Small Rhinoguard, Cat. no. 04.02.03, for 3.0 to 4.5 nasal endotracheal tubes, sterile
Large Rhinoguard, Cat. no. 02.26.97, for 5.0 to 8.0 nasal endotracheal tubes, sterile

*Prescription Use Only*

**INTENDED USE:**
- The Rhinoguard is a nasal endotracheal tube introducer/dilator designed to allow the passage of a nasal endotracheal tube from the nares to the oropharynx.
- The device is designed to be used with cuffed and non-cuffed nasal endotracheal tubes.

**CONTRAINDICATIONS:**
- The Rhinoguard should not be utilized for any patient that is not a candidate for nasal intubation.

**CAUTIONS:**
- Do not use device if package is damaged or has expired.
- This device should only be used for its intended purpose by healthcare professionals trained in nasal intubation procedures.
- Reprocessing or use of cleaning solutions may leave this device non-functional.
- The use of lubricants that are typically used in nasal intubations may provide greater ease of entry and use. Ensure that the lubricant is not contraindicated for the patient.
- The use of a nasally introduced vasoconstrictor, that is typically utilized in nasal intubations, may still be considered if not contraindicated for the patient.
- Do not allow the proximal end of the Rhinoguard to make contact with the cuff of a cuffed endotracheal tube.

**RECOMMENDED PROCEDURE FOR USE:**

1. The Rhinoguard is to be used with the correct size of nasal endotracheal tube. The Small Rhinoguard should be used with 3.0 to 4.5 nasal endotracheal tube sizes and the Large Rhinoguard with 5.0 to 8.0 nasal endotracheal tube sizes.

2. Select the desired size of nasal endotracheal tube, and then select the corresponding Rhinoguard size.

3. With a sterile pair of sharp scissors, cut the Rhinoguard slightly above, or just proximal to the corresponding mark that matches the nasal endotracheal tube size of choice. Ensure that the scissor cut is clean and that no loose debris is left where the tube is cut. Note that a 4.5 nasal endotracheal tube will mate to the distal end of the Small Rhinoguard without the use of scissors, unless slight adjustment would be needed for proper mating of the two devices.

4. Insert the distal end of the nasal endotracheal tube until it impinges within the Rhinoguard while verifying that the proximal end of the Rhinoguard does not make contact with the cuff of the endotracheal tube (if cuffed).

5. Verify that the proximal end of the Rhinoguard falls between the murphy eye and cuff of the endotracheal tube (if cuffed). Do not continue with the connection if it is evident that the Rhinoguard will make contact with the cuff; instead, cut another small section of the Rhinoguard until the correct connection is achieved. If the proximal end of the Rhinoguard falls under the murphy eye, the Rhinoguard was cut too short and another Rhinoguard should be used. Do not apply excessive force when impinging the endotracheal tube within the Rhinoguard as this may result in difficulty in the separation of the two devices. **DO NOT LUBRICATE THE DISTAL END OF THE ENDOTRACHEAL TUBE, OR THE PROXIMAL OPENING OF THE RHINOGUARD, AS THIS MAY RESULT IN PREMATURE SEPARATION OF THE TWO DEVICES.**

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6. Insert and remove the nasal endotracheal tube multiple times from the Rhinoguard to ensure ease of separation of the two devices when needed.

7. With the two devices mated, gently insert the distal end (closed end) of the Rhinoguard into the nose, using the same path of placement as you would for inserting a nasal endotracheal tube.

8. Gently push the Rhinoguard, with the attached nasal endotracheal tube, through the nasal passage until the distal end of the Rhinoguard is visualized in the oropharynx with a laryngoscope. If upon insertion of the Rhinoguard there is resistance, remove the Rhinoguard and attempt insertion into the opposite nasal passage. If resistance is also encountered on the opposite side, nasal intubation may not be possible to be accomplished safely in that particular patient, and an oral route should be considered. **NEVER FORCE THE RHINOGUARD THROUGH THE NASAL, NASOPHARYNGEAL OR OROPHARYNGEAL ANATOMIC PASSAGES.**

9. With McGill forceps grasp the distal end of the Rhinoguard, and pushing from the proximal end (section of the Rhinoguard that is still outside of the nares) bring the distal end of the Rhinoguard to the opening of the mouth such that the Rhinoguard is simultaneously protruding from the nares of the nose and the lips of the mouth.

10. With the laryngoscope in use, and after advancing the Rhinoguard and nasal endotracheal tube into the oral cavity such that the interface of the two device can easily be visualized, have a qualified assistant grasp the Rhinoguard relatively near to the interface of both devices. Next have the assistant gently pull the Rhinoguard until it separates from the nasal endotracheal tube as the user holds onto the endotracheal tube that is external to the nares.

11. Discard the Rhinoguard following the guidelines for biohazardous waste provided by the healthcare institution and pull the nasal endotracheal back distally to the oropharynx and proceed with intubation as normal.