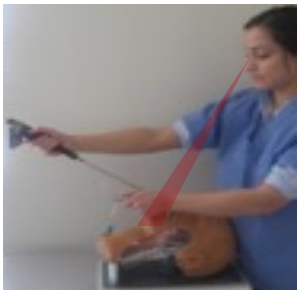
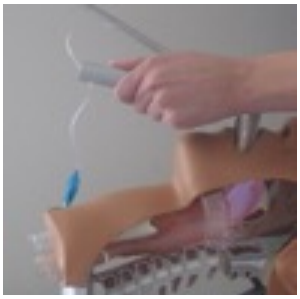
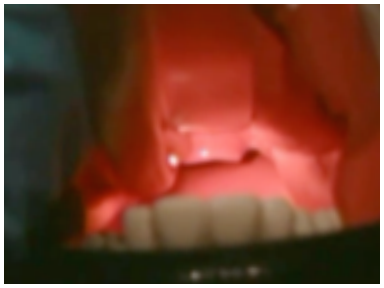
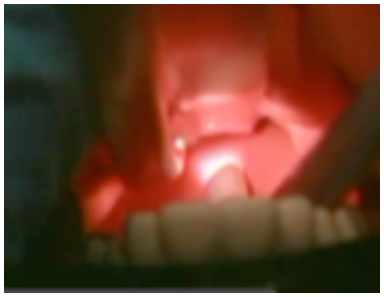
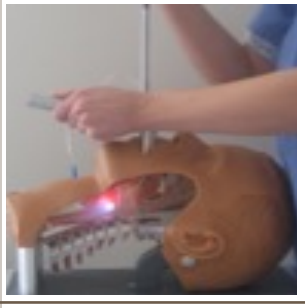
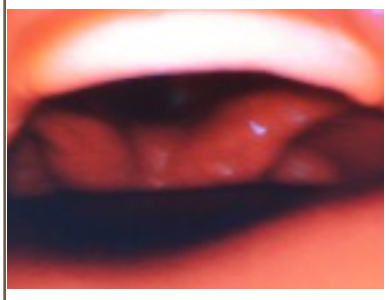
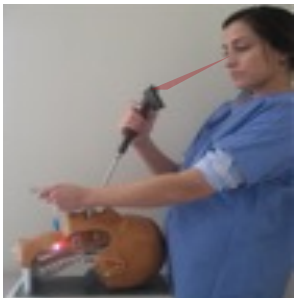
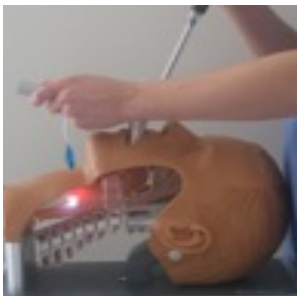
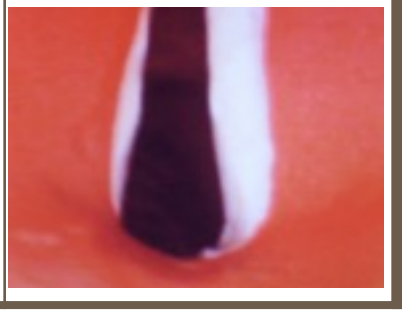
CLARUS VIDEO SYSTEM

- To prevent fogging, turn scope on 1 minute before intubating.
- Press the ET tube into the Tube Stop and position so the stylet is recessed in the tube.
- If needed adjust the bend of the stylet. Typical curvature is straight to the cuff with 30 - 60 degree bend at cuff.
- **OPTIONAL** - Lubricate the stylet and ET tube for easy insertion.
- Clear secretions with suction for a clear view.

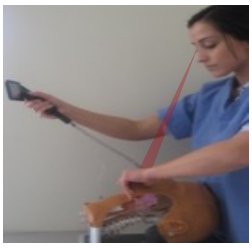
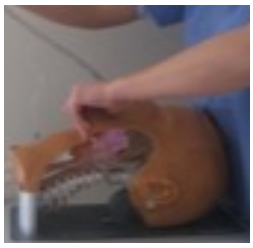
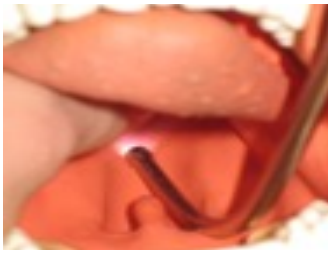
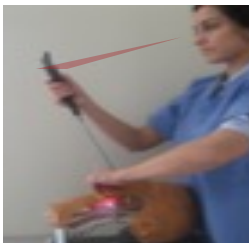
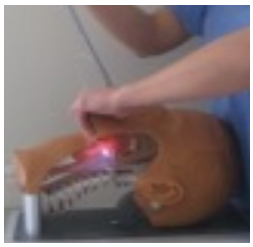
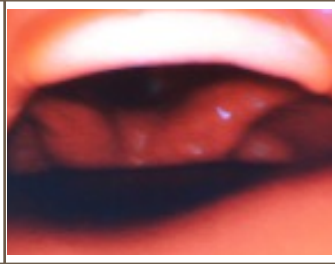
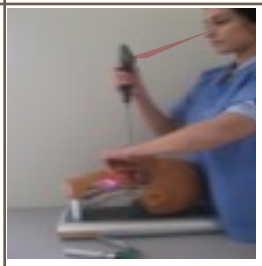
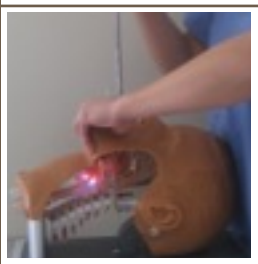
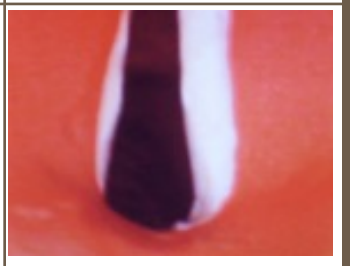
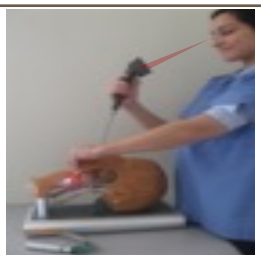
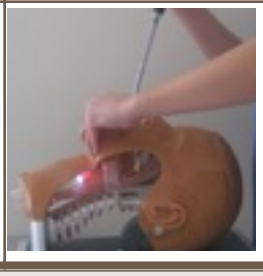
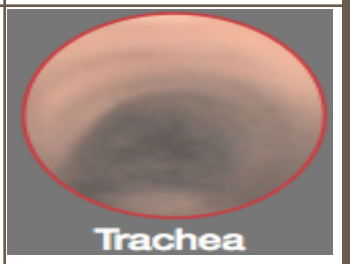
ACTIONS	SIDE VIEW	PLACEMENT	USER'S VIEW
1 **Perform Direct Laryngoscopy** •If glottic opening is visible, intubate under direct vision using CVS as stylet and confirm placement through Video Monitor. •The space created with DL allows for an open channel for you to intubate with the CVS.			
2 **If glottic opening is not directly visible** •Under direct vision - Place tip of CVS beneath and away from epiglottis edge •**Hint:** Keep CVS tip in open channel, away from mucosa and within direct view			
3 **Place tube under video guidance** •Switch from Direct view to the Video Monitor •Follow the open channel from epiglottis edge, posterior cartilage and larynx			
4 •Advance the CVS + Tube under video guidance through the vocal cords. •Remove the laryngoscope •Slide the ET tube off with left hand. •Visualize the tube entering the trachea			

CLARUS MEDICAL
13355 10th Ave N.
Minneapolis, MN 55441
(800) 359 - 2372
DOC # 910095-001-A

Alternative Techniques

SOLO TECHNIQUE WITHOUT LARYNGOSCOPE

- **Difficult Airways**
- **Limited mouth opening**
- **Anterior airways**
- **C-Spine concerns**
- Lower **Hemodynamic Response**
- If **laryngoscope contraindicated**
- **TMJ** concerns
- Trismus
- Dental fixtures or concerns

ACTIONS	WITHOUT DL	PLACEMENT	USER'S VIEW
1 **Create an open channel** •Jaw thrust or tongue-jaw lift (using 4x4 of cotton) •Suction to provide clearer view if secretions present			
2 Insert Stylet either midline or from the side and gently rotating into midline or using retro-molar approach			
3 **Start visualizing early. The monitor may be rotated to your positioning** •If you see nothing or "pink-out", slowly pull stylet back into the open channel •Gently lift epiglottis to align stylet to the cords			
4 **Slowly direct stylet and tube through cords** •Advance the CVS + Tube under video guidance through the vocal cords. •Slide the ET tube off with left hand. •Visualize the tube entering the trachea			

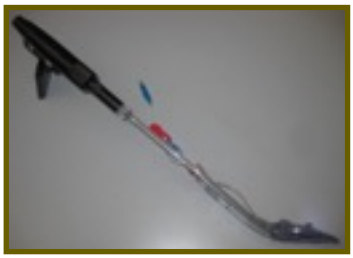
ASSISTED BY ORAL AIRWAY

Oral airways assist Videoguided intubations by creating a more open and navigable channel

"If you can't see the vocal cords after getting the scope through the airway, move the airway with your left hand as you look at the monitor and the laryngeal inlet will appear:"
- Eric Flaten, Ridgecrest, CA

THROUGH LARYNGEAL MASK AIRWAY

This technique allows for:
- **Visual confirmation** of LMA/SGA and ETT placement
- Use the stylet's rigidity to **maneuver LMA/SGA**
- Isolate **mucus / vomit** during a video intubation
- Option to **wake patient with LMA/SGA**



Butler, Cook, Ducanto, Kinkle, and Richard Levitan. "A Wonderfully Simple Guide To The Use Of The Clarus Levitan Stylet With The Cook Gas ILA, Version 2.0. *Intubation Through the Cook ILA With and Without an Optical Stylet.* Print.

CRICOTHYROTOMY

This technique provides
- **Visual confirmation**
- **Video guided training of cricothyrotomy procedure**

1: Paladino L, DuCanto J, Manoach S. Development of a rapid, safe, fiber-optic guided, single-incision cricothyrotomy using a large ovine model: a pilot study. Resuscitation. 2009 Sep;80(9):1066-9. Epub 2009 July 15.