



QUICK GUIDE

Air-Q Insertion

- Generally, use size 3.5 for women and 4.5 for most men.
- Lubricate the back of air-Q and front ridges of mask cavity.
- Leave red tag on pilot balloon when inserting. After insertion, remove the red tag and add 3 – 5 cm air until firm bounce on pilot balloon is achieved.
- Use tongue depressor to lift tongue and get air-Q started.
- If the air-Q gets stuck during placement, put the left index finger behind the mask and use finger by pushing forward, to assist the mask around the corner.
- Do mandibular lift while passing air-Q into the pharynx.
- Check position of air-Q . . . patient's incisors should be between 2 horizontal insertion marks indicated on air-Q.
- Place patient's head in neutral position after placement.

Intubation through air-Q

- Tape air-Q into center of maxilla prior to intubation. Each Air-Q is printed proximal to the cuff with the max size OETT that can be inserted.
- Lubricate OETT liberally and lubricate inner portion of air-Q airway tube by sliding OETT up and down within tube several times.
- Pre-load OETT to 18 cm mark for 3.5 and 20 cm mark for 4.5. Check IFY for additional sizes.
- Pass a Fiber Optic scope through OETT – should see straight shot to glottis.
- If you do not immediately see the opening to the trachea and the cords, epiglottis most likely down-folded.
- Should epiglottis down-fold occur, deflate air-Q, back out about 2 – 3 inches, perform jaw lift and reinsert.

Blind Intubation

- Before first attempting blind intubation, look through air-Q a few times with Fiber Optic scope to see how air-Q lines up.
- On blind intubations, expect success on first pass about 60% – 70% of the time.
- If not successful, miss is usually low.
- Apply a little pressure over cricoid-thyroid area to lower inlet further into mask.

Minimizing Leaks

- Make sure the patient's head is in neutral position.
- Make certain jaw lift is used during insertion.
- Make certain cuff is not over-inflated – check pilot balloon, if mushy, add a little air; if hard, remove air.
- Check position of air-Q . . . patient's incisors should be between 2 horizontal insertion marks located on the air-Q.
- With air-Q inflated, pull back 1/4 to 1/2 inch.
- Consider using different size air-Q, depending on patient, go up or down 1 size.
- If small leak, check ETCO2 waveform and inspiratory pressure – may not be a problem if there is good ETCO2 and inspiratory pressure waveform.

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Registered trademark, air-Q®, property of Cookgas, LLC

Patents U.S.	Patents Canada	Patents UK
5,937,860	2,231,201	GB2351437B
US 6,422,259 B1	2,371,455	GB407293B
US 6,960,751 B2		GB240569B
US 7,331,347 B2		GB2324049B
US 6,762,367 B2		
US 7,357,845 B2		
US 7,790,900 B2		

Other patents pending.

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