the suction procedure at home or away from home.

This care guide is intended to serve as a reference for the use of the BALLARD® Closed Suction System. It is not intended as a reference for other manufacturers' products. The BALLARD® Closed Suction System can be used whether the patient is on a ventilator or not.

This care guide is provided as a supplemental resource only, and is not intended to be a complete textbook on the subject. You should always follow the specific instructions given to you by your doctor, nurse, respiratory therapist, or other healthcare provider.

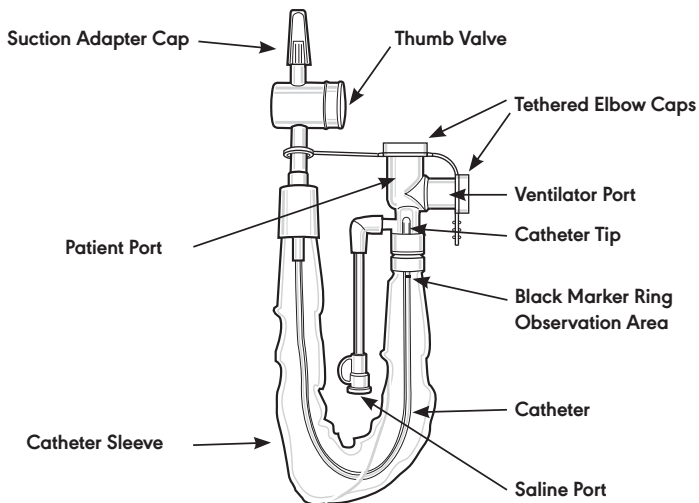
INTRODUCTION

BALLARD® Closed Suction System is a closed suction system. The catheter is enclosed in a plastic sleeve. It attaches between the ventilator circuit and the tracheostomy tube.

Suctioning can be performed quickly and safely if all instructions are followed.

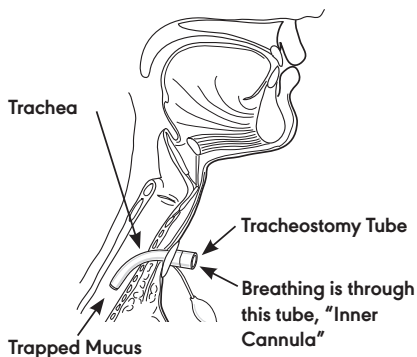
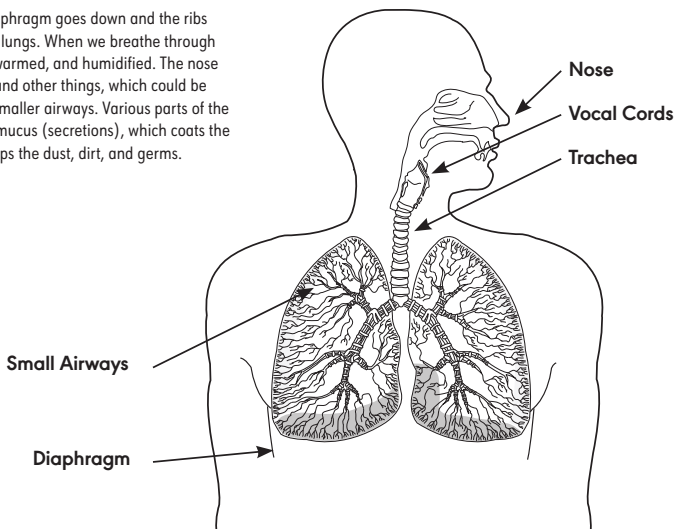
PARTS IDENTIFICATION

Parts of the BALLARD® Closed Suction System are shown below:



ANATOMY AND PHYSIOLOGY

When we breathe in, the diaphragm goes down and the ribs go out and air flows into the lungs. When we breathe through the nose, the air is filtered, warmed, and humidified. The nose filters out dirt, dust, pollen, and other things, which could be harmful if they get into the smaller airways. Various parts of the respiratory system produce mucus (secretions), which coats the inside of the airways and traps the dust, dirt, and germs.



When a tracheostomy is performed, a tracheostomy tube is placed into the trachea and the patient breathes through the tube (inner cannula) and not through the nose.

Any dust, dirt, pollen, or germs are trapped in the mucus below the cuff. This mucus must be removed by suctioning from time to time. This suctioning is performed according to the needs of the patient. Some patients need it more frequently than others.

SIGNS THAT SUCTION IS NEEDED

- Bluish color in the patient's lips and skin around the mouth means not enough oxygen is getting into the lungs because mucus may be blocking the tracheostomy tube.
- There are gurgling, rattling, or wheezing sounds when the patient breathes in and out.
- The patient is fussy, fidgety, or agitated more than normal.
- The patient is using the neck and chest muscles to breathe (labored breathing).
- The patient's breathing rate increases above normal.
- If on a ventilator, the high-pressure alarm may be sounding.

WHO SHOULD SUCTION?

Suctioning can be performed by anyone who has been properly trained. Many patients learn to suction themselves. Others need help from a family member or caregiver who has been trained to do it safely. Always follow the instructions given to you by your healthcare provider. Suctioning can be an important life-saving procedure.

EQUIPMENT AND SUPPLIES

Assemble the required equipment:

- BALLARD® Closed Suction System
- Suction tubing
- Suction machine
- BALLARD® Saline Vials (check expiration date before use)



- Clean gloves (if instructed to be used by your healthcare provider)
- Tissues

PLACE TO SUCTION

Suctioning should be done in a quiet place with no distractions. Always follow the instructions given to you by your healthcare provider and those given before leaving the hospital. Always have all the required equipment before beginning the suction procedure.

SUCTION PROCEDURE

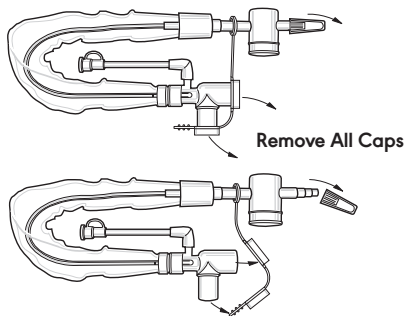
Step by Step:

1. Wash your hands. This is extremely important. Do not introduce new germs into the tracheostomy area.

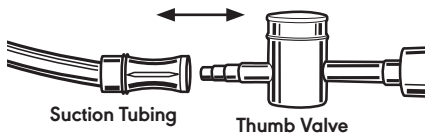


An alcohol or disinfectant foam is an acceptable substitute if soap and water are unavailable. Clean gloves can be used, but are not a substitute for hand washing.

2. Open the package and remove all caps.



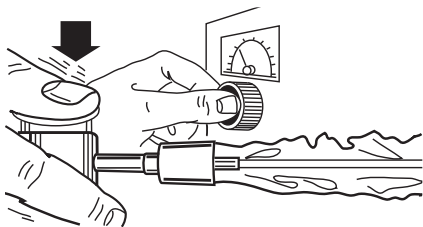
3. Connect the thumb valve to the suction tubing, and the other end of the suction tubing to the canister of the suction machine. Always follow your healthcare provider's instructions.



4. Make sure the vacuum setting is correct. The only setting you need to check is the amount of vacuum from the suction machine. It is important to use only the right amount.

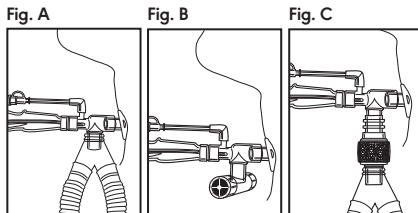
The setting on the suction machine will be set by your healthcare provider, and probably will **not** need to be changed. If it is changed accidentally, then it should be set as follows:

- Turn on the suction machine
- Depress the thumb valve on the BALLARD® Closed Suction System and hold it down
- While holding down the thumb valve, adjust the suction machine to the setting instructed by your healthcare provider. If that number is unknown, then set it to between -80 and -120 mm/Hg on the dial.

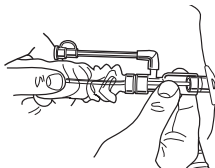


5. Attach the patient port side of the elbow to the inner cannula of the tracheostomy and reconnect the ventilator (see Fig. A below).

If using only an HME (heat moisture exchanger), reattach it to the other port on the elbow (see Fig. B below). If the patient is using both an HME and the ventilator, attach both to the ventilator side of the elbow (see Fig. C below).



6. If necessary, adjust the ventilator according to the instructions given to you by your healthcare provider.
7. If not on ventilatory support, before suctioning, the patient should take some deep breaths. If on a ventilator, follow the instructions given to you by your healthcare provider.
8. Support the elbow connector and tracheostomy tube with one hand, and then grasp the catheter through the sleeve and advance the catheter slowly.

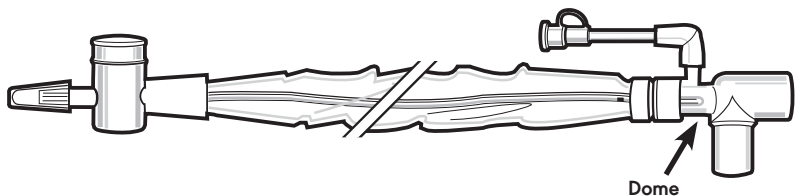


9. Continue to insert until the desired depth. Follow the instructions given to you by your healthcare provider.

(continued on page 6)

10. The suction catheter should not go deeper than slightly beyond the end of the tracheostomy tube. If your healthcare provider has not given you the reference suction depth number, you can determine this yourself as follows:
- Obtain a new tracheostomy tube that is the same size as the one in the patient.

- Attach a new BALLARD® Closed Suction System and advance the catheter until the catheter tip is just barely visible beyond the tip of the tracheostomy tube.
- Look at the number in the dome.
- When suctioning, do not advance the catheter further than the number seen in the dome.



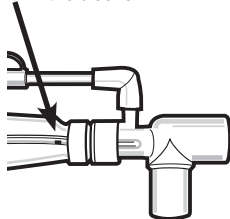
11. Depress the thumb valve with one hand, and support the tracheostomy tube with the other hand and pull gently until the catheter tip is visible in the dome, or the black marker ring is visible in the sleeve.

12. Repeat steps 8 through 11 as necessary.

Note: Please consult your healthcare provider if you have any questions.

See Instructions For Use included with product packaging for full warnings and instructions.

**Black Marker Ring
within the sleeve**



INFECTION CONTROL

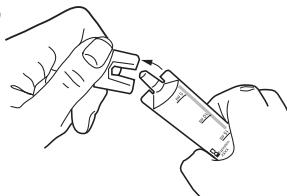
It is important to keep the BALLARD® Closed Suction System clean and rinsed properly to prevent infections. If the patient is on continuous ventilator support, the BALLARD® Closed Suction System can be rinsed in place while still attached to the ventilator circuit.

CLEANING THE CATHETER

For the patient on the ventilator, follow these steps:

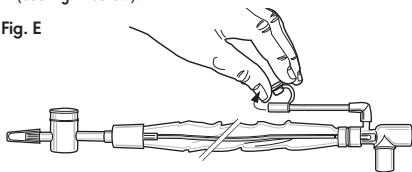
1. Open the saline vial (see Fig. D below).

Fig. D



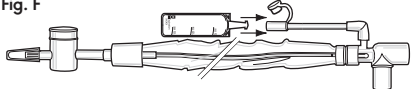
2. Open the cap on the saline port (see Fig. E below).

Fig. E



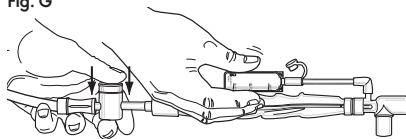
3. Insert saline vial into the saline port (see Fig. F below).

Fig. F



4. Slowly depress the thumb valve while also squeezing the saline vial (see Fig. G below).

Fig. G



5. Continue to depress and squeeze until all the saline has been rinsed through the catheter.

Note: It is important to rinse completely with all of the saline.

To rinse the BALLARD® Closed Suction System when it is not attached to the patient, do the following:

1. Detach the closed suction system from the inner cannula, and reattach the HME. Leave the suction tubing attached to the thumb valve. Do not replace the caps.
2. Lay the BALLARD® Closed Suction System on a clean towel.
3. Open and insert the saline vial (see Fig. D and Fig. F in the previous section).
4. Slowly depress the thumb valve and squeeze the saline vial (see Fig. G in the previous section).
5. Continue to depress and squeeze until all the saline has been rinsed through the catheter.

Note: It is important to rinse completely with all of the saline.

STORAGE

The BALLARD® Closed Suction System may be stored while still attached to the suction tubing, or it may be detached. Always follow the instructions given by your healthcare provider.

Place the BALLARD® Closed Suction System in a clean, dry, dust-proof place as indicated in the instructions given by your healthcare provider.

GLOSSARY

Airway: The term used to describe the air passages.

Apnea: Not breathing.

Aspiration: Inhalation of any foreign matter, such as food, drink, saliva, or stomach contents (as after vomiting) into the airway below the level of the vocal cords.

Catheter: The long thin plastic tube inside the sleeve of the BALLARD* Closed Suction System.

Cuff Deflation: The act of removing air from the cuff of a tracheostomy tube.

Cyanosis: A bluish color present in the skin when oxygen is low.

Diaphragm: A thin, dome-shaped muscle, important in breathing; separates stomach and chest cavities.

Dyspnea: Air hunger, shortness of breath, difficulty breathing.

Humidifier: A device that provides moisture to the air we breathe.

Hypoxia: Low oxygen in the body or blood.

Inner Cannula: The part of the tracheostomy tube that adapts to standard respiratory equipment, such as a ventilator.

Larynx: Voice box.

Lower Airway: That portion of the respiratory tract beginning at the larynx (voice box) and ending at the smallest units in the lungs.

Mucus: The thick fluid that collects in the airway and trachea, also known as secretions.

Pilot Balloon: Plastic sack-like component connected to the inflation line and luer valve of the tracheostomy tube which allows for inflation and deflation of the cuff.

Saline Vial: Contains a mixture of salt and water which is used to rinse the BALLARD* Closed Suction System.

Stenosis: Narrowing of the upper airway caused by scar tissue in the trachea.

Stoma: The name of the hole (opening) through the skin into the trachea.

Suction: Removal of gas or fluid (secretions) with a catheter.

Tachycardia: Fast or rapid heartbeat.

Trachea: The windpipe.

Tracheostomy: An artificial opening in the trachea that facilitates the passage of air and removal of secretions.

Tracheotomy: The name of the medical procedure during which the tracheostomy is made.

Upper Airway: The portion of the respiratory tract beginning at the mouth and nose and ending at the larynx (voice box).

Ventilator: The breathing machine that moves air and oxygen in and out of the lungs, and attaches to the tracheostomy tube and the BALLARD* Closed Suction System.

THE CONCEPT IS SIMPLE. THE RESULTS ARE EXTRAORDINARY.

Patients breathing through an artificial airway require the removal of airway secretions and clearance is essential. This process is especially critical in the mechanically ventilated patient, but also important to any patient with an artificial airway. A totally, or even partially blocked airway can be a life-threatening situation and could lead to several serious physiological abnormalities and even death.

Until the late 1970s, open endotracheal suctioning systems were the only available method. Open suctioning requires the use of a sterile suction kit, sterile water, a manual resuscitator bag, and sterile gloves. A face mask and eye protection are also recommended. Each time a patient is suctioned, a large amount of waste is accumulated due to the disposable, single-use nature of the materials.

Over the past two decades, closed endotracheal suction systems have become common in the care of mechanically ventilated patients.

With recent major improvements in reimbursement, patients in the home care environment can now enjoy the many benefits of closed suction systems.

BENEFITS OF A CLOSED SUCTION SYSTEM

Protects the Patient and Caregiver

- Helps reduce the potential risk and spread of infection and contamination entering the airway
- Protects the caregiver from exposure to patients' body fluids

Simple and Easy Procedure

- Simple to attach, suction, clean, and disconnect the catheter
- Easy to read markings for proper depth suctioning

Less Waste

- Reusable up to 24 hrs.

Maintains Ventilation for Ventilator-Assisted Patients

- Removes secretions from the airway while maintaining ventilation and oxygen therapy throughout the suctioning procedure

For more information for clinicians and product code ordering information, please visit:

www.avanos.com

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