QUICK REFERENCE CARD EVONE®

This Quick Reference Card does not replace the Instructions for Use of Evone or Tritube®.

Introduction on Evone

Mechanical ventilator Evone has two ventilation modes:

FCV® MODE

FCV® is a ventilation method where flow is continuously controlled in both inspiratory and expiratory phase. This is implemented with a constant inspiratory flow and a controlled expiratory flow (by suction) between a set minimum airway pressure (EEP) and a maximum airway pressure (Peak). FCV® is used for patient ventilation in elective situations with a cuffed airway.

JET MODE

High frequency jet ventilation 60 to 150 Breaths Per Minute. This mode is used for breathing support (not triggered by patient) with an open airway.

INSTALLATION AND SET UP

1. Switch on Evone.
2. Perform Startup checks successfully.
3. Patient set up menu: select patient gender and fill out characteristics. Accept default settings or start with last used.
4. Check and if required adapt alarm limits.

Note that default settings are:

- FiO_2 50%
- Inspiratory Flow 12 L/min
- I:E ratio 1:1.0
- Peak 15 mbar
- EEP 5 mbar

INTUBATION

1. Inflate cuff of Tritube® - check for leakage - deflate and wrap cuff around Tritube.
2. Patient with increased risk on secretions: ask to clear the throat by coughing and swallowing any secretions.
3. Induce anesthesia (TIVA).
4. Visually assess larynx and remove secretions if present.
5. Bend Tritube in curve required for intubation.
6. Remove stylet after the tip has passed the vocal cords.
7. Advance Tritube while turning to facilitate insertion.
8. Pull back to the position aimed for to avoid tracheal contact with the tip.
9. Flush both lumen with air by syringe.
10. Fixate Tritube.

VENTILATION

1. Connect Tritube to Evone (ventilation lumen and pressure lumen).
2. Optional: start ventilation with the cuff deflated to allow deepening of anesthesia (Jet mode). Note that the airway is open (risk on aspiration).
3. Start ventilation with the cuff inflated (25-30 mbar) in FCV® mode when anesthesia is deepened. A sawtooth pressure curve appears on the screen.

4. If needed adapt ventilation settings:
   - FiO_2 as preferred
   - EEP as preferred
   - Peak to adjust Tidal Volume
   - Inspiratory Flow to adjust Minute Volume.

HANDLING OBSTRUCTIONS

1. Stop ventilation.
2. Fiercely flush the pressure lumen and/or ventilation lumen with 2-5 mL saline followed by ~15 mL air.
3. In case secretions are still present in ventilation lumen, remove secretions using a suction catheter.
   Note that the airway needs to be open (cuff deflated and patent airway).
4. Purge lumen again with 2 mL saline followed by air.
5. To avoid any tracheal wall contact, slightly turn Tritube.
6. Inflate cuff.
7. Re-start ventilation.

SEDATION AND RELAXATION

Because of the small lumen (high resistance) of Tritube, coughing may result in its dislocation.

In case of light anesthesia (indicated by e.g. irregular pressure curves, increased/decreased compliance, coughing, BIS>60, TOF>90%):

- Deflate cuff of Tritube to reduce trachea stimuli.
- Deepen anesthesia.
- Inflate cuff when anesthesia is deepened.

Note that the airway is open (risk on aspiration).

WEANING THE PATIENT

1 Set FiO_2 as preferred.

Wake patient using one of the two ventilation options:

2 With inflated cuff (e.g. in case of aspiration risk) in FCV® mode.
3 Gently wake patient (no shaking).
Deflate cuff and extubate when patient awakes.

OR

2 With deflated cuff in Jet mode (risk on aspiration).
3 Open airway required.
4 Adapt settings if required (e.g. lower driving pressure with higher frequency may reduce tracheal stimuli).

MATERIALS

- Evone Control Unit
- Evone Cartridge
- Evone Airway Adapter
- Humid-Vent Filter Pedi straight (HME Filter)
- Evone Breathing Tubing
- Tritube
- Empty syringe (20mL) to check cuff
- Syringe with 2-5 mL saline and ~15 mL air to purge lumens

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Materials for alternative ventilation

- Ventrain®
- Manometer

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