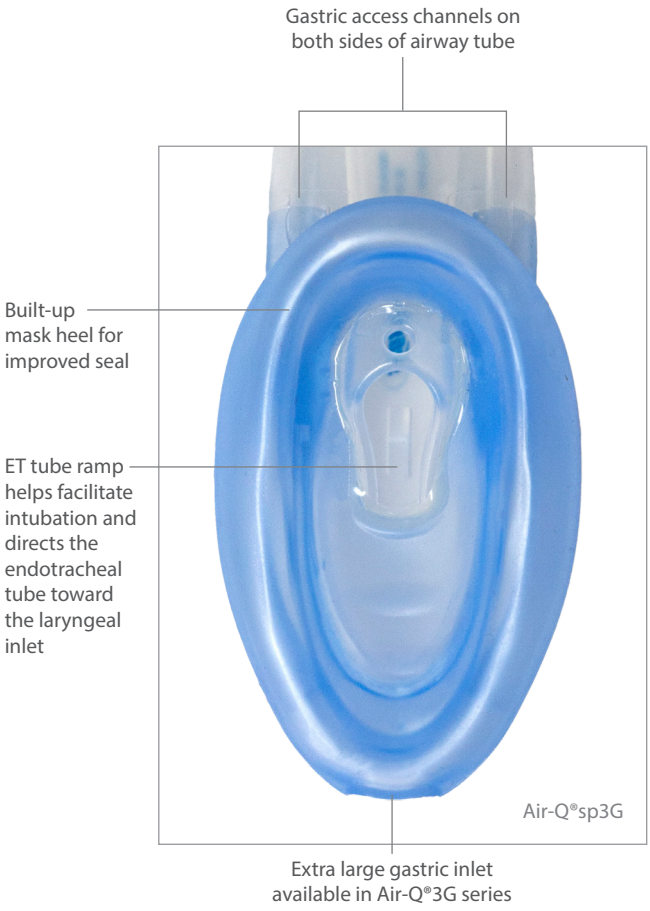
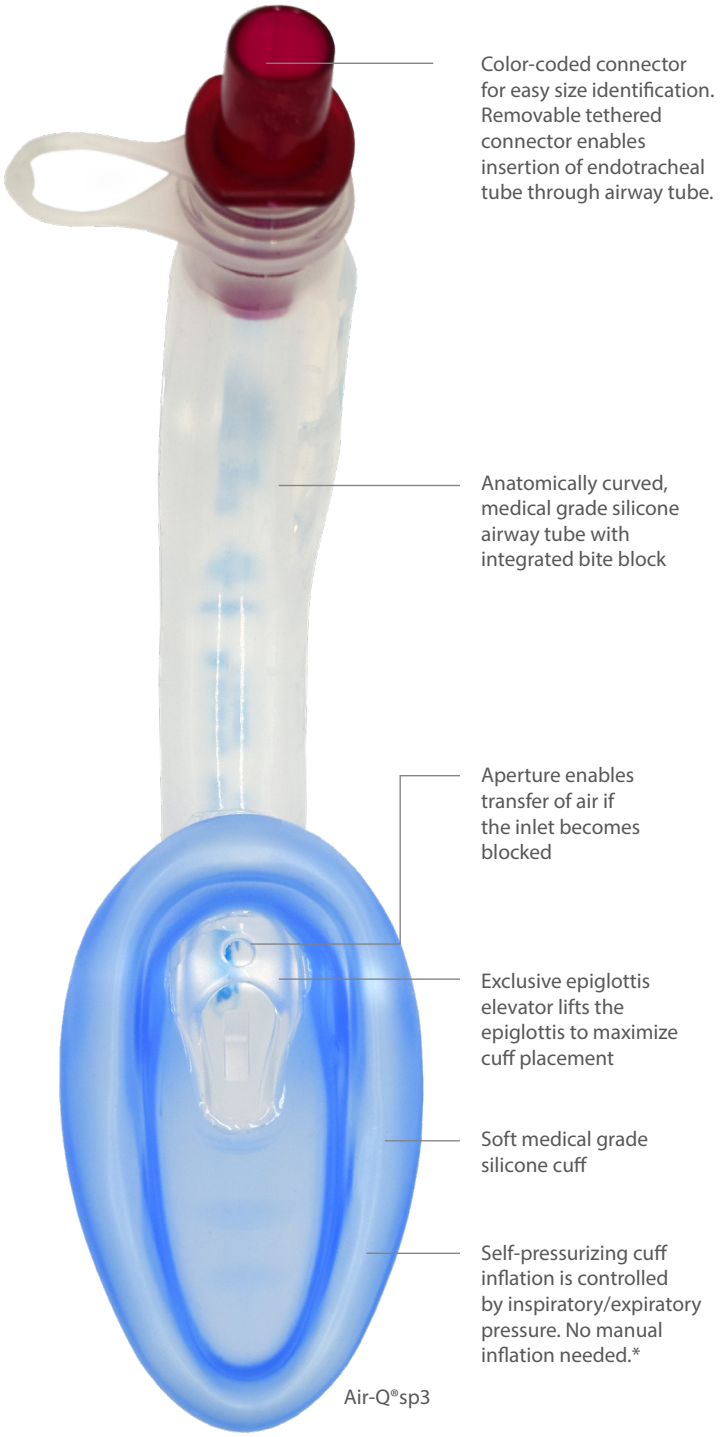
AIR-Q®3 INTUBATING LARYNGEAL AIRWAYS (ILA)

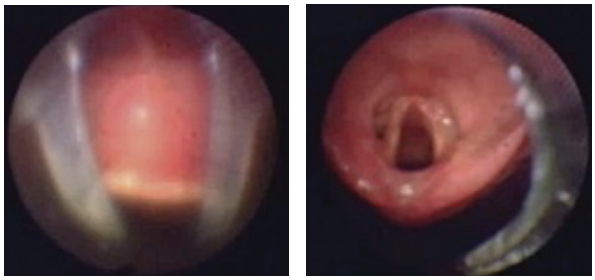
LATEX FREE | SINGLE PATIENT USE | DISPOSABLE

The advanced, all-silicone Air-Q®3 helps deliver safety and confidence in airway management, no matter what airway challenges you face. The unique ET tube ramp and epiglottis elevator aid in fast, easy, and safe intubations.





AIR-Q®3 PROVIDES BETTER VISUAL CLARITY



Competitive ILA

Air-Q3 Series with Epiglottis Elevator

*Air-Qsp3 and Air-Qsp3G products only.

800-433-2797 www.Sun-Med.com

Air-Q®3

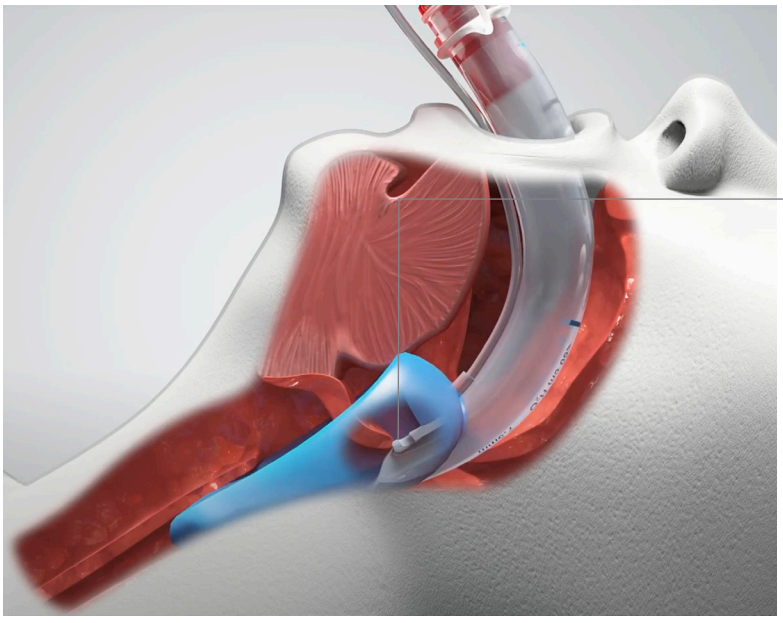
Air-Q®sp3

Air-Q®3G

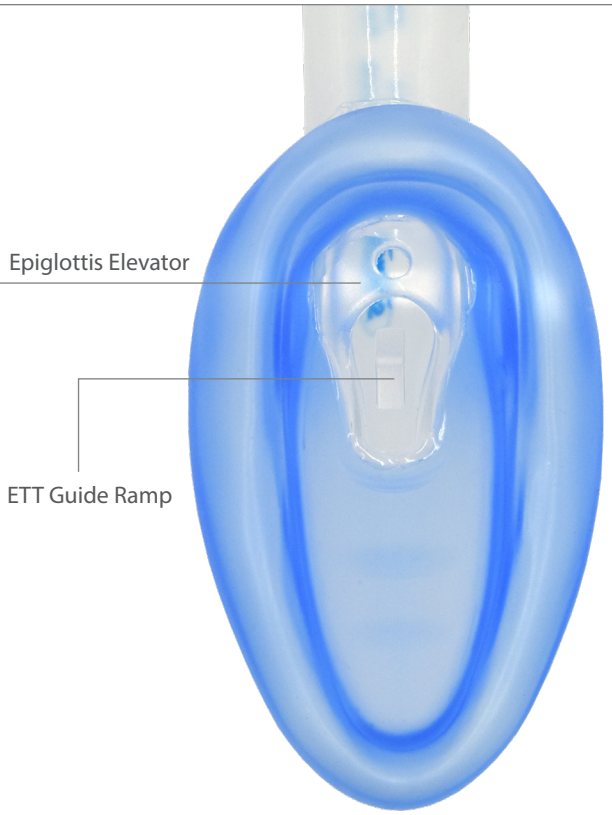
Air-Q®sp3G

FOUR VARIANTS FOR A RANGE OF INTUBATION REQUIREMENTS:

- Air-Q®3 - Provides exceptional ease of ETT placement when unexpected intubation is required.
- Air-Qsp3 - Features a self-pressuring cuff that utilizes positive pressure ventilatory source. Automatically inflates to patient-specific, optimized pressure to form a seal.
- Air-Q3G - Features an extra wide gastric inlet access and two gastric channels that accommodate NG tubes up to 18 Fr.
- Air-Qsp3G - Features an extra wide gastric inlet access and two gastric channels that accommodate NG tubes up to 18 Fr. Also includes a self-pressurizing cuff that utilizes positive pressure ventilatory source.



Unique, patented Epiglottis Elevator, helps to safely lift the epiglottis to access the airway the first time.



Size 0 | Size 0.5 | Size 1.0 | Size 1.5 | Size 2 | Size 3 | Size 4 | Size 5

AIR-Q®3 INTUBATING LARYNGEAL AIRWAY WITH 15 MM CONNECTOR

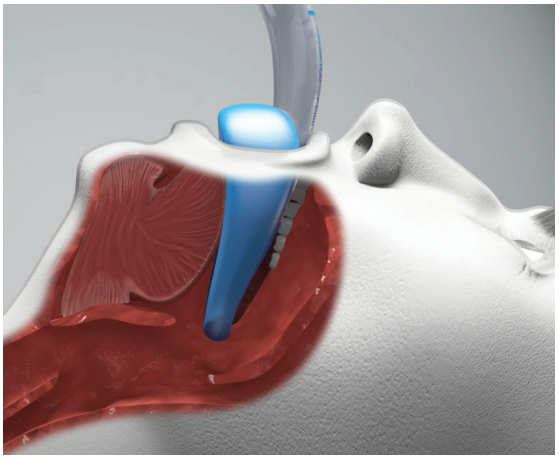
ITEM	DESCRIPTION	SIZE	IDEAL BODY WEIGHT	MAXIMUM OETT	MOUTH OPENING	LENGTH OF TUBE	MAXIMUM OG TUBE	INFLATION VOLUME
30105	Air-Q3	1.0	4 - 7 kg	4.5 mm	11.0 mm	9.0 cm	–	0.5 - 1.0 mL
30155	Air-Q3	1.5	7 - 17 kg	5.0 mm	14.0 mm	11.0 cm	–	1.0 mL
30205	Air-Q3	2	17 - 30 kg	5.5 mm	17.0 mm	14.0 cm	–	1.0 - 2.0 mL
30305	Air-Q3	3	30 - 60 kg	7.0 mm	20.0 mm	16.0 cm	–	2.0 - 3.0 mL
30405	Air-Q3	4	60 - 80 kg	8.0 mm	23.0 mm	18.0 cm	–	3.0 - 4.0 mL
30505	Air-Q3	5	> 80 kg	9.0 mm	25.0 mm	20.0 cm	–	4.0 - 5.0 mL
50105	Air-Q3G	1.0	4 - 7 kg	4.5 mm	11.0 mm	9.0 cm	8 Fr	0.5 - 1.0 mL
50155	Air-Q3G	1.5	7 - 17 kg	5.0 mm	14.0 mm	11.0 cm	10 Fr	1.0 mL
50205	Air-Q3G	2	17 - 30 kg	5.5 mm	17.0 mm	14.0 cm	12 Fr	1.0 - 2.0 mL
50305	Air-Q3G	3	30 - 60 kg	7.0 mm	20.0 mm	16.0 cm	16 Fr	2.0 - 3.0 mL
50405	Air-Q3G	4	60 - 80 kg	8.0 mm	23.0 mm	18.0 cm	18 Fr	3.0 - 4.0 mL
50505	Air-Q3G	5	> 80 kg	9.0 mm	25.0 mm	20.0 cm	18 Fr	4.0 - 5.0 mL
40105	Air-Qsp3	1.0	4 - 7 kg	4.5 mm	11.0 mm	9.0 cm	–	–
40155	Air-Qsp3	1.5	7 - 17 kg	5.0 mm	14.0 mm	11.0 cm	–	–
40205	Air-Qsp3	2	17 - 30 kg	5.5 mm	17.0 mm	14.0 cm	–	–
40305	Air-Qsp3	3	30 - 60 kg	7.0 mm	20.0 mm	16.0 cm	–	–
40405	Air-Qsp3	4	60 - 80 kg	8.0 mm	23.0 mm	18.0 cm	–	–
40505	Air-Qsp3	5	> 80 kg	9.0 mm	25.0 mm	20.0 cm	–	–
60105	Air-Qsp3G	1.0	4 - 7 kg	4.5 mm	11.0 mm	9.0 cm	8 Fr	–
60155	Air-Qsp3G	1.5	7 - 17 kg	5.0 mm	14.0 mm	11.0 cm	10 Fr	–
60205	Air-Qsp3G	2	17 - 30 kg	5.5 mm	17.0 mm	14.0 cm	12 Fr	–
60305	Air-Qsp3G	3	30 - 60 kg	7.0 mm	20.0 mm	16.0 cm	16 Fr	–
60405	Air-Qsp3G	4	60 - 80 kg	8.0 mm	23.0 mm	18.0 cm	18 Fr	–
60505	Air-Qsp3G	5	> 80 kg	9.0 mm	25.0 mm	20.0 cm	18 fr	–

air-Q®3 INTUBATING LARYNGEAL AIRWAY

INSERTION

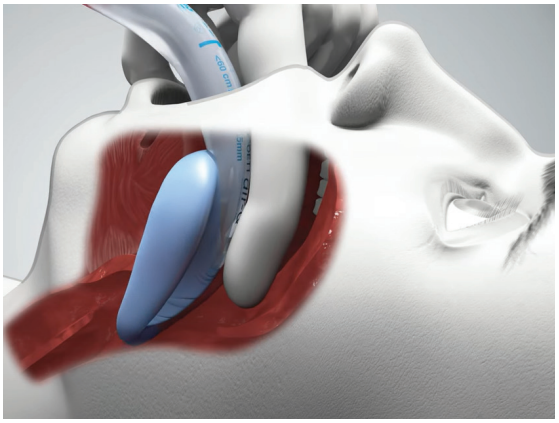
Step 1

Lubricate the external surface including the mask cavity ridges.



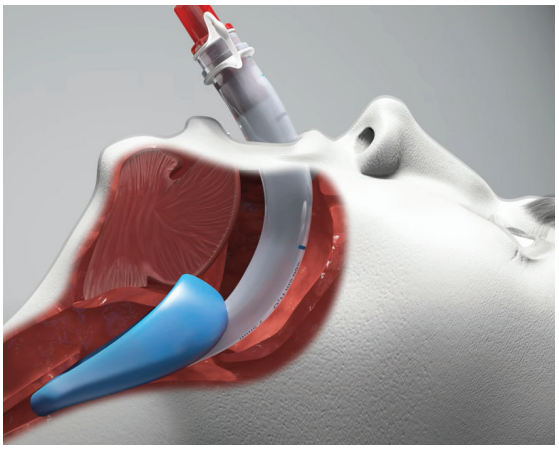
Step 2

Place the front portion of the Air-Q®3 mask between the base of the tongue and the soft palate at a slight forward angle.



Step 3

Place back of back of left index finger behind the mask, flexing the finger forward to help guide the mask around the corner into the pharynx.



Step 4

Continue to advance until fixed resistance to forward movement is felt. Correct placement is determined by this resistance to further advancement. Inflate cuff according to recommendations table.
Do not overinflate.

air-Q®3 MANUAL INFLATION

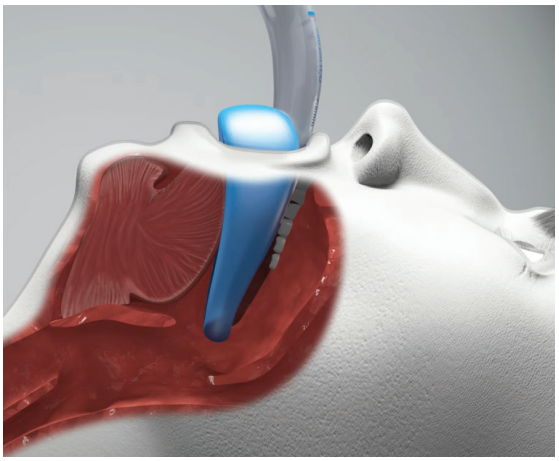
INTUBATING LARYNGEAL AIRWAY

Step 1

Open inflation valve by inserting a syringe and deflate the cuff. Lubricate the external surface including the mask cavity ridges.

Step 2

Place the front portion of the Air-Q®3 mask between the base of the tongue and the soft palate at a slight forward angle.



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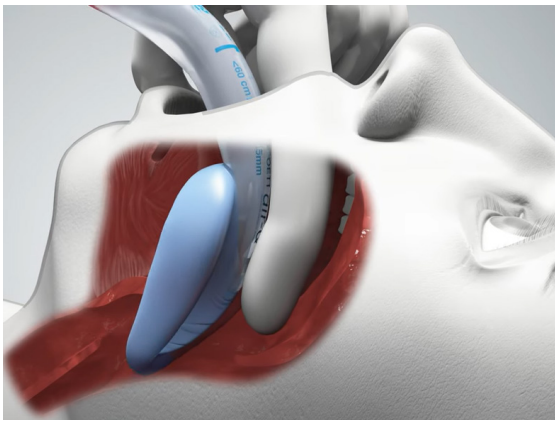

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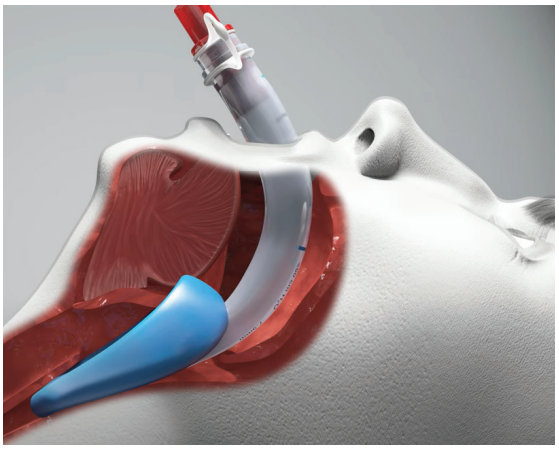
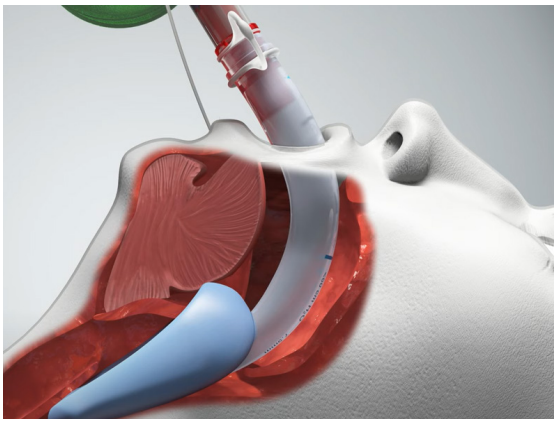


air-Q®3 INTUBATING LARYNGEAL AIRWAY

INTUBATION

Step 1

The laryngeal musculature and vocal cords must be relaxed, with aerosolized local anesthetic or with muscle relaxant. Pre-oxygenate. Deflate appropriately sized OETT cuff and lubricate well.

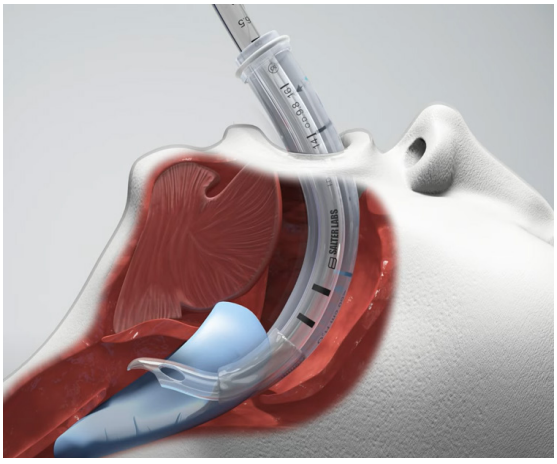


Step 2

Disconnect Air-Q®3 from ventilation device and remove the Air-Q3 connector by squeezing the Air-Q3 tube between the index finger and thumb rocking the connector back and forth while pulling the connector outward.

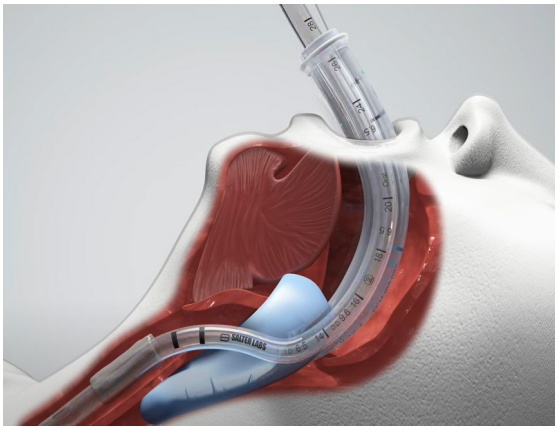
Step 3

Insert deflated and lubricated OETT through the Air-Q®3 to a depth 6 to 20 cm depending on the Air-Q3 size. This will place the distal tip of the OETT at or proximal to the opening of the Air-Q3 airway tube within the mask cavity.



Step 4

Use your standard protocol technique to advance OETT into the trachea and through the vocal cords.

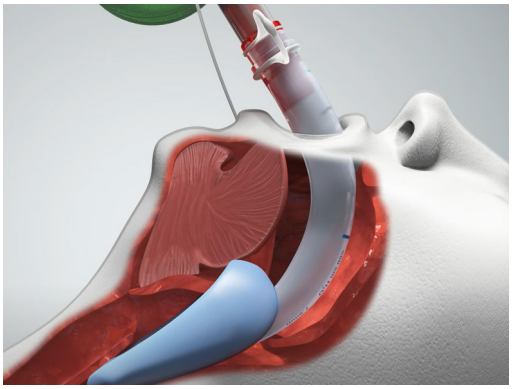


air-Q®3 INTUBATING LARYNGEAL AIRWAY

REMOVAL

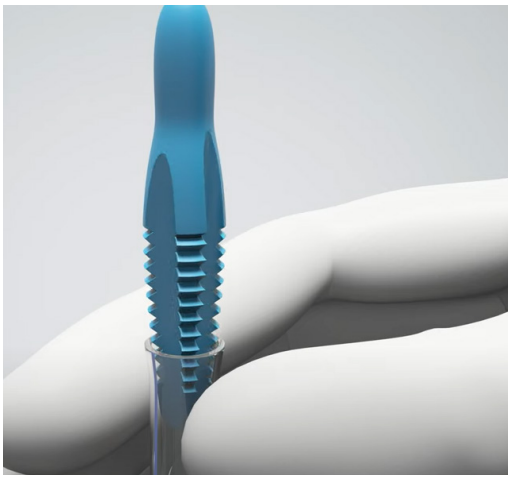
Step 1

Select appropriate stylet. Remove the OETT connector from the OETT. Squeeze the proximal portion of the OETT between index finger and the thumb.



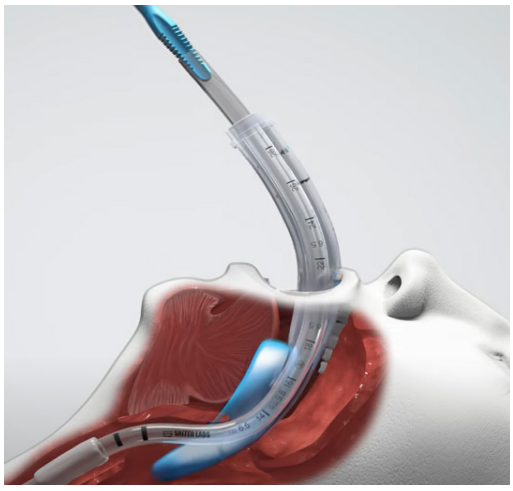
Step 2

Insert tapered end of the Air-Q® removal stylet into the proximal OETT. Use firm inward pressure until the adapter fits within the OETT.



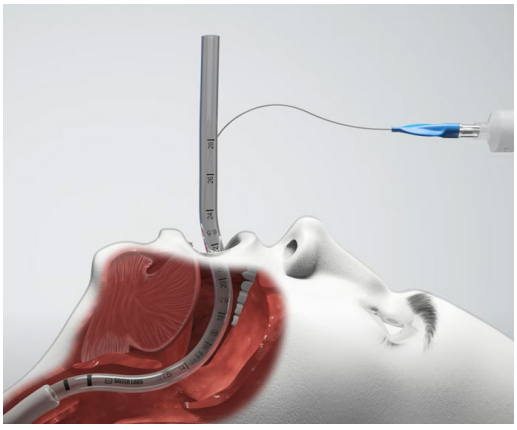
Step 3

Deflate and lubricate the pilot balloon on the OETT to withdraw the Air-Q®3. Exert an inward stabilizing force on the stylet slowly withdraw the Air-Q outward over the rod.



Step 4

Reposition the OETT to the proper depth within the patient. Replace the OETT connector within the OETT. Inflate the OETT if needed and attached to appropriate breathing device.



air-Q®3 INTUBATING LARYNGEAL AIRWAY

REMOVAL MANUAL

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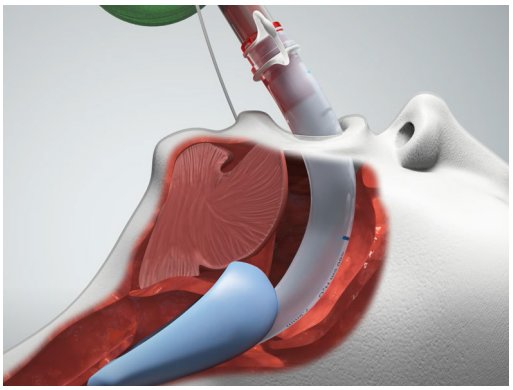
Select appropriate stylet. Remove the OETT connector from the OETT. Squeeze the proximal portion of the OETT between index finger and the thumb.



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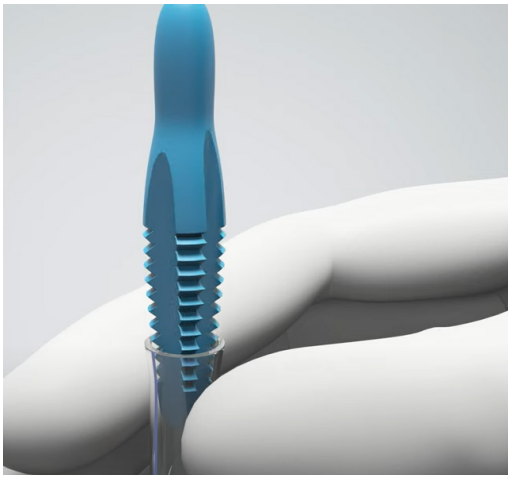
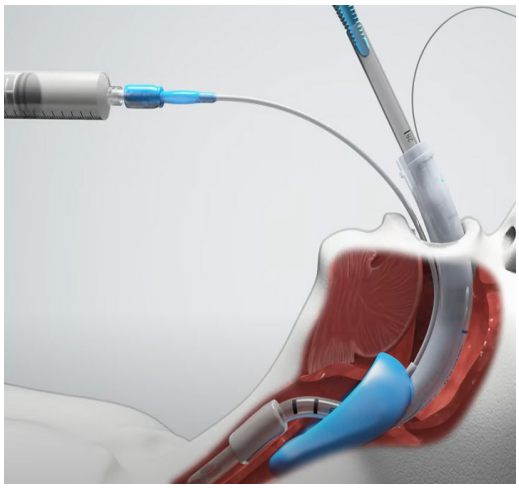


Step 3

Deflate cuff and pilot balloon. Lubricate the pilot balloon on the OETT to withdraw the Air-Q®3. Exert an inward stabilizing force on the stylet slowly withdraw the Air-Q3 outward over the rod.



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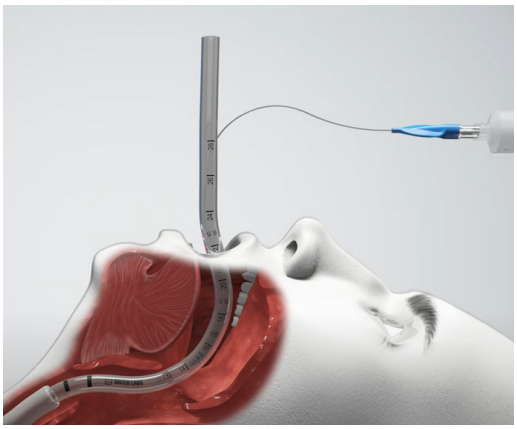

air-Q®3 INTUBATING LARYNGEAL AIRWAY

SEAL PRESSURE RECOMMENDATIONS

Inadequate Seal Pressure

If the seal pressure of the Air-Q®3 is not adequate for ventilation, it is advised to use a larger size than what is recommended by weight. In addition, even if the seal pressure is achieved, peak airway pressure of ventilation should not exceed 40 cm H_2O in order to prevent possible barotrauma and ineffective ventilation.

Excessive Air Leak During Ventilation

If an excessive air leak during ventilation is noticed, use one or all of the following:

1. If using a manual resuscitator, ventilate the patient with gentle and slow squeezing of the reservoir bag.
2. Limit tidal volume to no more than 5ml/kg.
3. Limit the peak airway pressure to 15-20cm of H_2O.
4. Assess the depth of anesthesia and muscle relaxation.
5. Use pressure control or pressure limiting ventilation.