



Small Rhinoguard (10.0"), Cat. no. 04.02.03, for 3.0 to 4.5 nasal endotracheal tubes, sterile  
Large Rhinoguard (14.0"), Cat. no. 02.26.97, for 5.0 to 8.0 nasal endotracheal tubes, sterile

**CAUTION:** Federal Law ( USA) restricts this device to sale by or on the order of a Physician.

Intended Use:

- The Rhinoguard is a nasal endotracheal tube introducer/dilator designed to allow the passage of a nasal endotracheal tube from the nares to the oropharynx.
- The device is designed to be used with cuffed and non-cuffed nasal endotracheal tubes.

A brief instructional video may be viewed at: [betternasalintubation.com/demoVid.html](http://betternasalintubation.com/demoVid.html)

Recommended Procedure for use:

1. The Rhinoguard is to be used with the correct size of nasal endotracheal tube. The small sized introducer/dilator is to be used with a size 3.0 to 4.5 nasal endotracheal tube and the large sized introducer/dilator is to be used with a size 5.0 to 8.0 nasal endotracheal tube.
2. Select the desired size of nasal endotracheal tube and then select the corresponding Rhinoguard size. Insert the endotracheal tube into the Rhinoguard until it comes to a stop. If the endotracheal tube does not come to stop before contacting the cuff, of a cuffed endotracheal tube, stop the insertion before it makes contact with the cuff. Next, with your thumb and finger, grasp the area of the Rhinoguard that is over the area of the Murphy eye of the endotracheal tube. Pull the endotracheal tube free from the Rhinoguard and place it back onto the sterile interior facing of its pouch. With the sterile pair of scissors, cut the Rhinoguard just above your thumb and finger and verify that there are no sharp edges or loose fragments. If there are any sharp edges or loose fragments, trim accordingly to eliminate the problem area. **CONNECT THE RHINO GUARD TO THE SELECTED ENDOTRACHEAL TUBE WHILE VERIFYING THAT THE PROXIMAL END OF THE RHINO GUARD DOES NOT MAKE CONTACT WITH THE ENDOTRACHEAL TUBE CUFF. IF IT IS EVIDENT THAT THE RHINO GUARD WILL MAKE CONTACT WITH THE ENDOTRACHEAL TUBE CUFF, DO NOT CONTINUE WITH THE CONNECTION. INSTEAD, CUT ANOTHER SMALL SECTION OF THE RHINO GUARD IN ORDER TO ACHIEVE THE CORRECT CONNECTION WITH THE ENDOTRACHEAL TUBE. IF IT IS EVIDENT THAT THE RHINO GUARD WILL NOT MAKE CONTACT WITH THE ENDOTRACHEAL TUBE CUFF, CONTINUE WITH THE CONNECTION. ONCE CONNECTED TO THE ENDOTRACHEAL TUBE, CHECK THAT THE PROXIMAL END OF THE RHINO GUARD FALLS BETWEEN THE MURPHY EYE AND CUFF ( IF CUFFED ) OF THE ENDOTRACHEAL TUBE. IF THE PROXIMAL END OF THE RHINO GUARD FALLS UNDER THE MURPHY EYE, THE RHINO GUARD WAS CUT TOO SHORT AND ANOTHER RHINO GUARD SHOULD BE USED. A 4.5 nasal endotracheal tube will mate to the distal end of the small Rhinoguard without the use of scissors, unless slight adjustment would be needed for proper mating of the two devices.**
3. **INSERT AND REMOVE THE NASAL ENDOTRACHEAL TUBE MULTIPLE TIMES FROM THE RHINO GUARD TO ENSURE EASE OF SEPARATION OF THE TWO DEVICES WHEN NEEDED.** The nasal endotracheal tube should impinge within the Rhinoguard approximately just distal to the murphy eye. Seating the endotracheal tube further into the Rhinoguard than the point of the distal aspect of the murphy eye may result in difficulty in the separation of the two devices. **DO NOT LUBRICATE THE DISTAL END OF THE ENDOTRACHEAL TUBE, OR THE PROXIMAL OPENING OF THE RHINO GUARD, AS THIS MAY RESULT IN PREMATURE SEPARATION OF THE TWO DEVICES.**
4. With the two devices mated, gently insert the distal end (closed end) of the Rhinoguard into the nose, using the same path of placement as you would for inserting a nasal endotracheal tube.
5. Gently push the Rhinoguard, with the attached nasal endotracheal tube, through the nasal passage until the distal end of the Rhinoguard is visualized in the oropharynx with a laryngoscope. If upon insertion of the Rhinoguard there is resistance, remove the Rhinoguard and attempt insertion into the opposite nasal passage. If resistance is also encountered on the opposite side, nasal intubation may not be possible to be accomplished safely in that particular patient, and an oral route should be considered. **NEVER FORCE THE RHINO GUARD THROUGH THE NASAL, NASOPHARYNGEAL OR OROPHARYNGEAL ANATOMIC PASSAGES.**
6. With McGill forceps grasp the distal end of the Rhinoguard, and pushing from the proximal end (Section of the Rhinoguard that is still outside of the nares) bring the distal end of the Rhinoguard to the opening of the mouth such that the Rhinoguard is simultaneously protruding from the nares of the nose and the lips of the mouth.

*(continued)*

7. With the laryngoscope in use, and after advancing the Rhinoguard and nasal endotracheal tube into the oral cavity such that the interface of the two device can easily be visualized, have a qualified assistant grasp the Rhinoguard relatively near to the interface of both devices. Next have the assistant gently pull the Rhinoguard until it separates from the nasal endotracheal tube as the user holds onto the endotracheal tube that is external to the nares.
8. Discard the Rhinoguard and retract the nasal endotracheal distally to the oropharynx and proceed with intubation as normal.

Cautions:

1. Only for intended use.
2. Reprocessing or use of cleaning solutions may leave this device non-functional.
3. The use of lubricants that are typically used in nasal intubations may provide greater ease of entry and use. Ensure that the lubricant is not contraindicated for the patient.
4. The use of a nasally introduced vasoconstrictor, that is typically utilized in nasal intubations, may still be considered if not contraindicated for the patient.
5. It is important not to apply lubricating substances to the distal tip of the nasal endotracheal tube, nor to the proximal open end of the Rhinoguard as this application may cause an inadvertent disconnection between the inner surface of the Rhinoguard and the outer surface of the nasal endotracheal tube.
6. Do not allow the the proximal end of the Rhinoguard to make contact with the cuff of a cuffed endotracheal tube.
7. Do not make the connection between the endotracheal tube and the Rhinoguard tight as the endotracheal tube will seat itself more tightly as it is advanced thru the nasal/pharyngeal pathway.
8. Do not advance the Rhinoguard distally past the oropharynx.