

# AnchorFast Guard

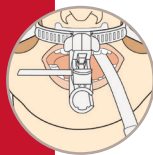
## Oral Endotracheal Tube Fastener

### Quick Reference Care Tips

LATEX-FREE

This is a quick reference guide for the application and routine care of the AnchorFast Guard oral endotracheal tube fastener.\* The AnchorFast Guard tube fastener secures oral endotracheal tubes ranging in size from 5 to 10 mm diameter. The suitability of the AnchorFast Guard tube fastener must be assessed for each patient.

#### Application



##### Step 1 Prepare the skin

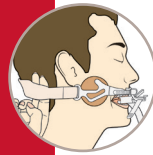
- Make sure the skin is clean, dry, and free of oily residue
- Do not use skin gel wipes or other skin preps with the oral endotracheal tube fastener

##### Step 2 Remove the release liners

- Remove the release liners from the two skin barrier pads

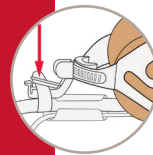
##### Step 3 Place the device on the patient

- Center the device on the upper lip so the nonabsorbent upper lip stabiliser lightly touches the skin
- Ensure the tube is positioned adjacent to the opening of the tube protection sleeve
- Position the one-click security clamp approximately 1/2 inch (13 mm) below the patient's upper lip
- Press the two skin barrier pads on the patient's skin
- Hold the device in place until the barrier pads adhere well. This should take approximately thirty seconds



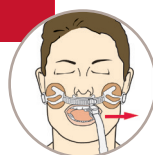
##### Step 4 Apply the adjustable neck strap

- Insert the narrow end of the strap through the plastic loop on the track
- Fasten the narrow end of the strap using the hook and loop closure
- Adjust straps on either side for added comfort and security. Do not over tighten
- Allow two fingers width between the strap and the back of the patient's head



##### Step 5 Secure the endotracheal tube

- Squeeze the tabs on the sides of the gliding tube shuttle and move the clamp along the track to a location adjacent to the tube
- Carefully slide the tube into the tube protection sleeve. Place the inflation lumen within the channel of the tube protection sleeve. Remove the release liner from the ET tube wrap exposing the adhesive. Before applying the wrap to the tube, make sure the tube is dry and free of any residue
- Position the tube under the non-slip grippers
- Care should be taken to avoid aligning the inflation lumen directly under the non-slip grippers when securing the tube. Loop the wrap tightly around the tube, and pull the remaining portion of the wrap through the security clamp
- Secure the wrap by snapping the one-click security clamp shut (an audible click will be heard)



#### Routine Care

- To reposition the tube, squeeze the shuttle tabs on the outer edges and move in either direction along the tube track
- Reposition the tube side to side at least every two hours,<sup>1,2</sup> or more frequently if the patient's condition dictates, to minimise the risk of injury to the skin and/or lips from unrelieved pressure

Visit [www.hollister.com](http://www.hollister.com) to view video instructions for product application.

\* CAUTION: PRIOR TO USE OF THE ANCHORFAST GUARD ORAL ENDOTRACHEAL TUBE FASTENER BE SURE TO READ THE PRODUCT INSTRUCTIONS FOR USE PACKAGE INSERT THAT ACCOMPANIES THE PRODUCT.

# AnchorFast Guard

Oral Endotracheal Tube Fastener

## Quick Reference Care Tips

### Warnings

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- As with any fixation device, excessive pressure created by the device may cause dermal injury, tissue ischemia, or necrosis
- Improper assembly and/or attachment of the device may increase the risk of hypoventilation or aspiration

### Precautions

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- The AnchorFast Guard oral endotracheal tube fastener has been evaluated in an adult population. This product is not intended for use with paediatric patients
- Patients without front upper teeth or unable to wear upper dentures may lack the maxillary support required to use the AnchorFast Guard oral endotracheal tube fastener
- Use caution in patients with full or swollen lips, facial swelling, dental appliances, restorative implants, and/or protruding teeth
- Patients with facial hair may lack the necessary support to anchor the skin barrier pads
- After application of the AnchorFast Guard oral endotracheal tube fastener, check the patient frequently to ensure that both the AnchorFast Guard oral endotracheal tube fastener and the endotracheal tube are secure and correctly positioned
- To ensure proper fixation of the device, exercise caution with the use of other devices and/or instruments (i.e., feeding tubes, fiber optic scopes) within the oral cavity during endotracheal intubation
- Reconfirm position, depth of intubation, and patency of tracheal tube or other airway device during and after any change in the patient's head, neck, or body position, or any change in location of the fixation device
- To minimise the risk of pressure injury, inspect the patient's lips and skin at least every two hours<sup>1,2</sup> or more frequently if the patient's condition dictates
- Discontinue use of the device if redness or skin irritation occurs
- Repeated adjustment of the endotracheal tube in a distal or proximal direction may affect the performance of the ET tube wrap
- Care should be taken to avoid aligning the inflation lumen directly under the non-slip grippers when securing the tube
- The AnchorFast Guard oral endotracheal tube fastener is indicated for single use. To help ensure proper adhesion, do not reuse
- Care must be taken when using endotracheal tubes with subglottic suctioning to avoid occlusion of the suction lumen
- Exposure to materials in this device through use should not exceed 29 days as biocompatibility testing has been completed up to 29 days
- After use, handle and dispose of in accordance with institutional protocol and universal precautions for contaminated waste

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**For detailed clinical questions concerning our products:**

**Australia** 1800 335 911

**New Zealand** 0800 167 866

### References

- 1 Pieper, Barbara. "Mechanical Forces: Pressure, Shear, and Friction." Chapter 12 in *Acute & Chronic Wounds: Nursing Management*, 3rd ed., ed. Ruth A. Bryant (St. Louis, Mosby, Inc. 2007).
- 2 Panel for the Prediction of Prevention of Pressure Ulcers in Adults. "Pressure ulcer in Adults: Prediction Prevention." *Clinical Practice Guidelines*, Number 3, AHCPR Publication No. 92-0047. (Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Dept. of Health and Human Services. May 1992.)



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