



HOW TO SELECT THE APPROPRIATE AIRTRAQ

Size	Number	Colour	ETT size	Code
Regular	4	Blue	From 7.5 to 8.5 (Recommended 8.0)	A-011
Small	3	Green	From 6.0 to 7.5 (Recommended 7.0)	A-021
Paediatric	2	Orange	From 4.5 to 5.5 (Recommended 5.0)	A-031

(Valid with any standard ETT)



WIRELESS CLIP-ON VIDEO SYSTEM ACCESSORY

The low-weight clip-on video system allows viewing and recording on an external monitor or PC. It can also be used through wire connections.

The Clip-on Video System is reusable and it easily clips on and off the Airtraq unit.

Perfect for acquiring initial experience and teaching.
(Code: PAL model **A-301**, NTSC model **A-302**).

OTHER AIRTRAQ APPLICATIONS

- Emergency settings
- Cervical spine immobilization
- Nasal Intubations
- Fibrescope, Gastroscope guidance
- Double lumen ETT intubation
- Vocal cords visualization
- Foreign body removal



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A simple
solution
for visually
guided
intubation

EFFECTIVE FOR
ROUTINE AND
COMPLEX
AIRWAY USE

AIRTRAQ®
OPTICAL LARYNGOSCOPE
BY PRODOL
US Patent No. 6,843,769

CE

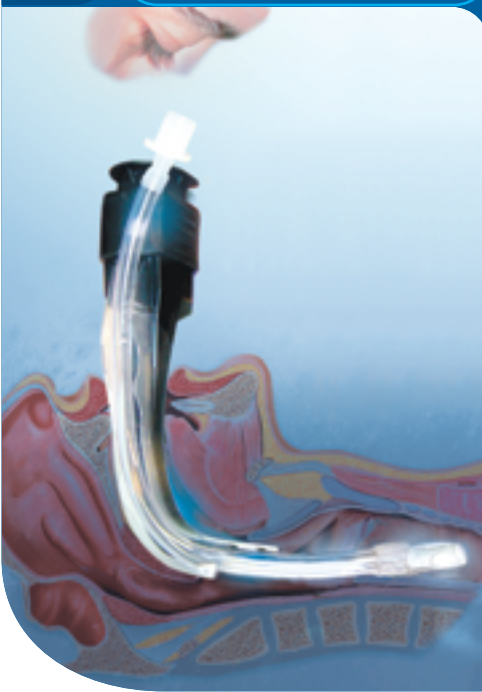
Optional clip-on video system

What is the Airtraq?

- It is an anatomically shaped laryngoscope with two separate conduits:
 - The “optical channel” : contains a **high definition optical system**.
 - The “**guiding channel**”: holds the endotracheal tube (ETT) and leads it through the vocal cords.
- It has a built-in **Anti-fog system** and a low temperature light.
- It is a very **affordable SINGLE USE** device.
- **Set up** time lower than **90 seconds**.
- It can be used with any standard endotracheal tube.

Why the Airtraq facilitates tracheal intubation even for high Cormack-Lehane grades?

- Provides a **magnified angular view** of the larynx and adjacent structures, **during 100%** of the intubation.
- **No hyperextension** of the neck required
- Allows intubation **in any position**, (e.g., seated)
- **Easy** to use
- **Short learning cycle**
- Removes potential problems of multi-use intubation devices.



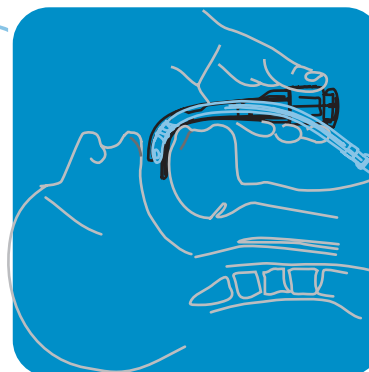
How to intubate using the AIRTRAQ (Orotracheal Intubation)

PREPARATION

- 1 Turn the light ON. Wait until the light stops blinking.
- 2 Select the ETT size and the corresponding Airtraq.
- 3 Lubricate the ETT and place it into the Airtraq's guiding channel.

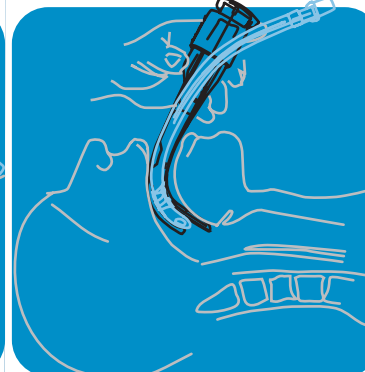
AIRTRAQ PLACEMENT

- 4 Insert the Airtraq into the midline of the patient's mouth.



STEP 4

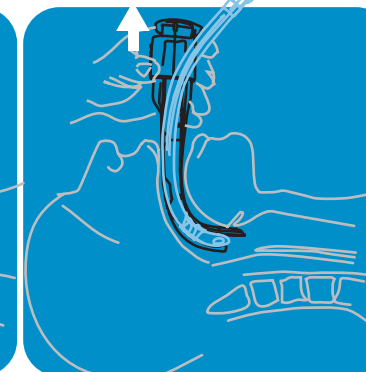
- 5 Slide the Airtraq through the oropharynx and larynx, keeping it in the midline.



STEP 5 & 6

- 6 Look through the eyepiece to view the airway and to identify structures.

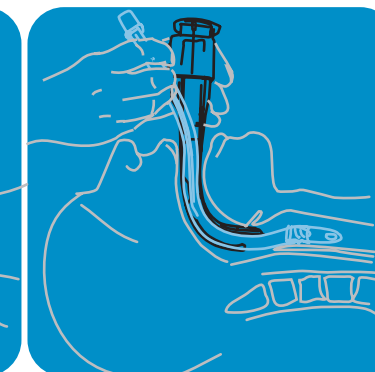
- 7 Continue insertion until you identify the epiglottis. Place the tip of the Airtraq at the vallecula. Gently lift up the Airtraq to expose the vocal cords. Alternatively the tip can be placed under the epiglottis (Miller style).



STEP 7

ETT INSERTION

- 8 Align the center of the visual field by gently moving the tip of the Airtraq sideways, withdrawing, advancing or lifting up the device slightly.

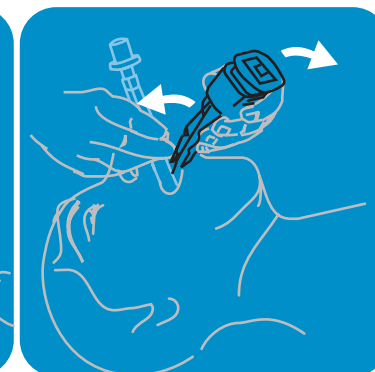


STEP 8, 9 & 10

- 9 Advance the ETT by gently pushing it down the lateral channel until you see the ETT passing through the vocal cords.

AIRTRAQ REMOVAL

- 11 Separate the ETT from the Airtraq by pulling it laterally and then backwards. Make sure to hold the ETT.



STEP 11

- 10 Verify ETT placement and insertion length. Inflate the ETT cuff, connect the ETT to the breathing circuit and verify placement and seal.