Endotracheal intubation is only the first step in airway control.

**Effective**
- Removes secretions more effectively than suctioning alone.
- No need to irrigate or replace ET tube.

**Safe**
- Design minimizes sterile catheter contact with ET tube lumen.
- Balloon-tipped catheter similar to the time-tested safety of embolectomy catheters.

**Simple**
- Handle-mounted controls, single-hand use.
- Finger pull tab for depth indicator.

Partial ET tube obstructions increase Work of Breathing (WOB) and delay weaning. Even small reductions in ET tube radius can increase airflow resistance significantly.

**CAM Rescue Cath™**
Complete Airway Management Catheters

Poiseulle’s Equation
\[
R = \frac{\eta L}{r^4}
\]
(Determinants of Resistance to Flow)
- \(R\) = Resistance
- \(\eta\) = Viscosity
- \(L\) = Length
- \(r\) = Radius

Resistance is inversely proportional to the radius to the 4th power.

The CAM Rescue Cath™ does not push ET tube secretions distally. Note how secretions remain on the proximal side of the MaxFLO™ cleaning assembly.

You could rescue someone from ‘weaning failure’ today.
Scenario A
The ventilator alarms with high peak inspiratory pressures and your patient desaturates. You feel resistance when you try to advance the suction catheter down the endotracheal tube (ETT), which you suspect is obstructed with respiratory secretions. You can:
- Emergently exubate the patient
- Emergently reintubate the patient
- Rescue the ETT by removing the obstructing plug

Scenario B
An endotracheally intubated patient is failing to wean from mechanical ventilatory support and appears to have increased work of breathing. You suspect the ETT lumen may be narrowed by accumulated secretions. You can:
- Increase the level of ventilator support
- Perform a tracheostomy
- Clear the ETT secretions with a Rescue Cath™

Scenario C
A patient intubated for mechanical ventilation reveals that the ETT lumen is coated with a thick layer of secretions and biofilm. You are concerned that this may prolong the need for ventilatory support. In addition to systemic antibiotic therapy, you can:
- Attempt bronchoscopic clearance of the ETT
- Perform a tracheostomy
- Clear the ETT with a Rescue Cath™

Scenario D
Bronchoscopy on an intubated patient with pneumonia reveals that the ETT lumen is coated with a thick layer of secretions and biofilm. You are concerned that this may prolong the need for ventilatory support. In addition to systemic antibiotic therapy, you can:
- Attempt bronchoscopic clearance of the ETT
- Perform a tracheostomy
- Clear the ETT with a Rescue Cath™

Clearance of airway secretions from endotracheal tubes using 14 Fr. suction catheters and CAM Catheters following intubation for 1 to 27 days

In ET tubes that had been routinely suctioned with a standard 14 Fr. suction catheter during mechanical ventilation for 1 - 27 days, the CAM Rescue Cath™ significantly improved ET tube patency at the narrowest point in each ET tube (determines WOB). This marked improvement in patency following CAM Rescue Cath™ use (blue) compared to suctioning (yellow) was noted in all categories of secretion viscosity (determined prior to extubation). ***

*References*
10. Lewis RM. Airway clearance techniques for the patient with an artificial airway. Respir Care.2002 Jul(7):608-17

**Data on file.**
*** Sources on file.***

For product inquiry, contact Omneotech® or your local distributor.