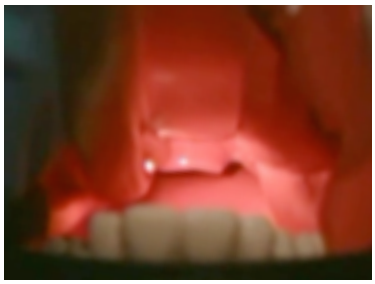
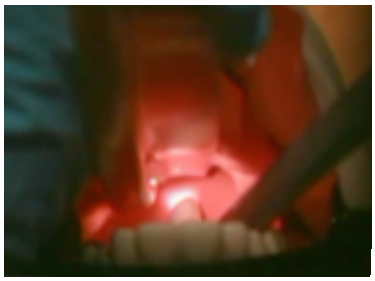
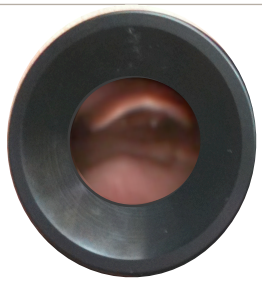
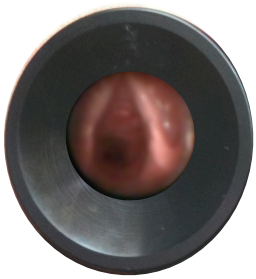
CLARUS LEVITAN

TECHNIQUE

Set-Up

- Shape the stylet with a slight bend at the proximal cuff. Bend angle is typically 35'.
- To prevent fogging, apply anti-fog or warm the stylet by using a warm blanket or immersing in a warm saline bottle.
- Cut ET tube so that the stylet is recessed inside the tube. Place ET tube into the tube stop.
- Set the oxygen flow through the O2 port.

ACTIONS	SIDE VIEW	PLACEMENT	USER'S VIEW
1 • Perform direct laryngoscopy exposing epiglottis edge **Option: If glottic opening is visible** • Intubate under direct vision using Levitan as normal stylet			
2 • Using direct vision, place the stylet in position •Place the tip of the stylet under the epiglottis and away from mucosa. •Do not advance stylet's tip beyond your direct vision			
3 • Switch from Direct view to fiberoptic view without moving stylet • View the epiglottis edge, posterior cartilage and larynx • Gentle maneuvers (rocking back) may assist in the event that the cords are not immediately in view			
4 • Slowly advance the scope under fiberoptic visualization through the vocal cords • Remove the laryngoscope • Slide the ET tube off with left hand • Visualize the tube entering the trachea			

NOTE: The Levitan is versatile and can be used many ways. See how-to guide for alternative techniques on back.

CLARUS MEDICAL
13355 10th Ave N.
Minneapolis, MN 55441
(800) 359 - 2372
Doc# 910091-001-A

Alternative Techniques

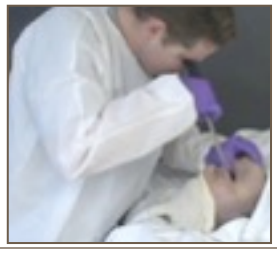
WITHOUT A LARYNGOSCOPE

Useful for patients with:
Routine & Difficult Intubations, Cervical Spine & Dental Concerns, Limited Mouth Opening

1 •Change the curvature of stylet as desired
•Create an open channel
  •Lift tongue with 4x4 of cotton
  •Jaw lift/Jaw thrust

2 •Insert the stylet midline (or retro-molar approach) do not advance beyond base of tongue
•Start visualizing early
•Pass the tongue, epiglottis, and finally pass the stylet through the cords

3 •While maintaining visualization, withdraw the stylet and advance the ET tube



CRICOTHYROTOMY

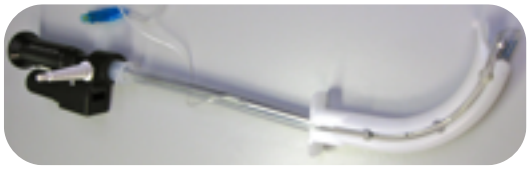
This technique provides
•Visual confirmation
•Optically guided training of cricothyrotomy procedure

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 Jul 15.

ASSISTED BY ORAL AIRWAY

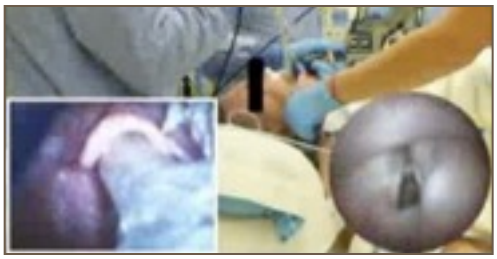
Oral airways assist Levitan intubations by creating a more open and navigable channel

"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 through the eyepiece and the laryngeal inlet will appear:"
- Eric Flaten, Ridgecrest, CA



WITH A VIDEO LARYNGOSCOPE

The Levitan is used as an adjunct to steer the tube around corners and provides visual confirmation of tube placement
  •Anterior Airways
  •Cervical Spine & Dental concerns - Use less force with the laryngoscope while the Levitan Stylet's curvature provides the view to the cords



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 an fiberoptic intubation
•Option to **wake patient with LMA/SGA**

How To:
1. Lubricate ETT, Scope and interior of the ILMA/SGA
2. Bend Levitan Stylet Distal Tip 40 degrees
3. Remove (and keep) the connector from the ILMA and insert the ETT-Levitan combination through the ILMA
4. Look into Levitan and visualize
   •Pass through & visualize mask of ILMA/SGA
   •Visualize vocal cords and pilot the ETT/Levitan through the vocal cords
5. Gently advance the ETT off the stylet to complete the intubation

A Wonderfully Simple Guide Sheet 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
Richard M. Levitan1, William C. Kinkle2, Kenneth Butler3, James S.