



LEVITAN

FPS SCOPE

Scope Preparation

- Shape stylet with slight bend at proximal cuff. Bend angle should not exceed 35°.
- Apply anti-fog and/or warm stylet using a warm blanket or immersing in warm saline bottle.
- Cut ET tube so stylet is recessed in tube. Press ET tube into tube stop.
- Set oxygen flow through tube stop to 5-10 liters per minute.
- Lubricate stylet and ET tube.

ACTIONS	SIDE VIEW	SIDE VIEW - PLACEMENT	DOCTOR'S VIEW
<p>1</p> <ul style="list-style-type: none"> • Perform Optimal Curved Blade Laryngoscopy. <p>If Glottic Opening is visualized:</p> <ul style="list-style-type: none"> • Intubate under direct vision using Levitan Scope as normal stylet. • Scope provides immediate visual confirmation of tube placement. <p>If Glottic Opening is not visualized, move on to Step 2.</p>			<p>Laryngoscope</p> <p>Epiglottis</p>
<p>2</p> <ul style="list-style-type: none"> • Place Levitan Scope tip beneath and away from epiglottis edge. • Maintain position of scope, keeping tip off mucosa. 	<p>Do not look through eyepiece</p>		<p>Epiglottis</p> <p>Scope</p>
<p>3</p> <ul style="list-style-type: none"> • Switch from Direct Laryngoscopic view to Fiberoptic View. • View epiglottis edge, posterior cartilage and larynx. 	<p>Look through eyepiece</p>		<p>Epiglottis</p> <p>Arytenoids</p> <p>Vocal Cords</p> <p>Trachea</p> <p>Tube Entering Trachea</p>
<p>4</p> <ul style="list-style-type: none"> • Advance scope under fiberoptic visualization past vocal cords. • Remove laryngoscope. • Slide ET tube off with left hand. • Visualize tube entering trachea. 	<p>Look through eyepiece</p>		

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