INSTRUCTIONS FOR USE

**CAUTION:** Federal (U.S.A.) law restricts this device to sale by or on the order of a physician. **STERILE:** unless package has been opened or damaged. **DISCARD AFTER SINGLE USE.**

**DESCRIPTION:**

The Parker Flex-It™ Stylet is a sterile, single-use plastic tracheal tube stylet, available in two sizes. The smaller size is for 6.5 mm and 7.0 mm tracheal tubes. The larger size is for 7.5 mm and 8.0 mm tracheal tubes. The device consists of two polyethylene members joined at their distal ends and a proximal thumb button. Manipulation of the thumb button induces an articulating action in the stylet and a variable curvature in the surrounding tracheal tube.

**INDICATIONS:**

The Parker Flex-It™ Stylet is intended to facilitate orotracheal and nasotracheal insertion of tracheal tubes whenever such intubation of the trachea is indicated. Tracheal tube I.D. determines which size of Parker stylet should be used, as follows:

<table>
<thead>
<tr>
<th>Tracheal tube size (I.D.)</th>
<th>Parker Flex-It™ Stylet</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5 mm - 7.0 mm</td>
<td>Small Adult size (Flex 6570)</td>
</tr>
<tr>
<td>7.5 mm - 8.0 mm</td>
<td>Large Adult size (Flex 7580)</td>
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</tbody>
</table>

**WARNINGS:**

- **DO NOT RESTERILIZE OR REUSE STYLET.** Resterilization and reuse may damage the plastic and result in deformation and breakage of the stylet.
- **DO NOT EXTEND STYLET BEYOND DISTAL TIP OF TRACHEAL TUBE.** This could result in tissue trauma and death.

**PRECAUTIONS:**

- Do not use if package has been opened or damaged.
- Do not perform nasotracheal intubation in a patient who is not breathing spontaneously.

**ADVERSE REACTIONS:**

Adverse reactions believed to be associated with the use of intubating stylets include the following: tissue trauma; damage to pyriform sinuses; lacerations of larynx and trachea; perforations of cricothyroid and cricopharyngeal membranes with resulting subcutaneous emphysema, mediastinitis and pneumothorax; aspiration of detached or sheared stylet parts.

**SUGGESTED PREPARATION FOR INTUBATION:**

1. Select correct size stylet for tracheal tube to be used. (See size guide above.)
2. Remove sterile Parker Flex-It™ Intubating Stylet from its protective package.
3. Insert stylet into tracheal tube. Do not allow tip of stylet to extend beyond distal end of tube.
4. Place patient’s head and neck in clinically appropriate position for intubation.
5. Grip stylet-tube assembly with four fingers around tracheal tube and the thumb on thumb button of stylet.
OROTRACHEAL INTUBATION:

6. Insert stylet-tube assembly into oral cavity.
7. Visualize the vocal cords using a laryngoscope according to currently accepted medical technique.
8. Press stylet thumb button to achieve the tube curvature which best facilitates intubation.
9. Advance stylet-tube assembly through glottic opening into trachea.
10. Withdraw stylet from tube while holding tube securely in place. If tube is cuffed, inflate cuff.
11. Establish ventilation and verify tracheal placement of tube according to currently accepted medical technique.
12. Dispose of stylet after single use.

NASOTRACHEAL INTUBATION:

Perform only in spontaneously breathing patients.

6. Lubricate nostril which appears to be unobstructed and large enough for tube.
7. Insert stylet-tube assembly into that nostril.
8. Press thumb button of stylet to achieve curvature which best facilitates passage of tube around nasopharynx to a position above glottic opening.
   (An alternative method is to insert tube alone into a well-lubricated nasal fossa; advance tube around nasopharynx to a position above glottic opening; then insert stylet into tube.)
9. Press stylet thumb button and advance tube slowly until patient’s breath sounds at proximal end of tube are of maximal intensity.
10. Maintain this thumb pressure while waiting for patient to inspire.
11. When inspiration occurs, advance stylet-tube assembly through glottic opening into trachea.
12. Withdraw stylet from tube while holding tube securely in place. If tube is cuffed, inflate cuff.
13. Establish ventilation and verify tracheal placement of tube according to currently accepted medical technique.
14. Dispose of stylet after single use.

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