

TrachPhone heat and moisture exchanger (HME) is for spontaneously breathing patients with a tracheostomy. It restores heat and moisture to the patient, and it is multifunctional with an O₂ port, suction port, and speech occlusion valve.



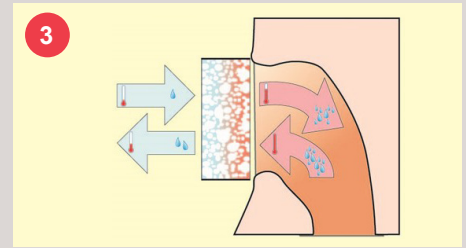
Step-by-step instructions:



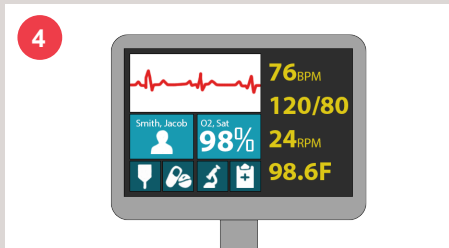
Provide patient and caregiver education.



Place TrachPhone HME on the 15mm tracheostomy connector.



TrachPhone HME efficiency is reached after a few breaths.



Monitor patient's vital signs and tolerance of TrachPhone HME for 15 minutes¹ or per your facility policy and procedure.



Change TrachPhone HME every 24 hours or sooner if it becomes clogged with secretions.



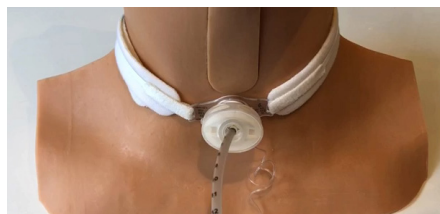
Document TrachPhone HME placement, tolerance, and education in Electronic Medical Record.

► Additional features:



Oxygen port:

Up to 4 LPM of oxygen can be delivered via the oxygen port. Removal of the tube's oxygen connector may be required (if applicable).



Suctioning:

When suctioning, the suction catheter can be inserted through the membrane of the suction port.



Speaking:

With a deflated cuff or a cuffless tracheostomy tube and adequate airway patency, the front of the TrachPhone HME can be depressed to restore airflow to the upper airway for voicing.

Warning: Do not use this feature with an inflated cuff.

TrachPhone HME frequently asked questions:

Can the TrachPhone HME be used during sleep?

Yes. TrachPhone is designed for 24-hour use and many patients use TrachPhone during sleep. *Following facility policy and procedure, and state and national HME guidelines for pediatric and adult use is recommended.*

Can I place external humidification over an TrachPhoneHME?

No. The TrachPhone HME will become saturated, could cause shortness of breath and increased respiratory rate.

The TrachPhone HME looks clogged. Should I rinse it?

No. TrachPhone HMEs cannot be rinsed and reused. TrachPhone HME contains a hygroscopic salt solution which aids in the retention of moisture. Rinsing it will wash away this solution.

When should you change the TrachPhone HME?

- At least every 24 hours, but many patients use 2 or more TrachPhone HMEs per day initially as their body is adjusting to the TrachPhone HME.
- If mucus clogs the foam and cannot easily be wiped away.
- If mucus on the TrachPhone HME causes increased breathing resistance.

What if the patient exhibits shortness of breath?

- Remove the TrachPhone HME. Wipe away visible mucus. Replace the TrachPhone HME and monitor the patient.
- If SOB persists, discard the TrachPhone HME, perform tracheostomy care (i.e.: suctioning, cleaning inner cannula), place new TrachPhone HME. Continue to monitor the patient.
- If SOB continues or patient exhibits changes in vital signs, remove the TrachPhone HME and proceed with facility's policy and procedure.

Reference:

1. Kearney A, Norris K, Bertelsen C, Samad I, Cambridge M, Croft G, et al. Adoption and Utilization of Heat and Moisture Exchangers (HMEs) in the Tracheostomy Patient. *Otolaryngol Head Neck Surg.* 2023.



Contact your Tracoe Sales Specialist with any questions or reach out to us at info.us@atosmedical.com

☎ 1.800.217.0025

@ info.us@atosmedical.com

🖱 www.atosmedical.us