

Endotracheal Tube Plug

Drs. Robert M. Kintner and Kenneth E. Downie of Seattle, Washington, believe that the inflation and deflation of endotracheal cuffs has been accomplished by cumbersome equipment and improvisations.

This problem can be inexpensively solved by inserting the proximal portion of a plastic S F infant nasogastric tube into the cuff tube. These plugs are lightweight, fit a syringe, and conveniently have their own caps which are readily closed to maintain inflation of the cuff or opened to deflate it. The life of the inflation tube is greatly increased.

Manufacturers of endotracheal cuffs could add to the utility and longevity of their products by incorporating these or similar devices.



A plug in an endotracheal cuff tube and closed to maintain inflation. At left: The cap and proximal 2 cm. of a S F infant naso-gastric feeding tube.

Infant Anesthesia Set

Drs. Harold T. Davenport and Enrique Perez of Montreal have assembled equipment, known as the Montreal Infant Set, for simple and inexpensive infant anaesthesia and resuscitation. It is comprised of the following presently available apparatus:

1. Short rebreathing corrugated extension piece.
2. Conductive R/bag with "patch-valve" and vulcanite tap and bag mount.
3. Feed tube and mount.
4. Endotracheal connector with gas feed inlet.
5. Infant's facemask.
6. Magill endotracheal connector with side feed, Size 0.
7. Infant Guedel or twin channel plastic airway, Size 0.
8. Cole endotracheal tubes, Size 12-18 F.G.
9. Plastic infant feeding tube, F.G. size 5 (for suction).

To use this apparatus of T-piece principle is employed and a flow of gas of about 4 litres will ensure elimination of CO_2 because the dead space is small and outflow resistance minimal. The feed mount attaches directly

Manufacturers of equipment described in this column can be obtained by writing to the Journal Office.

either to a mask or endotracheal connector for convenient rapid change-over. Two gas exits of the bag, the flap valve and vulcanite tap, ensure freedom from accidental block during spontaneous respiration and the bag movement acts as a respiration monitor. For assisted or controlled respiration the vulcanite tap, is closed and the flap valve covered intermittently by the anesthetist, usually with the thumb of the squeezing hand. The leak through the side arm of the endotracheal connector, provided total gas flow is 4 liters per minute, ensures safe time-pressure relations within the lungs. For completion the set should include an infant laryngoscope of the anesthetist's choice, e.g., 103 mm. Flagg blade.

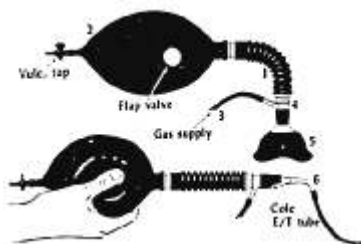


Diagram of Montreal infant set.