

TrachPhone Guidelines

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 valve.



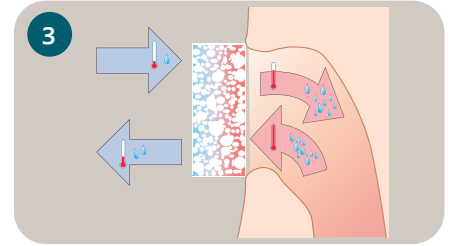
Step-by-step instructions:



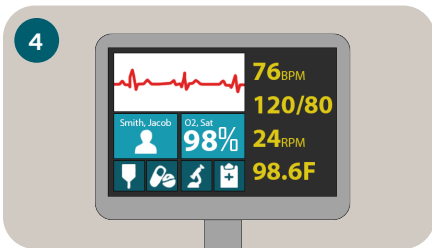
1 Provide patient and caregiver education.



2 Place TrachPhone on the 15mm tracheostomy connector.



3 HME efficiency is reached after a few breaths.



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

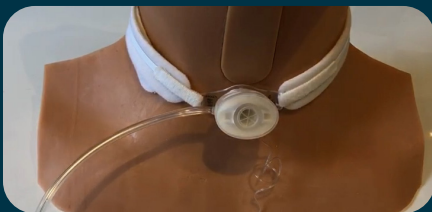


5 Change TrachPhone every 24 hours or sooner if it becomes clogged with secretions.



6 Document TrachPhone 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 TrachPhone HME can be depressed (finger occlusion) to restore airflow to the upper airway for voicing.

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

TrachPhone Frequently Asked Questions



Can TrachPhone be used during sleep?

Yes. The HME 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 TrachPhone?

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

TrachPhone looks clogged, should I rinse it?

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

When should you change TrachPhone?

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

What if the patient exhibits shortness of breath?

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

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