



SwishKit Product Training

Swiftsure Innovations



Objectives

Agenda

- Revised Guidelines for Oral Care
- SwishKit product training
- Competency Test



Oral Care Guidelines

SwishKit Product Training

Preventing VAP Guidelines – Revision!

Collaboration between Society for Healthcare Epidemiology (SHEA), the Infectious Diseases Society of America, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology, and The Joint Commission.

Major Updates/Changes:

Essential Practices:

- Reclassified endotracheal tubes with subglottic secretion drainage from an Essential Practice to an Additional Approach
- Added a recommendation for daily toothbrushing

No Longer Recommended:

- Oral care with chlorhexidine (*Inconsistently associated with lower VAP rates and no impact or negative impact on duration of mechanical ventilation, length of stay, or mortality.*)



Swiftsure Oral Care



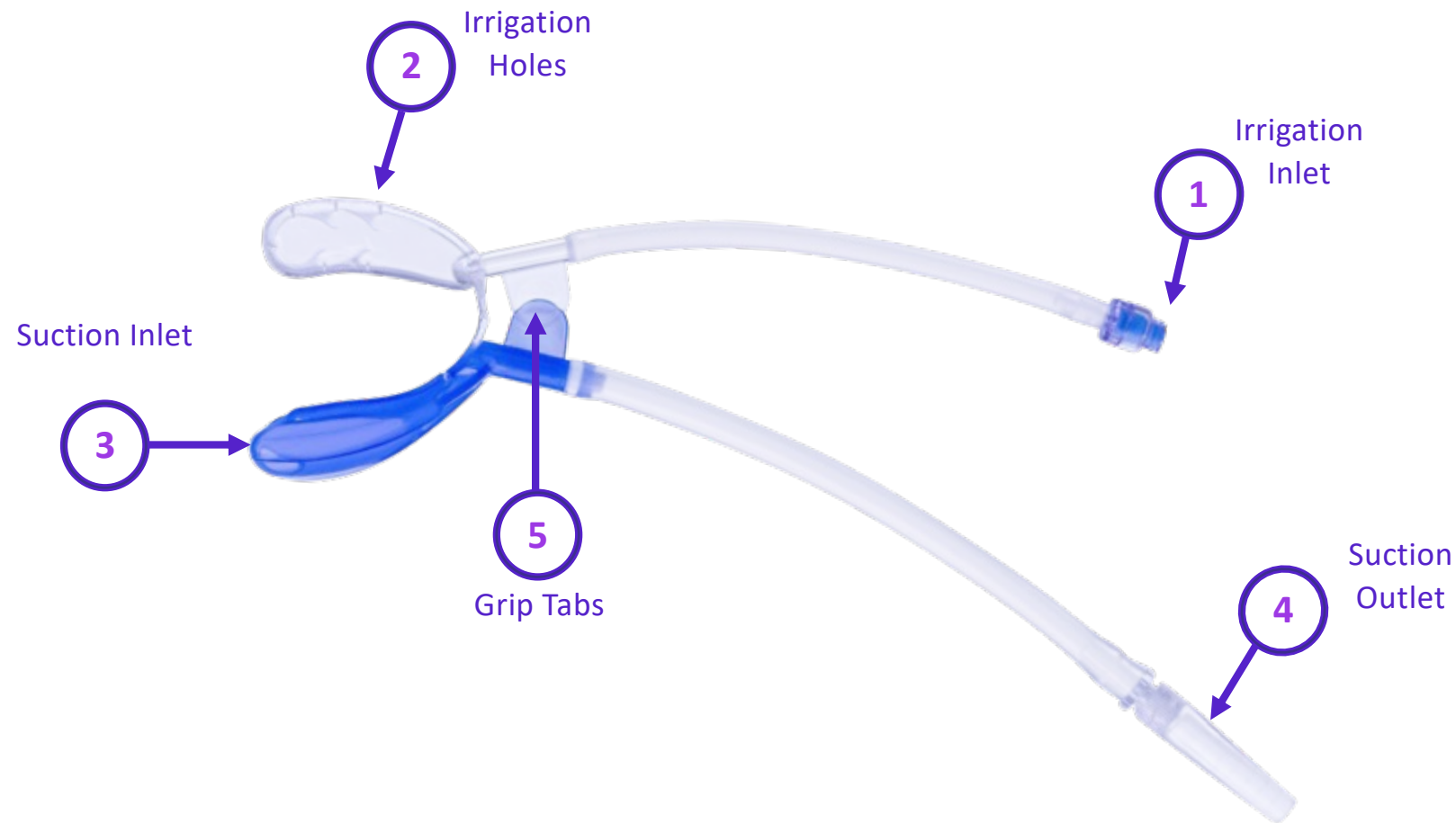
Intended Use: SwishKit is intended for the oral irrigation and simultaneous suction of irrigating agent. Goal is to promote oral hygiene in intubated adult patients or other adult patients unable to maintain proper oral hygiene.

SwishKit is intended to be adjunctive to existing means of oral hygiene and not replace current practices.

Intended Environment: Intensive care units

Intended Users: Trained healthcare professionals such as nurses

swishkit™



1 – Irrigation Inlet:
Connects to 20 - 60 mL syringe

2 – Irrigation Holes:
direct fluid into the oral cavity

3 – Suction Inlet: Collects fluid from the oral cavity

4 – Suction Outlet:
Connects to wall suction

5 – Grip Tabs: Readjust or remove SwishKit

swiftsure™

Considerations



The SwishKit™ is only for use in patients with endotracheal tubes in place.



Subglottic suctioning should be available as normal, if required.



Appropriate PPE should be worn while using SwishKit™, (Perform Hand hygiene, don non-sterile gloves, facemask, and face shield).



SwishKit™ is single use only. Do Not reuse SwishKit™.



Inspect for damage before use.



The SwishKit™ is to be used whenever oral care is performed on intubated patients, i.e., every 4 hours.



Irrigation must be performed with the patient turned to the opposite side the next time oral care suctioning is performed using the SwishKit™.

R_xOnly

This device is only to be used on the order of a physician.

Instruction for Use

Before Use

- ✓ Perform oral assessment and complete oral care according to standard protocol.
- ✓ Perform oral inspection with a light source to ensure that there are no large pieces of debris that could occlude the suction inlets of the SwishKit mouthpiece.
- ✓ If large pieces of debris are found in the oral cavity, then remove the debris.
- ✓ Unpack a new SwishKit device and inspect it for visible damage. If the packaging is not sealed, dispose of the SwishKit device.

Instructions for Use



Monitor ventilator for alarms during and after use of the device.

1. Place device in patient's mouth with Head of Bed elevated to 30 degrees.



Ensure that the endotracheal tube is not dislodged by the placement and use of the SwishKit™.

2. Flex the mouthpiece with fingers to decrease the width for ease of placement within the oral cavity.



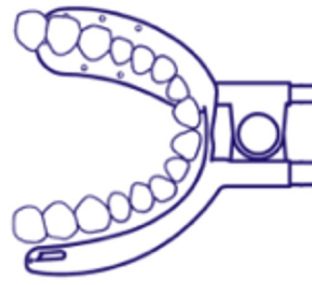
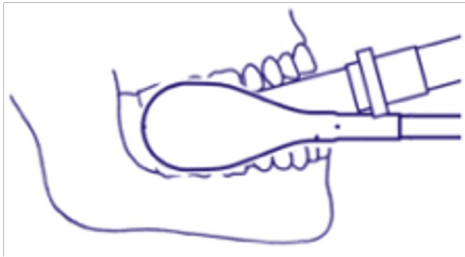
Grasp the mouthpiece at the grip tabs (6) to keep mouthpiece flexed during placement.



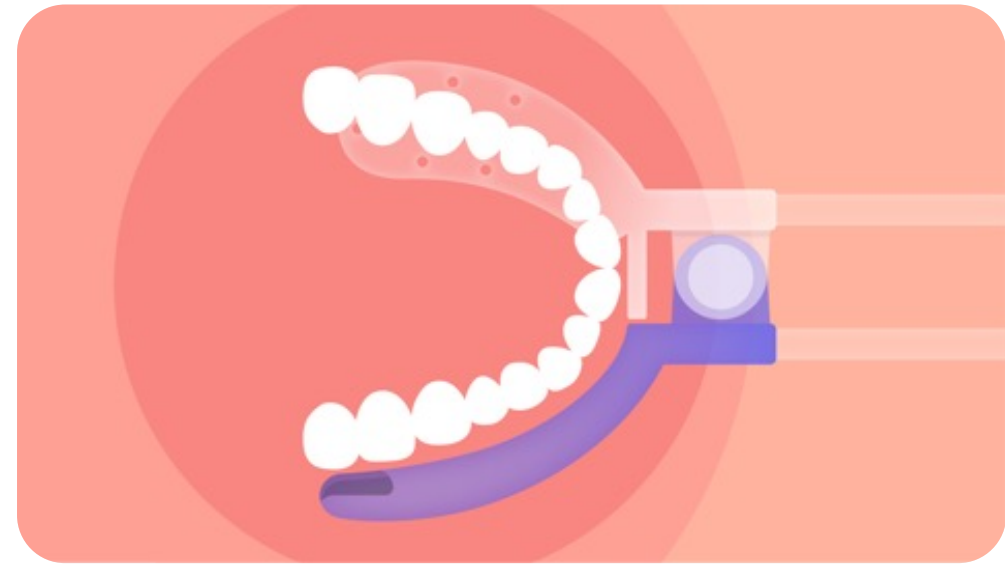
Instructions for Use

3. Slide wide suction arm along the inner cheek of the patient and release tab when within oral cavity.

Device is positioned correctly when the irrigation piece sits between the teeth and suction arm resides in the buccal pocket between the teeth and cheek.



Check for placement by flexing mouthpiece outward slightly until cheeks can be seen moving outward slightly.



Suction arm should not be between the teeth.



Ensure the device does not dislodge or pinch the endotracheal tube.

Instructions for Use

4. Rotate patient into the lateral position. Ensuring the mouthpiece with suction arm (3) on the side of the cheek that will be lowest when patient is repositioned.



The irrigation fluid will drain down toward the suction inlets due to gravity.



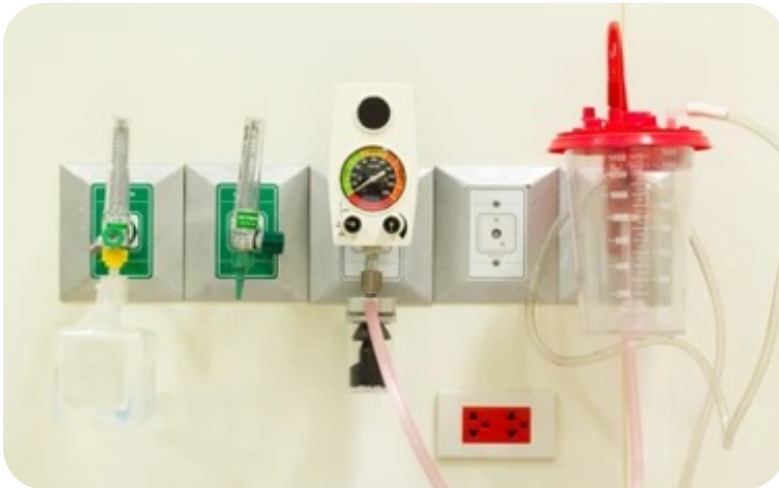
Instructions for Use

5. Check wall suction pressure is set between 150-200 mmHg.



Using suction pressure lower than 150 mmHg could result in poor suctioning of fluid from the oral cavity.

Suction pressures higher than 200 mmHg could result in damage to the device.



6. Connect wall suction line to the suction outlet port (5) on the mouthpiece.



Risk of fluid entering trachea if irrigation performed when patient is not positioned in Lateral position.



Risk of fluid entering trachea if irrigation performed when patients nose is not parallel to the bed or pointed downwards.



Recommended syringe sizes 20mL to 60mL. Larger syringes may result in excess fluid in the patient's mouth; smaller syringes may lead to inadequate oral irrigation

Instructions for Use

7. TEST suction by instilling 3-5 mL of fluid to ensure that suction is functioning. Listen for suction and watch for fluid in the suction line.



Monitor for returning fluid through the suction tube; stop irrigation if no fluid is returning



Ensure that suction line does not kink during use of device.

8. Provide irrigation with up to 20mL fluid in the syringe. Continue monitoring suction line visually for signs of fluid evacuation.



Instill only 20mL of fluid at a time. More than 20mL of fluid may result in excess fluid in the patient's mouth



Use a push-pause process to apply quick bursts of force to the syringe plunger.

9. Repeat irrigation with additional 20mL volumes of fluid until the fluid returning through the suction tubing appears clear and free of mucous/organic debris.
10. Cease instillation of fluid.



Instruction for Use

After Use

1. Remove the mouthpiece by grasping the tabs (6) and gently pulling outward.
2. Inspect SwishKit™ for any damage or missing parts.



Dispose of SwishKit™ after use following hospital biohazards protocols.

3. Perform oral inspection and verify that gums and cheeks in contact with the mouthpiece are free of abrasion.

4. Perform final oral suction using a Yankauer suction end piece as per standard procedure.
5. Reposition patient per clinician discretion.
6. Perform lip care.
7. Verify that the endotracheal tube is undisturbed after the mouthpiece has been removed and the patient repositioned, and that the ventilator is functioning normally.

Additional Tips & Tricks

- ✓ Check length of endotracheal tube at the lips or teeth prior to procedure and again after procedure
- ✓ Moisturize lips with water-based lubricant prior to procedure
- ✓ To place mouthpiece in oral cavity gently pull-on corner of patients' lips with gloved hand and create small space to slide the suction arm of device within the oral cavity, outside of the teeth and inside of the cheek.
- ✓ After device has been inserted, confirm device is properly placed (suction arm at lowest point of gravity in buccal pocket)
- ✓ Confirm that suction inlets are not obstructed, (ex, patients with shorter mandible may require device to be gently pulled back)
- ✓ If patient has no teeth, the tongue may fall into the buccal pocket and occlude suction arm. To avoid insert tongue depressor along side edge of suction arm to allow adequate suction.



Competency Test & Review

QUESTIONS & COMMENTS?

