



Take a 6.0 ET tube from drawer #2 of the Pediatric Airway Cart and cut it in half.

Twist the half portion containing the circuit connector to the side port of the appropriate size Parson Laryngoscope. Be sure the tube curves toward anesthesia.

This will allow anesthesia to “hook up”, for spontaneous breaths/ventilation.

For newborn/infant patients, the Surgeon will use a wet Raytec as a tooth guard when using the Parson laryngoscope.

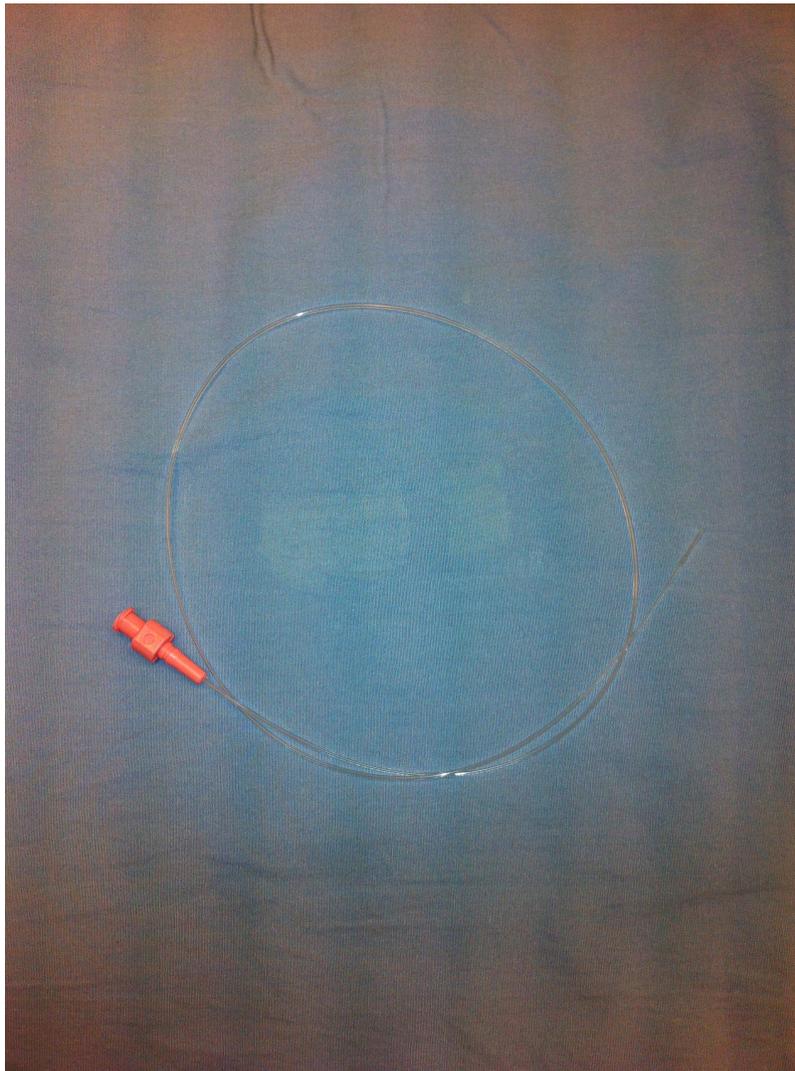
**You do not need to prepare the 6.0 endotracheal tube if the patient has an existing tracheostomy tube. The Anesthesiologist will connect their circuit directly to the tracheostomy tube.**



The Prismatic cable comes in the Parson Laryngoscope Set.

Slide the cable with the angled Prismatic end down the shaft of the Parson Laryngoscope.

The cable will snap in to place and the spring loaded adaptor will keep it secure.



All bronchoscopes require a flexible suction (with the exception of the 2.5 bronchoscope, the telescope and suction do not fit down the lumen of the bronchoscope). If suction is needed, drawer #4 has a 1.9mm scope. Use this scope in place of the 2.9 to allow the suction **and** the scope to be used at the same time.

This Storz flexible suction is located in drawer #3 in the Pediatric Airway Cart.

Depending on the size bronchoscope, a #4 or a #6 suction will be inserted through the rubber nipple once the bronchoscope has been assembled. The #4 suction is used with smaller bronchoscopes and the #6 suction will be used with the larger bronchoscopes.

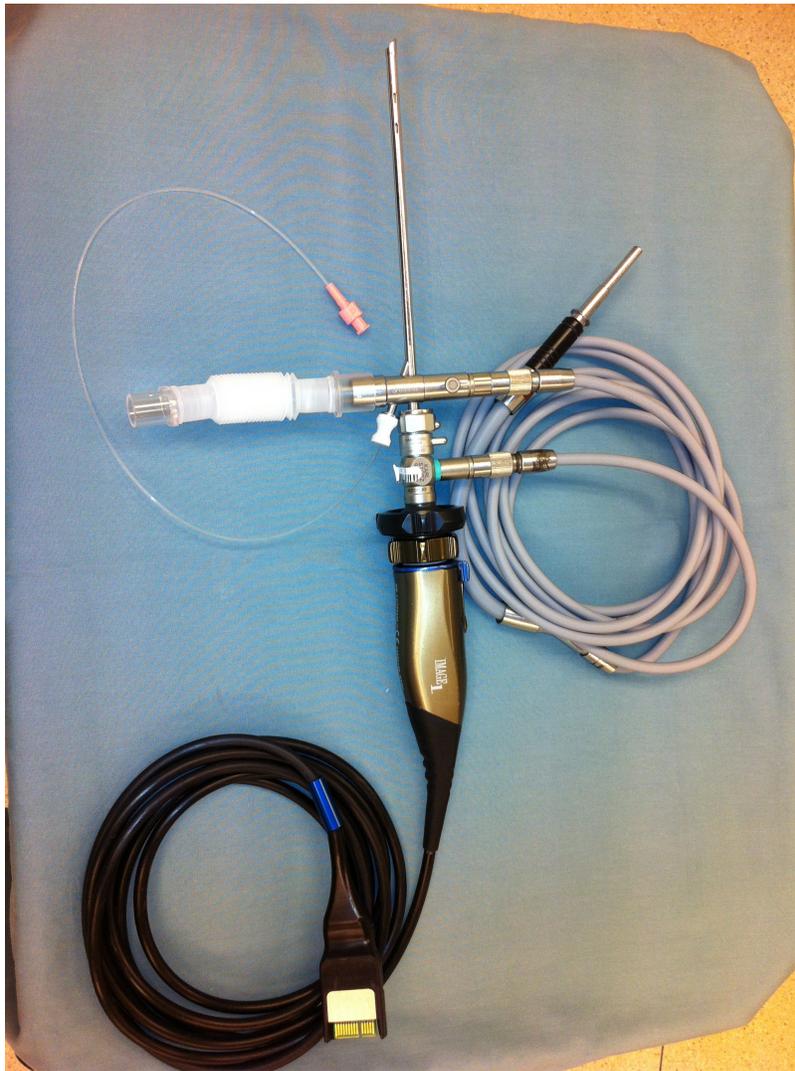
If the Surgeon needs to collect mucus from the lungs, a LUKI trap is located in drawer #3 for the specimen.



Each bronchoscopy set includes all of the attachments and scope needed to perform a bronchoscopy procedure.

The flexible suction from drawer #3 needs to be opened separately.

The accordion in drawer #3 is optional, the bronchoscopy set includes a reusable rubber accordion. The disposable one shown above is useful in that it holds form when curved toward anesthesia when they attach their circuit.



This is a completely assembled bronchoscope ready to use.

When handing the bronchoscope to the Surgeon be sure to pass it with the light cables facing upward.

When passing the bronchoscope through the laryngoscope, the Surgeon will remove the laryngoscope once she/he has reached the vocal cords. Anesthesia will disconnect their circuit from the 6.0 ET tube attached to the Parson Laryngoscope and reconnect to the accordion located at the bottom of the bronchoscope.



This photo shows the two lengths of foreign body removal forceps.

Both sizes are in one tray labeled as Foreign Body Forceps Set located in drawer #6 at the bottom of the Pediatric Airway Cart.

The two lengths include the 30cm and 36cm length forceps with both scopes included in the tray along with various optical and non-optical forceps.

A bronchoscope is needed for a foreign body removal. A poster is attached to the side of the Pediatric Airway Cart which shows how to assemble the bronchoscope for a foreign body removal.

The foreign body forceps may also be used without the telescope as a grasper when retrieving a foreign body down the lumen of the bronchoscope.



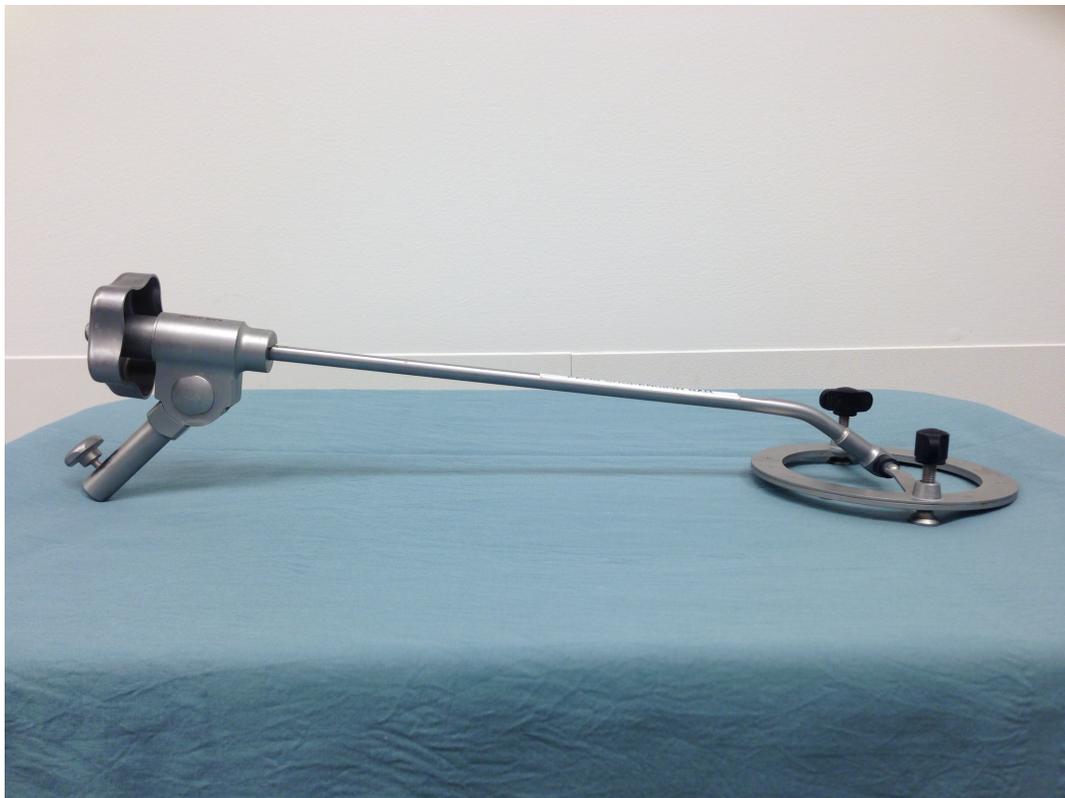
Here are some flexible foreign body removal forceps.

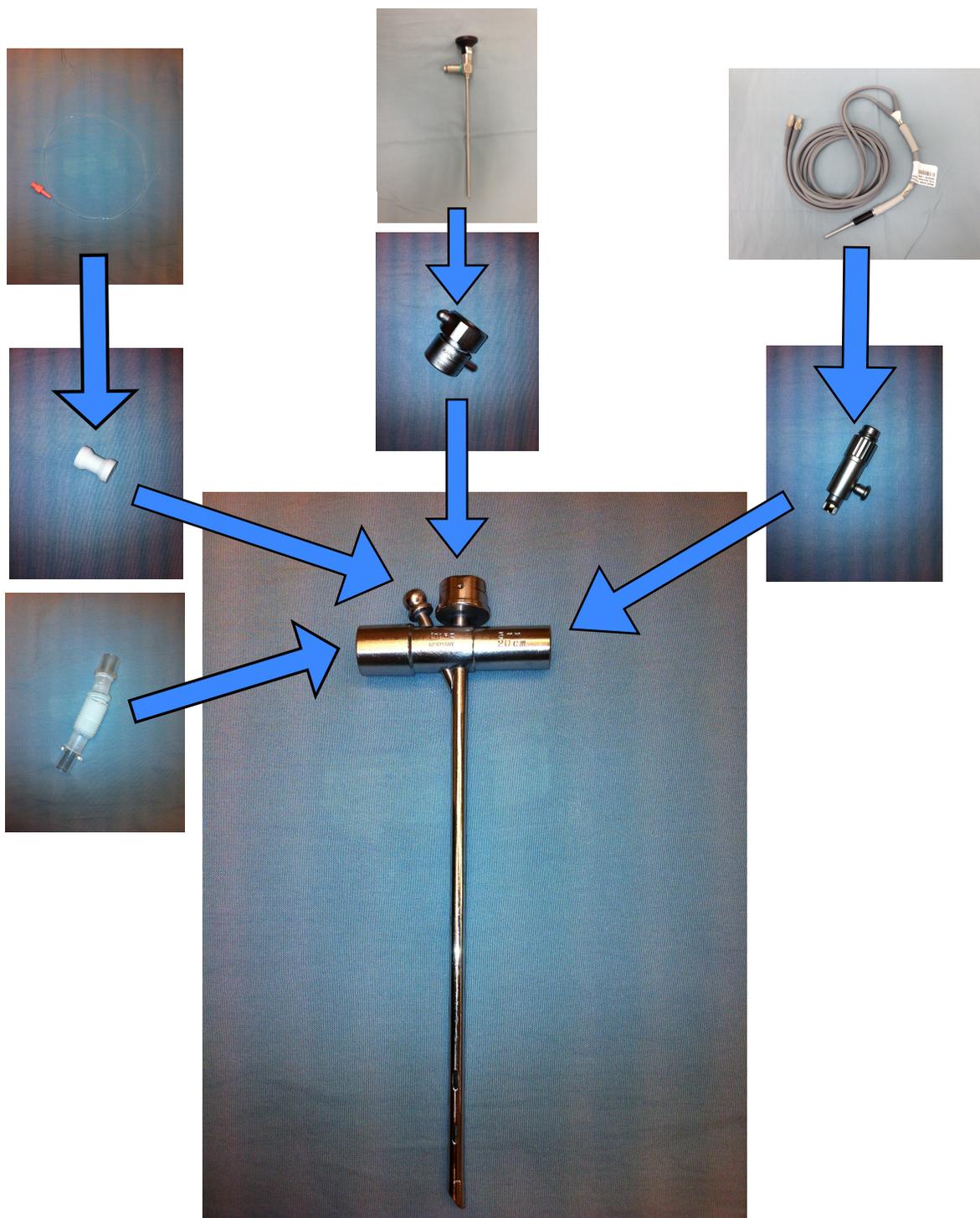
This tray is located in drawer #6 at the bottom of the Pediatric Airway Cart labeled as Flexible Foreign Body Forceps Set.

These forceps can be used through the rubber nipple of the suction port on the bronchoscope or down the lumen of the bronchoscope itself.



The picture above shows the suspension table and “claw” clamp needed for a Direct Laryngoscopy located in the Airway Room 2545. This table is required when the Surgeon needs to place the patient in suspension. Below is a picture of a suspension bar. This allows for “hands free” exposure. The suspension bar is also located in the Airway Room or with the Pediatric Airway Cart.





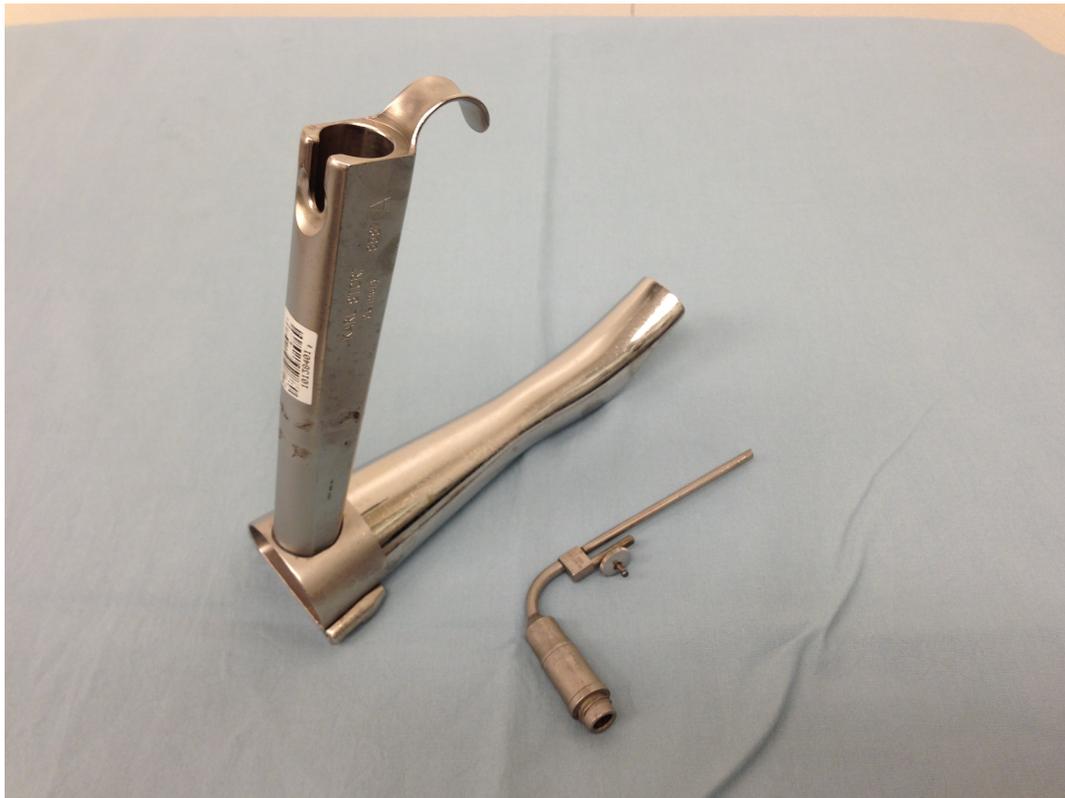
This is a basic example of how to assemble a pediatric bronchoscope.

On certain bronchoscopes there is a slightly different connection for the suction port. This one shows the rubber nipple attaching directly to the bronchoscope. On others, there is an additional piece that attaches to the bronchoscope first, then the nipple. Each tray includes the proper attachments specific to each bronchoscope.

Once the bronchoscope is assembled, attach an Image 1 camera and you're ready to go!



PEDIATRIC DIRECT LARYNGOSCOPY AND BRONCHOSCOPY  
DR.WEST



For teenagers, have this Lindholm Laryngoscope available along with the adult Direct Laryngoscopy tray. Both items are kept in the Airway room 2545.

This laryngoscope requires a regular fiberoptic light cable, not a Prismatic cord.

The Surgeon will use the Lindholm or the Anesthesiologists laryngoscope if the patient is too large for the Parson Laryngoscope. (Ask about their preference). The patient may also require a longer suction from the adult Direct Laryngoscope tray. Remember to use a tooth guard for your older patients.

If the Surgeon requests this laryngoscope, they may need a larger Hopkins Rod (telescope) to perform the Direct Laryngoscopy. Use the Intermediate 4mm x 30cm telescope located in drawer #4 of the Pediatric Airway cart.

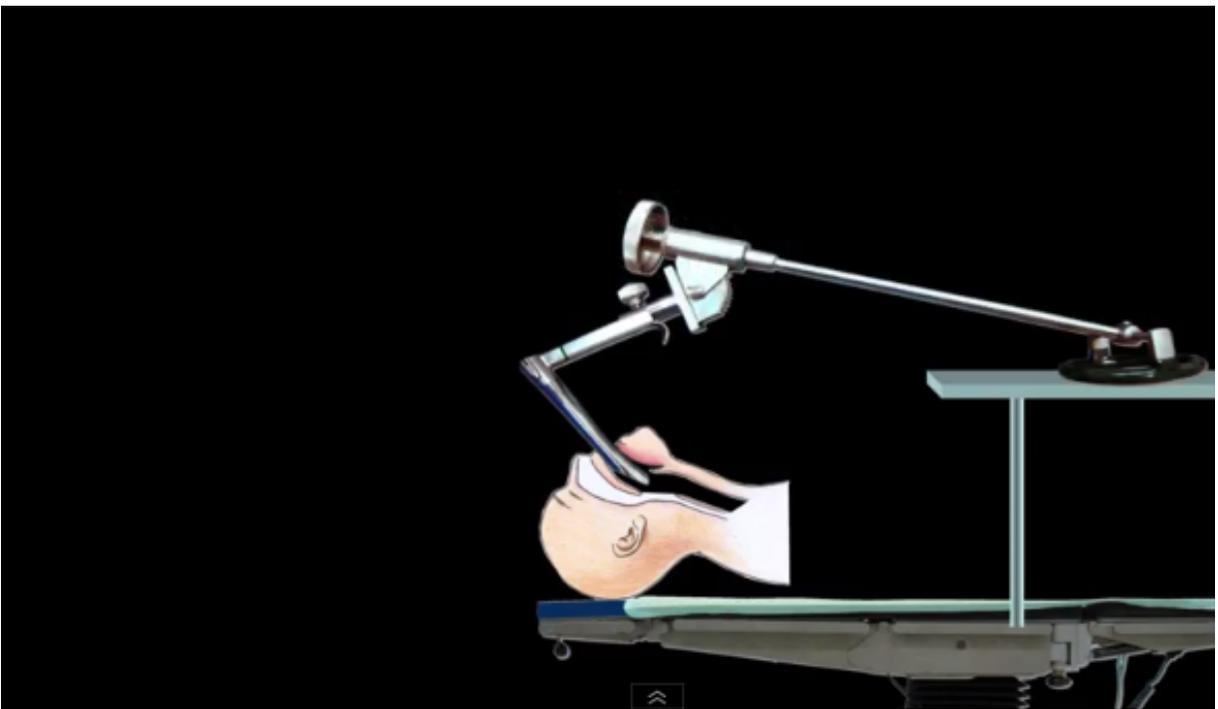
The same suspension bar used for the Parson Laryngoscope can be used on this laryngoscope if the Surgeon needs to place the patient in suspension.



This light box is placed under your large back table (on the left side of the table) and plugged into an extension cord.

You will use this light box to plug in your Prismatic light cord for the Parson Laryngoscope.

This light box is located in the Airway room 2545.

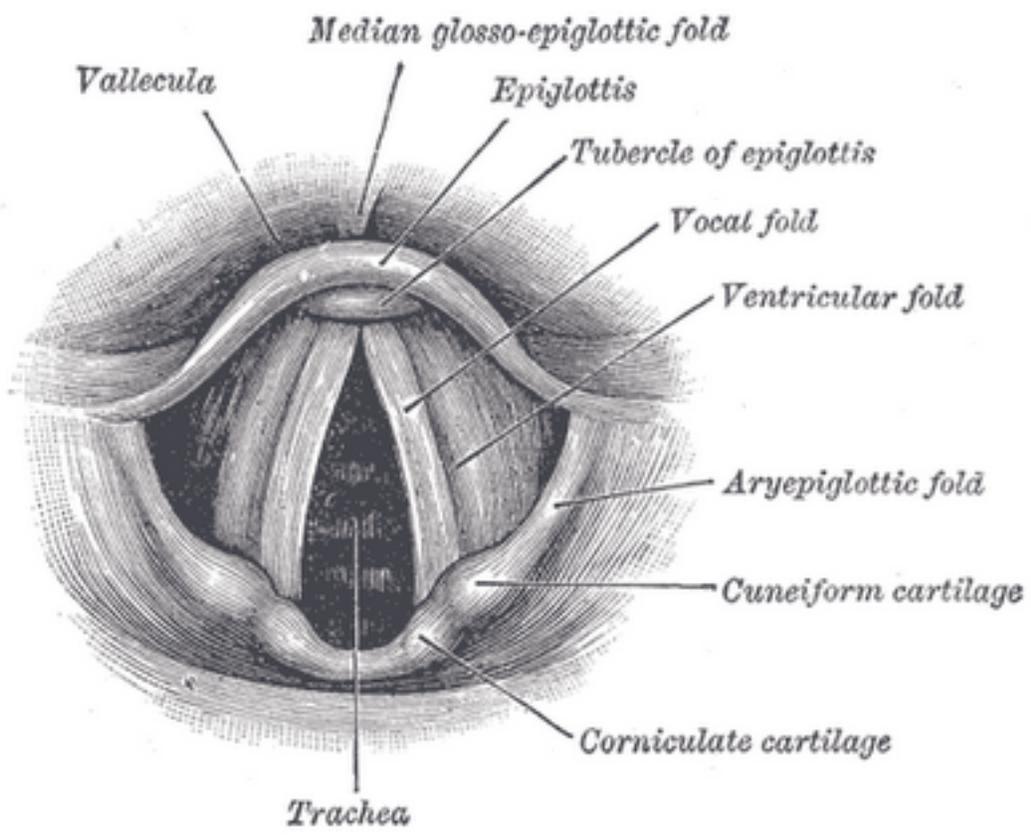
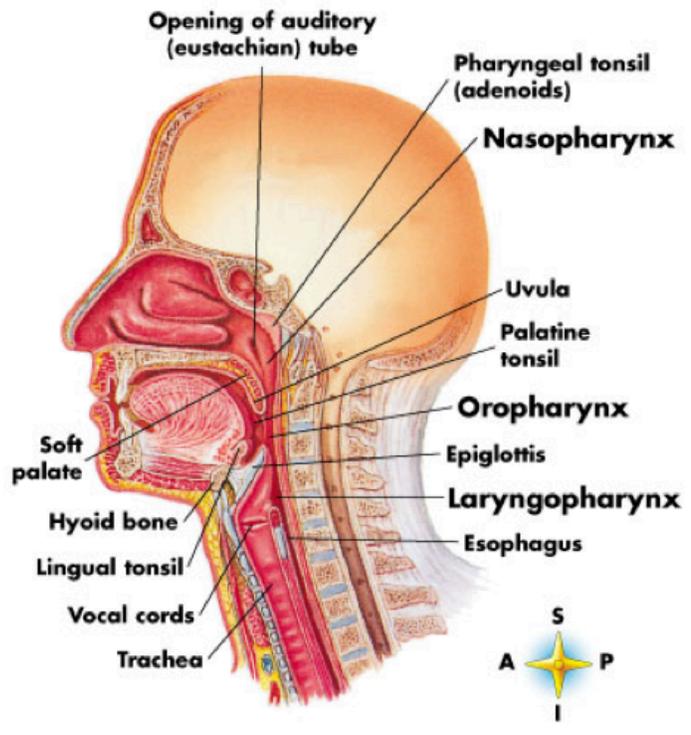


This is a demonstration of the patient placed in suspension.

The Parson Laryngoscope is attached to the Suspension bar and anchored to the Suspension table.

This is typical for micro surgery when the Surgeon requires “hands free” exposure.

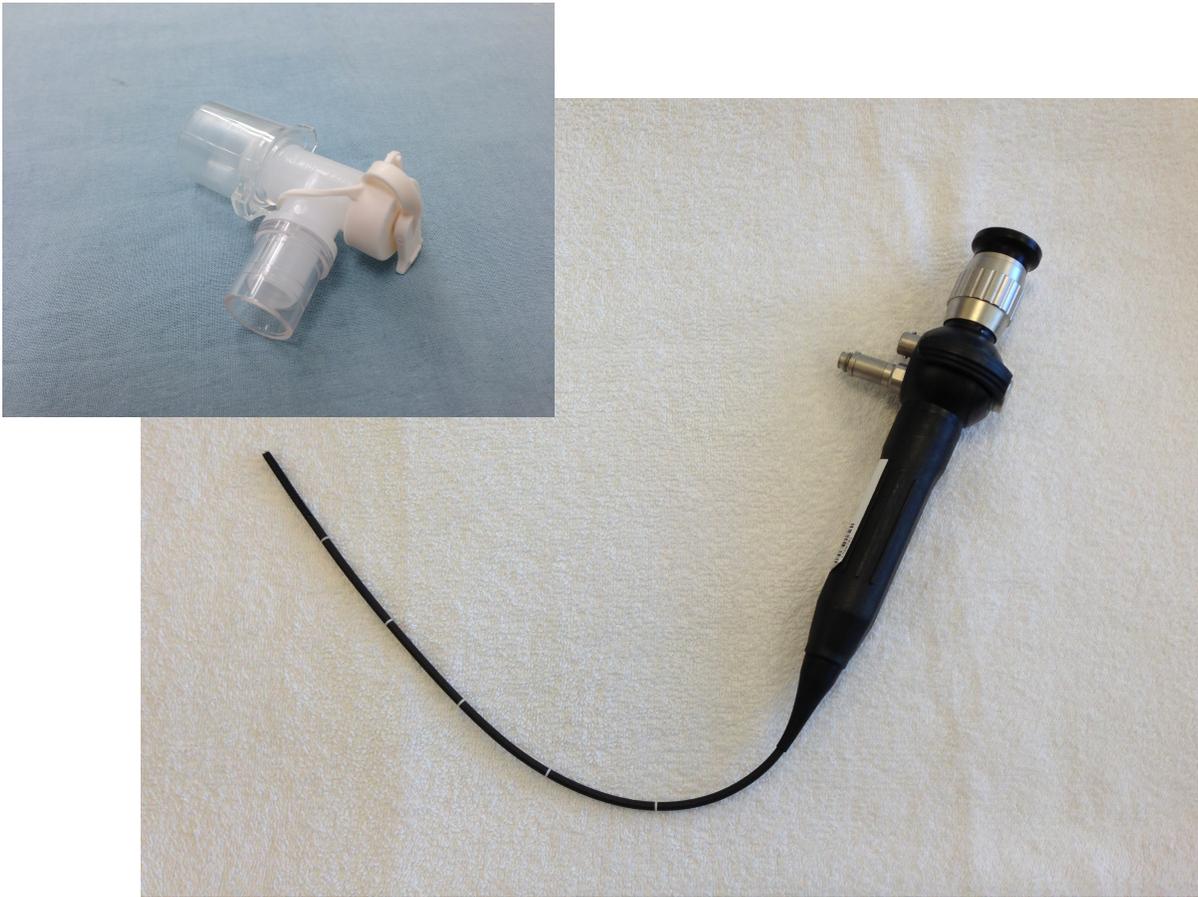






## PEDIATRIC DIRECT LARYNGOSCOPY DR. SHAPIRO

Notice there isn't a bronchoscopy set up shown. Dr. Shapiro does not always use a bronchoscope for her procedures. She will notify the Scrub Nurse or the Circulator if she needs a bronchoscopy set up.



Occasionally the Surgeon may require a flexible bronchoscope to use either through the Nasopharynx, Endotracheal tube, or the tracheostomy tube if a Direct Laryngoscopy cannot be achieved.

If the bronchoscope is used through the Endotracheal tube, a “Swivel” adaptor (shown above and located in drawer #3 in the Pediatric Airway Cart) is connected to the ET tube and the bronchoscope is passed through the adaptor.

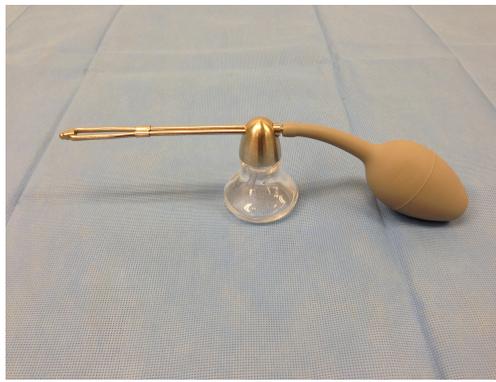
Depending on where the bronchoscope will be used, there are various sizes available.

These sizes include (from smallest to largest) a 2.5, 2.8, 3.5 and 3.7. These are the most commonly used flexible scopes. **If the Surgeon requires a flexible scope with suction, a 3.7 is the smallest with suction capability.**

Call your PSST for the delivery and set up of the desired scope.

If the Surgeon needs to collect mucus from the lungs, a LUKI trap is located in drawer #3 for the specimen.

1.



2.



3.



1. This atomizer (located in drawer #1 of the Pediatric Airway Cart) is used by Dr. Shapiro during the Direct Laryngoscopy. Fill the atomizer with 4% Lidocaine (topical) located in drawer #1 of the Pediatric Airway Cart and prime it.
2. This atomizer is used by Dr. West and located in drawer #1 of the Pediatric Airway Cart. Fill the 3mL syringe with 4% Lidocaine (topical) located in drawer #1. This is also used during the Direct Laryngoscopy.
3. This atomizer or LTA KIT, is used by Dr. Shapiro for patients with Respiratory Papillomas. It is located in drawer #2 of the Pediatric Airway Cart.

Atomizers are used to aid in topically anaesthetising the laryngotracheal region focusing on the vocal cords prior to a telescope or bronchoscope passing through to the trachea.

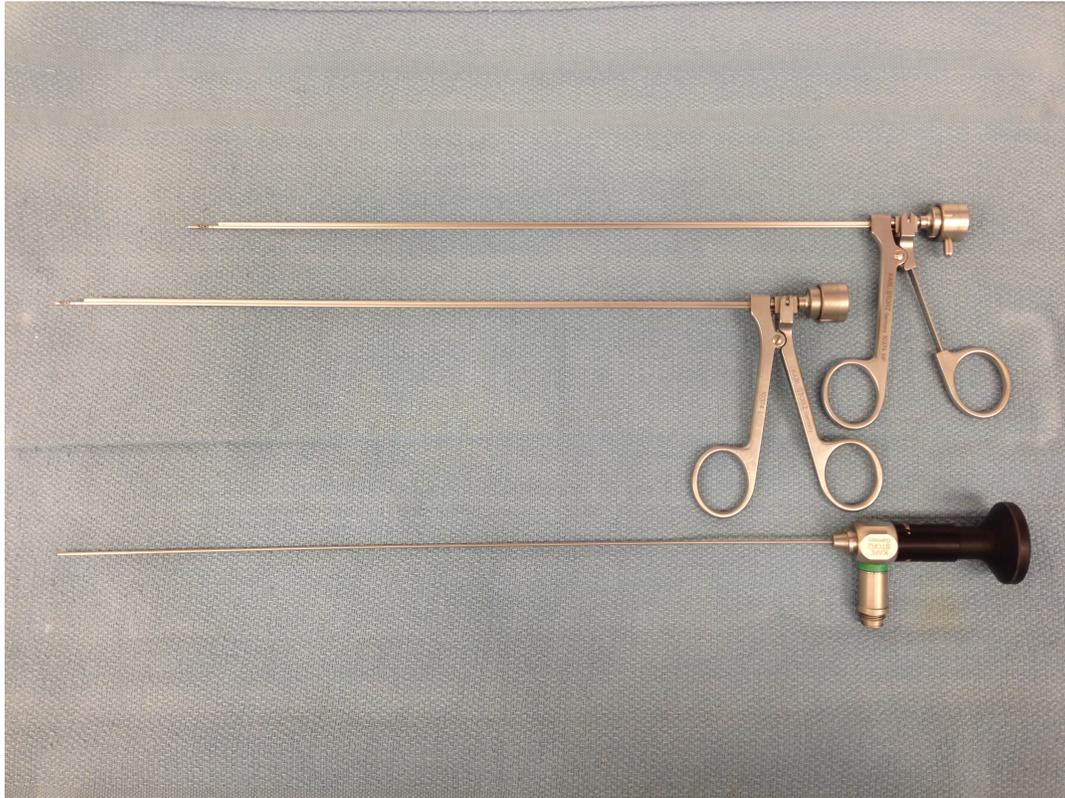


This is a set of Jackson Tracheostomy Tubes. They are metal tracheostomy tubes that range from (left to right) #00, #0, #1, #2, #3, and #4. These metal tubes are used on laser procedures for patients that have an existing tracheostomy tube.

If the Surgeon is using the laser in the trachea, they may request to use one of these metal tubes in place of the laser safe endotracheal tube used by the Anesthesiologist.

To secure the Jackson tube to the patient, you can use the patients tracheostomy ties from their tracheostomy tube or grab a new set from drawer #5 in the Pediatric Airway Cart.

Be sure the laser is tested and functions properly before the patient enters the room. And remember to perform a laser "Time Out", prior to operating the laser.



This picture shows the Neonate/Premie Foreign Body Removal Set. This set is located in drawer #4 of the Pediatric Airway Cart.

It is labeled as Neonate/Premie Foreign Body Set. This set includes the 0 degree mini 1.3mm X 30.6cm scope, an Optical Biopsy Forceps and an Optical Alligator Forceps.

**Once the tray is open, immediately slide the scope into an optical forceps. This scope is very fragile and should not be left unprotected at any time. If it's not in the optical forceps, place it back into its protective sleeve. This is a one of a kind scope and we do not have a back-up.**