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1101 Lucas Ave. • Suite 200
St. Louis, MO 63101-1159 USA
Phone: 314-781-5700 • Fax: 314-644-4262
email: airQ@cookgas.com • www.cookgas.com

air-Q SP® 3/3G
INTUBATING LARYNGEAL AIRWAY
Instructions for Use

The air-Q SP 3/3G (Self-Pressurizing) Airway is an enhanced version of the standard air-Q masked laryngeal airway. As such, it is indicated as a primary airway device when an oral endotracheal tube (OETT) is not necessary or as an aid to intubation in difficult airway situations.

The air-Q SP 3/3G represents a revolution in airway device design. It functions similarly to the original air-Q in that it retains the soft perimeter mask cuff. This gives the mask the ability to change its size and shape depending on each patient's pharyngeal anatomy, improving fit. Like the original, it can also be used as a conduit for intubation in difficult airway situations. It differs in that it does not contain an inflation valve and so does not inflate normally. Instead, the air-Q SP 3/3G incorporates a large aperture between the internal volumes of the breathing tube and the peripheral cuff. This aperture allows fluid communication between the tube and cuff to "self-pressurize", causing inflation of the cuff during positive pressure ventilation.

This product is to be used by trained personnel only.
Available in Single Use Only

Recommendations:

Size	IBW	Max. OETT	Mouth Opening ¹	← → ²	Max OG Tube ³
5	>80-kg	9.0 mm	25 mm	20 cm	18
4	60-80 kg	8.0 mm	23 mm	18 cm	18
3	30-60 kg	7.0 mm	20 mm	16 cm	16
2	17-30 kg	5.5 mm	17 mm	14 cm	12
1.5	7-17 kg	5.0 mm	14 mm	11 cm	10
1.0	4-7 kg	4.5 mm	11 mm	9 cm	9
0.5	2-4 kg	4.0 mm	8 mm	7 cm	8
0	≤ 2 kg	3.0 mm	5 cm	6 cm	7

- Minimum mouth opening for insertion.**
- Distance from the external edge of the airway tube to the Internal ventilatory opening.**
- Maximum OG size (airQ SP 3G only).**

air-Q SP 3/3G Placement Procedure

The procedure below is intended as a guide. Many techniques can be successfully used to properly place the air-Q SP 3/3G into the pharynx.

- Lubricate the external surface including the mask cavity ridges.
- Open the patient's mouth and elevate the tongue. Elevating the tongue lifts the epiglottis off the posterior pharyngeal wall and allows the air-Q SP 3/3G easy passage into the pharynx. A mandibular lift is especially recommended. A tongue blade placed at the base of the tongue also works well for this purpose.
- Place the front portion of the air-Q SP 3/3G mask between the base of the tongue and the soft palate at a slight forward angle, if possible.
- Pass the air-Q SP 3/3G into position within the pharynx by gently applying inward and downward pressure, using the curvature of the air-Q SP 3/3G mask and airway tube as a guide. Simply rotate the air-Q SP 3/3G forward and inward. Minimal manipulation may be necessary to turn the corner into the upper pharynx. Continue to advance until fixed resistance to forward movement is felt. Correct placement is determined by this resistance to further advancement. Some users place the back of the left index finger behind the mask, flexing the finger forward to help guide the mask around the corner into the pharynx. Once the mask has negotiated the turn, the left hand is then used to do a mandibular lift while exerting downward and inward pressure on the air-Q SP 3/3G with the right hand during final advancement into the pharynx. This technique seems to be easy to learn and is particularly successful.
- Tape the air-Q SP 3/3G in place.
- Check the air-Q SP 3/3G connector to ensure it is fully engaged within the airway tube, and attach the connector to the appropriate breathing device. Check for adequate ventilation.
- Place a bite block between the patient's teeth. Keep the bite block in place until the air-Q SP 3/3G is removed.

air-Q SP 3/3G Intubation Procedure

The air-Q SP 3/3G by Cookgas® LLC is intended not only to be an outstanding airway for general use, but also to be a simple and reliable tool for intubation of the trachea with OETTs. Due to its patented design, standard OETTs (sizes 9.0 mm - 3.0 mm) can be easily passed through the air-Q SP 3/3G and into the trachea. Further, the air-Q SP 3/3G can be easily removed following intubation with the aid of the patented air-Q Removal Stylet, also by Cookgas® LLC. The following procedure for intubation is only intended as a guide. Many techniques can be successfully used for tracheal intubation using the air-Q SP 3/3G.

- Prior to intubation, the laryngeal musculature and vocal cords must be relaxed, either by an aerosolized local anesthetic or with the aid of a muscle relaxant.
- Pre-oxygenate.
- Prepare the appropriately-sized OETT by completely deflating the OETT cuff and lubricate well. It is important to deflate the OETT cuff completely to allow the OETT to slide easily within the air-Q SP 3/3G.

- Disconnect the air-Q SP 3/3G from the ventilation device and remove the air-Q SP 3/3G connector. This can be easily done by squeezing the air-Q SP 3/3G tube between the index finger and thumb just distal to the connector with one hand, then rocking the air-Q SP 3/3G connector back and forth while pulling the connector outward away from the airway tube with the other.
- Insert the previously deflated and lubricated OETT through the air-Q SP 3/3G to a depth of approximately 6 - 20 cm, depending on the air-Q SP 3/3G size. This will place the distal tip of the OETT at or just proximal to the opening of the air-Q SP 3/3G airway tube within the mask cavity. It is very important to lubricate the OETT and the air-Q SP 3/3G airway tube completely to ensure easy passage of the OETT through the air-Q SP 3/3G.
- The following suggestions for advancement of the OETT are intended as a guide. Many techniques can be successfully used to further advance the OETT into the trachea.

CAUTION: Always check for adequate ventilation and oxygenation following placement of the OETT.

- Fiber Optic Technique:** Using a Fiber Optic Endoscope, pass the scope through the OETT and into the trachea under direct visualization. Stabilize the Fiber Optic Endoscope and pass the OETT through the laryngeal inlet and into the proximal trachea, using the scope as a guide. Check the position of the OETT with direct visualization of the tracheal carina. Remove the Fiber Optic Endoscope. Add a small amount of air to the OETT cuff, then replace the OETT connector if necessary. Check for adequate ventilation. (If epiglottic intrusion or down-folding is seen during visualization, the air-Q SP 3/3G usually need not be completely removed.) Perform an external mandibular lift to elevate the epiglottis and pass the endoscope beneath the epiglottis and into the trachea followed by the OETT.
- Stylet Technique:** Using an appropriate coude-tipped intubating stylet or a lighted stylet, pass the intubation stylet through the OETT within the air-Q SP 3/3G, through the laryngeal inlet and into the trachea. Pass coude-tipped stylets with tip pointing upward (anterior). By gently placing the fingers of the left hand over the cricoid area of the patient's throat, the stylet can usually be felt as a scraping or rubbing sensation as it passes through the cricoid ring. If properly positioned, the lighted stylet will also produce a bright yellow/red illumination over the cricoid area. Once the stylet passes into the trachea, simply advance the OETT over the stylet, through the laryngeal inlet and into the trachea, using the intubation stylet as a guide. Add a small amount of air to the OETT cuff, replace the OETT connector and check for adequate ventilation.

NOTE: If the OETT fails to advance over the stylet into the trachea, it is usually helpful to rotate the OETT counterclockwise while passing the OETT. If this fails, try again with a smaller size OETT.

air-Q SP 3/3G Removal Procedure

Removing the air-Q SP 3/3G following OETT intubation is easily accomplished with the aid of the air-Q Removal Stylet by Cookgas® LLC. The air-Q Removal Stylet consists of an adapter connected to a rod. The adapter is tapered from bottom to top, and has horizontal ridges and vertical grooves. The taper allows the stylet to accommodate multiple OETT sizes. The ridges engage the OETT in a firm, secure grip, giving the user control of the OETT during the air-Q SP 3/3G removal process. The grooves allow spontaneously breathing patients unimpeded air passage within the OETT during removal of the air-Q SP 3/3G. By immobilizing and exerting an inward stabilizing force on the OETT, the air-Q SP 3/3G Removal Stylet allows for the swift removal of the air-Q SP 3/3G without dislodging the previously-placed OETT from the patient.

- Remove the OETT connector from the OETT.
- Squeeze the proximal portion of the OETT between the index finger and the thumb, leaving enough room for the adapter portion of the stylet to enter the proximal opening of the OETT. Alternatively, squeeze the proximal end of the air-Q SP 3/3G airway tube, trapping the OETT inside.
- Insert the tapered end of the air-Q Removal Stylet into the proximal OETT (the long axis should be in the 12 o'clock - 6 o'clock position) until the adapter fits snugly within the OETT.
- For larger sizes, (2.0 - 4.5), with firm inward pressure, rotate the stylet adapter in a clockwise direction (into the 3 o'clock - 9 o'clock position) until the adapter firmly engages the OETT. For smaller sizes (0 - 1.5) simply push the stylet firmly into the OETT. Please practice this a few times prior to attempting on a patient.
- Deflate and lubricate the pilot balloon on the OETT prior to withdrawing the air-Q SP 3/3G. Reinflate the OETT following air-Q SP 3/3G removal.
- While exerting an inward stabilizing force on the stylet, slowly withdraw the air-Q SP 3/3G outward over the stylet rod.
- For larger sizes (2.0 - 4.5) pass the stylet through and through. For smaller sizes (0 - 1.5) remove the stylet from the proximal end of the air-Q SP 3/3G while stabilizing the OETT at the mouth. Discard single-use air-Q SP 3/3Gs following use.
- Reposition the OETT to the proper depth within the patient, if needed, and then tape into place.
- Replace the OETT connector within the OETT. Inflate the OETT, if needed, and attach to an appropriate breathing device. Check for adequate ventilation.

Cautions/Warnings

- Inspect all air-Q SP 3/3G devices prior to use. Discard defective devices.
- Do not use sharp instruments on or near the air-Q SP 3/3G.
- Confirm that the air-Q SP 3/3G size matches the connector size prior to use.
- The air-Q SP 3/3G connector is removable and airway disconnect is possible. Take standard precautions to minimize the chance of disconnect.

- Confirm complete connector engagement within the airway tube prior to use.
- The air-Q SP 3/3G connector is removable and airway disconnect is possible. Take standard precautions to minimize the chance of disconnect.
- Do not use excessive force during air-Q SP 3/3G placement or removal.
- Immediately check for adequate ventilation following placement.
- If airway problems occur and persist, remove the air-Q SP 3/3G and establish an effective airway by another method. Back-up means for ventilation should be readily available.
- air-Q SP 3/3G connectors may dislodge during use following lubrication. Clean the breathing tube and connector thoroughly with alcohol prior to re-use.
- Supralaryngeal Airways, including the air-Q SP 3/3G, do not fully protect the patient from aspiration.
- Recheck airway position and patency following all changes in the patient's head or neck position.
- Supralaryngeal Airways are potentially flammable in the presence of lasers and electrical cautery.
- Placement and maintenance of a bite block is recommended during air-Q SP 3/3G use.
- Re-use of single-use devices may lead to mechanical malfunction and potential microbiological contamination. **Discard all single-use air-Q SP 3/3G's following use. DO NOT REUSE.**
- The single-use air-Q SP 3/3G has been sterilized utilizing Ethylene Oxide, a known carcinogen.

Contraindications

The air-Q SP 3/3G is contraindicated in patients at high risk for regurgitation and/or aspiration. This includes, but is not limited to, patients undergoing major thoracic or abdominal surgery, patients who are non-fasted, morbidly obese, pregnant > 14 weeks, or suffer from delayed gastric emptying or esophageal reflux. Users must weigh the benefits of emergency airway needs with the potential risk of aspiration in these patients. air-Q SP 3/3Gs should be used in unconscious or topically anesthetized patients only.

Adverse Effects

Previously reported adverse events with masked laryngeal airways include: sore throat, aspiration, regurgitation, vomiting, bronchospasm, gagging, hiccup, coughing, transient glottic closure, airway obstruction, laryngeal spasm, retching, breath holding, arytenoid dislocation, trauma and/or abrasion to the epiglottis, larynx, pharynx, uvula, hyoid and tonsils, tongue cyanosis, lingual nerve, vocal cord and hypoglossal nerve paralysis, tongue macroglossia, parotid gland swelling, dry mouth, dysphagia, feeling of fullness, mouth ulcer, dysarthria, dysphonia, hoarseness, stridor, pharyngeal ulcer, pulmonary edema, laryngeal hematoma, head and neck edema, myocardial ischemia and dysrhythmia.

Warranties

Cookgas® LLC agrees to warrant the disposable air-Q SP 3/3G for a period of 30 days following the invoice date. Warranty covers materials and manufacturing defects provided that the airway is used according to the procedures outlined in the Instructions For Use (IFU) manual. Warranty is valid only following purchase from authorized distributors.

Cookgas® LLC disclaims all other warranties whether expressed or implied.

Patents US	Patents CAN	Patents UK
5,937,860	US 6,705,321 B2	2,231,331
US 6,422,239 B1	US 7,357,845 B2	2,371,435
US 6,892,731 B2	US 7,780,900 B2	2,410,043
US 7,331,347 B2	US 7,784,464 B2	US 7,842,043
US 7,900,632 B2	US 7,934,502 B2	Patents JAPAN
US 9,320,864 B2	US 8,622,060 B2	5296058
	US 8,631,796 B2	
	US 10,729,866 B2	

Other USA & Foreign Patents Pending

ATTENTION
SEE DIRECTIONS FOR USE

Latex Free

Keep Dry

Keep Away From Sunlight

Rx Only
By Prescription Only

EXP Expiration Date

Single Use DO NOT REUSE

MR MR Safe

Do Not Restertilize



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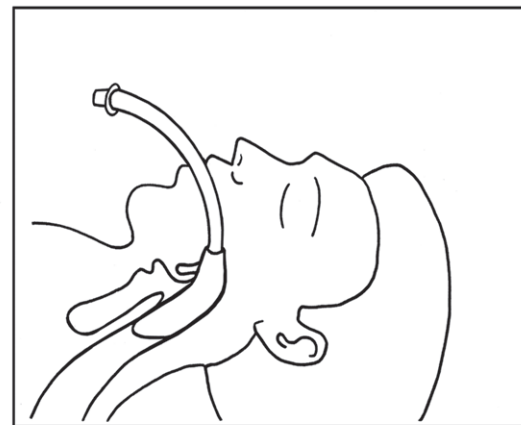
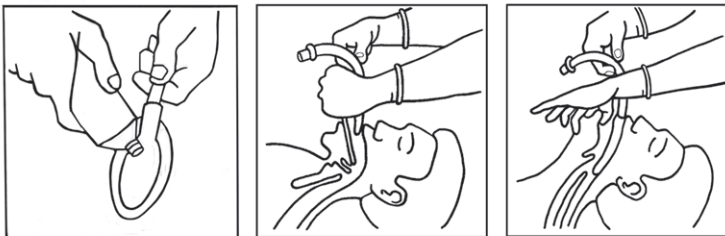


M T Promedt Consulting
Altenhofstrasse 80
D-66386 St. Ingbert • Germany
Tel. +49(0) 6894.581020 • Fax +49(0).6894.581021
email: info@mt-procons.com
www.mt-procons.com



Recommended insertion Technique

Anbefalet indføringsteknik
Aanbevolen inbrengetechniek
Technique d'insertion recommandée
Empfohlenes Einführungsverfahren
Συνιστώμενη τεχνική εισαγωγής
Tecnica di inserimento consigliata
Anbefalt innføringsteknikk
Zalecana technika wsuwania
Técnica de Inserção Recomendada
Рекомендованная техника введения
Técnica de inserción recomendada
Rekommenderad införselteknik
Önerilen Sokma Tekniği
推荐插入方法

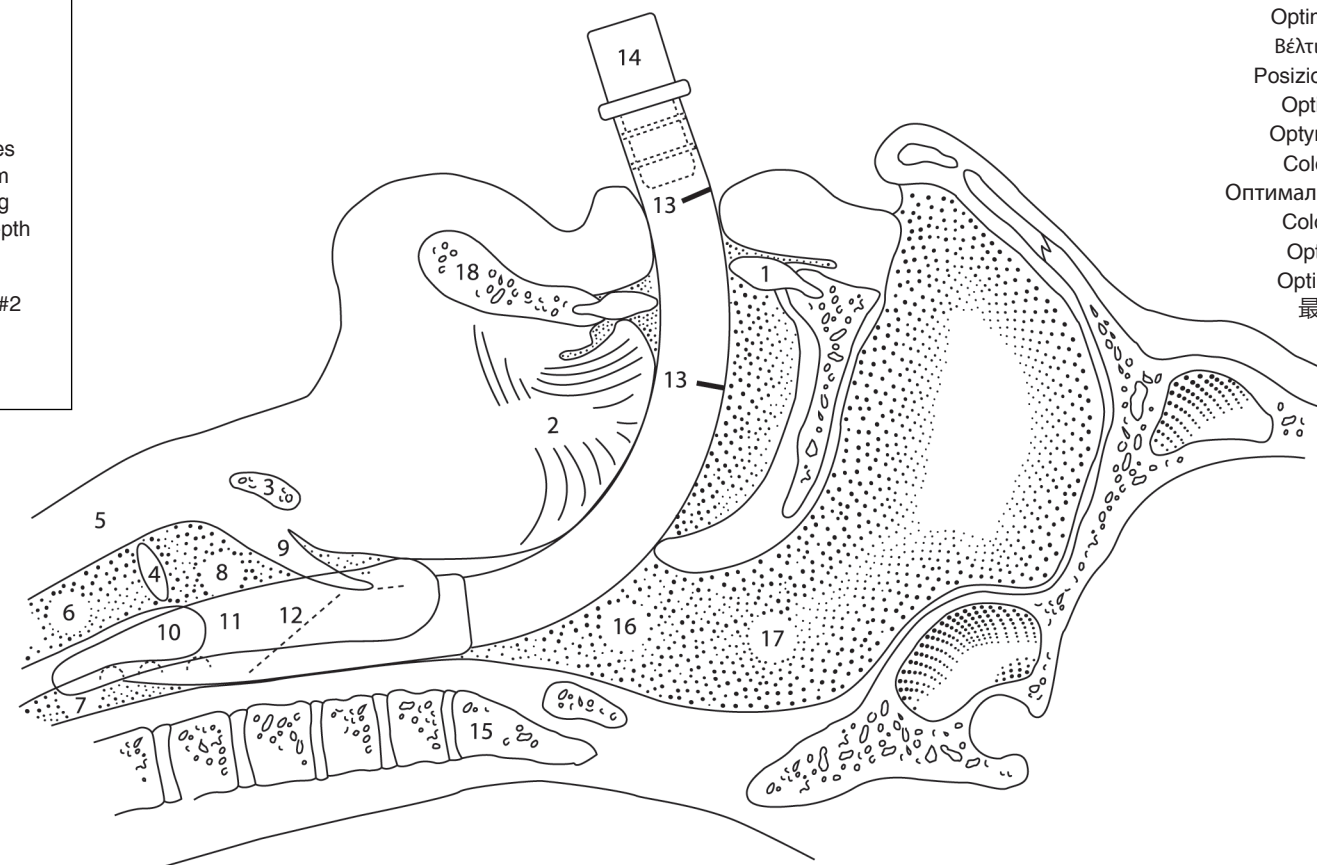


Recommended Depth of Insertion Range

Anbefalet område for indføringsdybde
Aanbevolen inbrengeteptebeik
Profondeur recommandée de la portée d'insertion
Empfohlener Einführtiefenbereich
Συνιστώμενο βάθος εύρους εισαγωγής
Gamma di profondità di inserimento raccomandata
Anbefalt område for innføringsdybde
Zalecany zakres głębokości wsuwania
Intervalo de Profundidade de Inserção Recomendada
Рекомендованный диапазон глубины введения
Profundidad recomendada del rango de inserción
Rekommenderat djup för införselspann
Önerilen Sokma Aralığı Derinliği
推荐插入深度的范围

LENGEND

1. Incisors
2. Tongue
3. Hyoid Bone
4. Vocal Cords/folds
5. Thyroid Cartilage
6. Trachea
7. Esophagus
8. Laryngeal Inlet
9. Epiglottis
10. Arytenoid Cartilages
11. Sealing Mechanism
12. Ventilatory Opening
13. Recommended Depth of Insertion Marks
14. Connector
15. Cervical Vertebrae #2
16. Oral Pharynx
17. Nasal Pharynx
18. Mandible



Optimal Placement

Optimal placering
Optimale plaatsing
Mise en place optimale
Optimale Platzierung
Βέλτιστη τοποθέτηση
Posizionamento ottimale
Optimal plassering
Optymalne położenie
Colocação correta
Оптимальное расположение
Colocación óptima
Optimal placering
Optimal Yerleşirme
最佳放置方案

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air-Q SP® 3/3G

插管型喉罩使用说明


air-Q SP 3/3G（自加压）气道导管是标准型 air-Q 喉面罩的强化版。因此，在没有必要行经口腔气管插管（OETT）或作为气道情况复杂时插管的辅助措施时，可将其作为主要气道装置。

<p>air-Q SP 3/3G P代表气道导管的革命性设计。它的功能类似于最初的 air-Q，因为它保留了周边柔软的面罩袖口。这使得面罩能根据每个患者的咽部解剖结构改变其尺寸和形状，从而改善与患者咽喉的贴合度。与原始型号类似，它也可以作为导管用于气道情况复杂时的插管。它的不同之处在于没有充气阀，因此不能正常充气。相反 air-Q SP 3/3G 在呼吸管内部容积与外围袖口之间有着很大的孔径。正压通气时，该孔可使管和袖口之间的流体连通而形成“自加压”效果，从而完成袖口充气。</p>

本产品仅供受过培训的人员使用。

仅供一次性使用

建议：

规格	理想体重	最大 OETT 规格	张口度1		最大氧气管规格3
5	≥80-kg	9.0 mm	25 mm	20 cm	18
4	60-80 kg	8.0 mm	23 mm	18 cm	18
3	30-60 kg	7.0 mm	20 mm	16 cm	16
2	17-30 kg	5.5 mm	17 mm	14 cm	12
1.5	7-17 kg	5.0 mm	14 mm	11 cm	10
1.0	4-7 kg	4.5 mm	11 mm	9 cm	9
0.5	2-4 kg	4.0 mm	8 mm	7 cm	8
0	≤2 kg	3.0 mm	5 cm	6 cm	7

- 供插管的微小张口度。**
- 导气管外部边缘与内部通气口之间的距离。**
- 仅限 air-Q SP 3G 最大氧气管规格。**

air-Q SP 3/3G 的放置步骤

以下流程旨在提供参考。可用多种方法将 air-Q SP 3/3G 正确放入咽部。

- 在外表面涂抹润滑剂，包括面罩腔脊。
- 让病人将嘴巴张开，并将舌头抬高。抬高舌头，将会从咽后壁提起，将 air-Q SP 3/3G 进入咽部。特别推荐抬高下颌，在舌根部放置舌压板同样可以满足此目的。
- 如果可能的话，可将 air-Q SP 3/3G 面罩的前部以较小的前向角度放置在舌根部和软腭之间。
- 以 air-Q SP 3/3G 面罩和导气管的曲率为导向，向内和向下轻轻施加压力，使 air-Q SP 3/3G 进入咽内部。只需 air-Q SP 3/3G 向前和向内旋转。可能有必要小幅度操作，以顺利拐弯进入食管上段。继续深入，直到感觉到向前推进的固定阻力。正确的放置取决于进一步前进时所受到的阻力。一些用户将左手食指背面放在面罩后面，向前弯曲手指，这有助于引导面罩从拐角处进入咽部。一旦面罩越过拐角处，用左手抬高下颌，同时用右手对 air-Q SP 3/3G 向下和向内施加压力，以便面罩最终进入咽部。这种方法似乎很容易学习，而且成功率高。
- 将 air-Q SP 3/3G 贴在适当的位置。
- 检查 air-Q SP 3/3G 连接器，以确保其完全接合在气道导管内，并将连接器连接到适当的呼吸装置。检查通气性是否良好。
- 在患者牙齿之间放置一块牙垫。保持牙垫的适当位置，直至 air-Q SP 3/3G 完全移除。

air-Q SP 3/3G 的插管步骤

Cookgas® 公司的 air-Q SP 3/3G 不仅可以作为出色的气道导管用于一般用途，并且还可以作为 OETT 气管插管的辅助工具，简单而又可靠。归因于其专利设计，标准 OETT（尺寸 9.0 mm - 3.0 mm）可以轻松地完成 air-Q SP 3/3G 并进入气管。此外，借助同为 Cookgas® 公司生产的专利 air-Q 移除探针，可以轻松取出 air-Q SP 3/3G。以下插管流程仅供参考。使用 air-Q SP 3/3G 进行气管插管时可使用多种方法。

- 插管前，需通过雾化局部麻醉或在肌肉松弛剂的辅助下，放松喉部肌肉组织和声带。
- 预充氧。
- 将 OETT 袖口放气完全并充分润滑，以使 OETT 的尺寸适当。OETT 袖口放气完全这点非常重要，关系到 OETT 在 air-Q SP 3/3G 内是否可以轻松滑动。
- 断开 air-Q SP 3/3G 与通气装置的连接，然后移除 air-Q SP 3/3G 连接器。air-Q SP 3/3G 连接器的移除很简单，操作者用一只手的食指和拇指捏住并挤压 air-Q SP 3/3G 导管，然后将连接器前后摇动，同时另一只手将连接器从气道导管内向外拉出即可轻松完成。
- 将先前放气并已润滑的 OETT 通过 air-Q SP 3/3G 插入，深度约 6 - 20 厘米，具体深度取决于 air-Q SP 3/3G 的尺寸。这将使 OETT 远端位于或靠近 air-Q SP 3/3G 气道导管的开口处，并保持在面罩腔内。使 OETT 和 air-Q SP 3/3G 气道导管润滑充分是非常重要的，这可以确保 OETT 顺利通过 air-Q SP 3/3G。
- 以下针对推进 OETT 的建议旨在提供参考。可使用多种方法进一步推进 OETT 进入气管。**注意：**在放置 OETT 后，必须检查通气和充氧是否充分。

- 光纤技术：利用光纤内窥镜。可在直观可视化的镜下将 OETT 插入气管。保持光纤内窥镜稳定，镜下将镜部入口将 OETT 插入近端气管。在对气管隆突的直视下，检查 OETT 的位置。移除光纤内窥镜。如有需要，向 OETT 袖口充入少量空气后，再装上 OETT 连接器。检查通气性是否良好。（如果在可视化检查过程中看到会厌侵入或向下折叠，通常不需要完全移除 air-Q SP 3/3G。从外部抬高下颌，抬起会厌，使内窥镜从会厌下通过并推进气管中，OETT 随后推进。**
- 探针技术：使用合适的粗头插管探针或发光探针，将探针穿过 air-Q SP 3/3G 内的 OETT，经喉部入口进入气管，以尖端向上（前）的方式使粗头探针穿过 OETT。将左手手指轻轻地放在患者喉部的环状区域上，探针在通过环状软骨时通常表现为刮擦或摩擦感。如果定位准确，发光探针将会在环状区域产生明亮的黄色/红色光。探针进入气管后，以插管探针为指引，只需将 OETT 推进到探针上面，即可经喉入口进入气管。向 OETT 袖口充入少量空气，装上 OETT 连接器并检查通气是否良好。**备注：**如果 OETT 不能越过探针进入气管，推进 OETT 时进行逆时针旋转 OETT 通常比较有效。如果仍然无法推进，请使用更小尺寸的 OETT 再试一次。**

air-Q SP 3/3G 的移除步骤

使用 Cookgas® 公司的 air-Q 移除探针，可轻松移除 OETT 插管后的 air-Q SP 3/3G。air-Q 移除探针由连接到杆上的适配器组成。适配器从底部到顶部呈锥形，并具有水平脊和垂直槽。锥形结构使得探针可适合多种 OETT 尺寸。这些水平脊与 OETT 紧密接合，使操作者在 air-Q SP 3/3G 移除过程中能够控制 OETT。垂直槽则使 OETT 内的呼吸通道在 air-Q SP 3/3G 移除过程中保持畅通，不影响患者自主呼吸。通过 air-Q SP 3/3G 移除探针在 OETT 上固定和施加向内的稳定力，可迅速移除 air-Q SP 3/3G，而保留先前放置的 OETT。

- 从 OETT 中取出 OETT 连接器。
- 用食指和拇指捏住 OETT 的近端部分并挤压，留下足够空间，以使探针的适配器部分进入 OETT 的近端开口。或者，挤压 air-Q SP 3/3G 气道导管的近端，将 OETT 吸入内部。
- 将 air-Q 移除探针的锥形端插入近端 OETT（长轴应在 12 点钟 - 6 点钟位置），直到适配器紧贴 在 OETT 内。
- 对于较大的规格（2.0 - 4.5），由于内部压力很大，可以沿顺时针方向旋转探针适配器（进入 3 点钟 - 9 点钟位置），直到适配器与 OETT 接合牢固。而对于较小的规格（0 - 1.5），只需将探针稳固地推入 OETT 即可。请先练习几次，再尝试在患者身上操作。
- 在取出 air-Q SP 3/3G 之前，先将 OETT 上的导向气囊放气并涂抹润滑剂。移除 air-Q SP 3/3G 后，对 OETT 重新充气。
- 当在探针上施加向内的稳定力时，从探针上方缓慢地将 air-Q SP 3/3G 向外拔出。
- 对于较大的规格（2.0 - 4.5），通过探针进行拔除。对于较小的规格（0 - 1.5），从 air-Q SP 3/3G 近端移除探针，同时使 OETT 在张口处保持稳定。在使用后丢弃一次性 air-Q SP 3/3G。
- 如有需要，将 OETT 重新定位并推进至患者口腔内适当深度，然后固定在合适的位置。
- 将 OETT 连接器放回 OETT 之内。若有需要，对 OETT 进行充气，并连接到适当的呼吸装置。检查通气性是否良好。

注意事项/警告

- 使用前请检查 air-Q SP 3/3G 的所有装置。弃用有缺陷的装置。
- 请勿在 air-Q SP 3/3G 上或其附近使用锐器。
- 使用前，确认 air-Q SP 3/3G 的规格与连接器的尺寸是否相符。
- air-Q SP 3/3G 连接器是可拆卸的，有可能出现与气道导管断开的情况。请采取标准预防措施，尽量降低断开的可能性。
- 使用前，确认气道导管内连接器的接合是否完整。
- air-Q SP 3/3G 连接器是可拆卸的，有可能出现与气道导管断开的情况。请采取标准预防措施，尽量降低断开的可能性。
- 在 air-Q SP 3/3G 的放置或移除过程中，不要用力过度。
- 放置后立即检查通气是否充分。
- 如果发生且持续存在气道问题，移除 air-Q SP 3/3G 并通过其它方法建立有效气道。备用通气装置应随时可用。
- 润滑后，air-Q SP 3/3G 连接器可能会在使用过程中脱落。在再次使用前，先用酒精清洁呼吸导管和连接器。
- 包括 air-Q SP 3/3G 在内的上喉部通气道装置均不能完全避免患者误吸。
- 患者头部或颈部位置发生任何变化后均需再次检查气道位置 and 通畅性。
- 当存在激光和电烧灼时，上喉部通气道装置有易燃危险。
- 在 air-Q SP 3/3G 的使用过程中，建议放置牙垫并维持稳定。
- 重复使用一次性装置可能会导致机械故障和潜在的微生物污染。**所有的一次性 air-Q SP 3/3G 在使用后必须全部丢弃。请勿重复使用。**
- 一次性 air-Q SP 3/3G 已经使用环氧乙烷（一种已知的致癌物质）灭菌。

禁忌症

air-Q SP 3/3G 禁止用于有反胃和（或）误吸高风险的患者。这包括但不限于正在接受胸部或腹部重大手术的患者，以及无禁食、病态肥胖、怀孕> 14 周或胃排空迟缓或食管反流的患者。使用者必须对患者紧急气道需求的好处与潜在风险进行权衡。air-Q SP 3/3G 仅应用于无意识或局部麻醉的患者。

不良反应

既往报道通气面罩的相关不良事件包括：喉酸痛，抽吸，反流，呕吐，支气管痉挛，呕吐，打嗝，咳嗽，暂时性声门闭合，气道阻塞，喉痉挛，干呕，呼吸暂停，杓状软骨脱位，会厌、喉、咽、腭垂、舌骨、扁桃体创伤和（或）磨损，舌系紧、舌神经、声带和舌下神经麻痹，巨舌症，腮腺肿胀，口干，吞咽困难，饱胀感，口腔溃疡，发音障碍，发音困难，嘶哑，喘鸣，咽部溃疡，肺水肿，喉部血肿，头颈部水肿，心肌缺血和心律失常。

保修

Cookgas® 公司承诺一次性 air-Q SP 3/3G 的保修期为购买后 30 天。保修范围包括材料和制造缺陷。前提是根据使用说明书（IFU）手册中所述步骤使用产品。保修仅在从授权经销商处购买后才有效。

Cookgas® 公司不做任何明示或暗示的其他担保。

美国专利	加拿大专利	英国专利
5,937,860	US 6,705,321 B2	2,231,331
US 6,422,239 B1	US 7,357,845 B2	2,371,435
US 6,892,731 B2	US 7,780,900 B2	2,410,043
US 7,331,347 B2	US 7,784,464 B2	
US 7,900,632 B2	US 7,934,502 B2	日本专利
US 9,320,864 B2	US 8,622,060 B2	5296058
	US 8,631,795 B2	
	US 10,729,866 B2	
	其他美国和国际专利正在申请中	



独家分销商：

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有关订购信息，请联系：

2710 Northridge Dr. NW, Ste A
Grand Rapids, MI 49544 USA
电话：800-433-2797
www.Sun-Med.com

EC REP

M T Promedt Consulting
Altenhofstrasse 80 -D-66386 St. Ingbert
Germany
电话 +49(0) 6894.581020 传真
+49(0).6894.581021
电子邮件: info@mt-procons.com
www.mt-procons.com

