

## Beck Airway Airflow Monitor ( $\geq$ PL5)

### **Clinical Indications:**

1. As an adjunct to blind nasotracheal intubation in a patient with spontaneous respirations.
2. As an aid to re-confirming airway placement or reassessing respiratory effort in the intubated patient with spontaneous respiratory effort.

### **Contraindications:**

1. Apnea, or inability to hear device during endotracheal tube insertion due to ambient noise.
2. Not to be used as the primary method for assessing airway placement in the intubated patient.

### **Precautions**

1. An unobstructed endotracheal tube with its tip located in the pharynx can also produce the whistle sound. Always confirm proper tube placement
2. Due to the narrow aperture of the BAAM® device, it is never to be left attached to the endotracheal tube for greater than 15 seconds at any one time for assessment of the previously intubated patient. Partial airway obstruction, hypoxia and increased airway pressure can occur if left in place for prolonged periods

### **Preparation for Use:**

1. Pre-oxygenate and/or ventilate while preparing the patient for nasotracheal intubation.

### **Procedure:**

1. Attach BAAM® device to the 15 mm adapter of the appropriately sized endotracheal tube. The device will attach to the tube only one way.
2. Proceed with nasotracheal intubation. As the ET tube nears the larynx an audible increase in whistling will be heard from the device, indicating that the tip of the endotracheal tube is near the entrance to the trachea.
3. Carefully advance the endotracheal tube through larynx, into the trachea when device and airway sounds are at their peak.
4. Quickly remove the BAAM® device and begin ventilating the patient.
5. Confirm tube placement by EtCO<sub>2</sub> and auscultation.