

Endotracheal Tubes for Subglottic Suctioning

Ventilator Associated Pneumonia (VAP) is a nosocomial infection that develops more than 48 hours after endotracheal intubation.¹ It is the most common infection acquired by adults and children in intensive care units (ICUs) and is a cause of significant patient morbidity and mortality, increased utilization of healthcare resources, and excess cost.²

Subglottic Secretion Removal: A Vap Reduction Strategy

During mechanical ventilation, secretions from the upper respiratory tract accumulate above the endotracheal tube cuff. Studies have shown that these secretions can seep past the cuff into the lower tract, a factor that increases the incidence of VAP.³ Drainage of the subglottic secretions has been proven as an effective strategy in preventing early-onset VAP.⁴

The Clinical Challenge

The endotracheal tube chosen for initial intubation doesn't always allow for easy access to this valuable practice – until now. Introducing the new Teleflex Endotracheal Tubes with subglottic suctioning. Featuring a separate suction line, this convertible endotracheal tube allows for subglottic secretion removal – when you need it. The versatile design eliminates the need to be selective during initial intubation, increasing the number of patients who can be viable candidates for subglottic suctioning, a clinically proven strategy for VAP reduction.



Convertible endotracheal tube with integrated suction port

Attachable suction line allows for subglottic secretion removal

Simplifies tube selection at initial intubation

1. American Thoracic Society; Infectious Diseases Society of America. Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. *Am J Respir Crit Care Med.* 2005;171:388-416.
2. Coffin SE, Klompas M, Classen D, et al. Strategies to Prevent Ventilator-Associated Pneumonia in Acute Care Hospitals. *Infect Control Hosp Epidemiol.* 2008;29(S1):S31-S40.
3. American Thoracic Society. Hospital Acquired Pneumonia in Adults: diagnosis, assessment of severity, initial antimicrobial therapy, and preventative strategies: a consensus statement. *Am J Respir Crit Care Med.* 1996;151:1711-1725.
4. Dezfulian C, Shojania K, Collard HR, et al. Subglottic secretion drainage for preventing ventilator-associated pneumonia: a meta-analysis. *Am J Med.* 2005;118(1):11-18.