

THE NEW PORTEX THERMOVENT® T2 HME

Simple opening port allows quick and easy access for a suction catheter to aid the removal of secretions.

Clear housing gives an aesthetic appearance and allows visualisation of contamination.

Integrated oxygen port that can provide up to 60% oxygen concentrations to the patient via the simplest of connections.

Original Portex Thermovent T paper media provides high level performance heat and moisture exchange to patient.

Smooth, rounded edges aids patient comfort.



Moisture Output

25mg l⁻¹ H₂O @ 15 breath/min⁻¹ Tidal volume 500ml

Resistance to Flow

0.3 hPa (cmH₂O) at gas flow rate 0.5l/sec⁻¹ (30l/min) [0.6cm H₂O l⁻¹ sec⁻¹]
 0.7 hPa (cmH₂O) at gas flow rate 1.0l/sec⁻¹ (60l/min) [0.7cm H₂O l⁻¹ sec⁻¹]
 1.2 hPa (cmH₂O) at gas flow rate 1.5l/sec⁻¹ (90l/min) [0.9cm H₂O l⁻¹ sec⁻¹]

Dead Space

11ml

Inspired Oxygen Concentration (%)

15 breath/min
 Tidal volume 500ml

O₂ l/min	1	2	3	4	5	6	7	8	9	10
O₂ %	27	33	37	42	45	47	53	54	57	60

Ordering information

Description	Product Code
Portex Thermovent® T2 Heat & Moisture Exchanger	100/570/022

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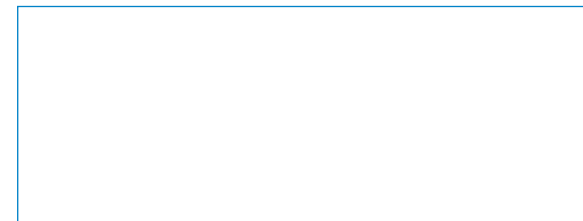
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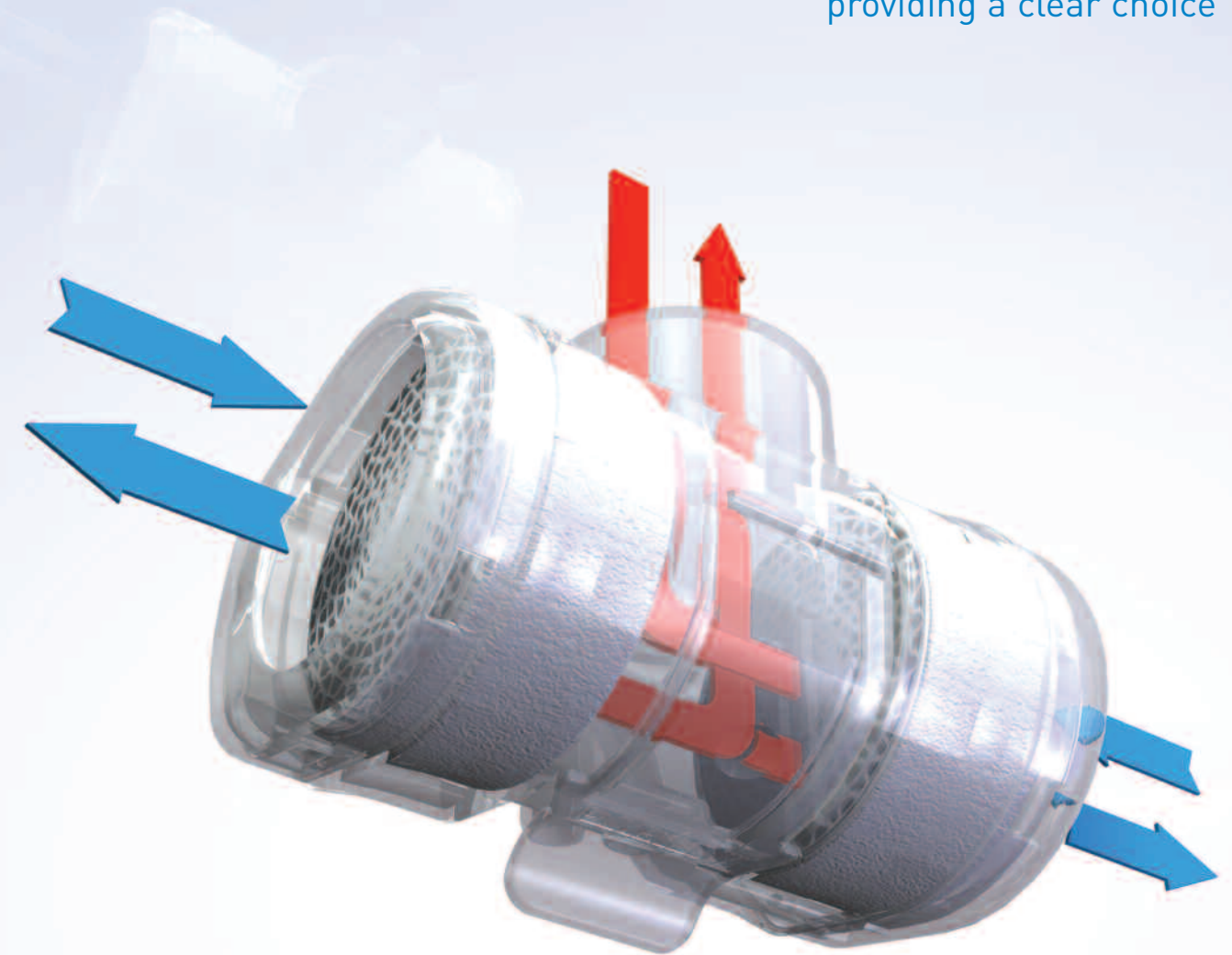
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The New Portex Thermovent® T2 HME

providing a clear choice



AIRWAYMANAGEMENT

The New Portex Thermovent® T2 HME

providing a clear choice

Description

- Sterile, single use heat and moisture exchanger.
- Provides effective humidification for spontaneously breathing patients whose upper airways are bypassed by a tracheostomy tube.
- Device can be used for a maximum period of 24 hours.

Indications for use

- For use on adult and paediatric patients with a tidal volume more than 70ml.
- Reduction of heat loss through the broncho pulmonary tree.
- Helping to prevent thickened secretions and changes in lung function.
- Supplying additional oxygen when required.
- Facilitating the removal of secretions.
- Preserving humidity and minimising damage to tracheal epithelial cells.



The device should be orientated with the oxygen port on its underside when placed on the 15mm connector of the tracheostomy tube. The suction port should remain closed when not in use.

When suctioning is required, open the suction port door to allow insertion of the suction catheter.



Insert the suction catheter and commence suctioning. Take care not to scrape secretions onto the port door.

When suctioning is complete, remove the suction catheter and close the suction port door.

If supplementary oxygen is required, tubing from a suitable oxygen source should be connected to the oxygen port. The oxygen flow should be controlled according to the patient's requirements.

The Portex Thermovent® T2 device should be removed from the tracheostomy tube prior to disconnecting the oxygen line to avoid the risk of decannulation.

For more detailed information, please refer to the instructions for use.

AIRWAYMANAGEMENT