

# ENDOTRACHEAL TUBE PRESSURE MONITOR

**FINAL DESIGN** .5" inner diameter

.625" outer diameter

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.4375"

free

Syringe Injection Port

Advisor: Dr. Paul Thompson Client: Dr. Lester Proctor

.875"

length

# **LW**Health

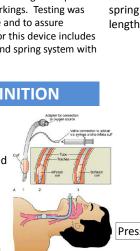
University of Wisconsin Hospital and Clinics

#### ABSTRACT

The goal of this project is to design an external pressure monitor for inflation of the cuff on endotracheal tubes. This device would reduce the risk of over-inflation of the cuff which can lead to tracheal damage. The chosen design incorporates a moving diaphragm that compresses an indicating disk up a plastic cylinder with pressure markings. Testing was conducted to calibrate the device and to assure material integrity. Future work for this device includes replacing the rolling diaphragm and spring system with a bellows and pursuing a patent.

#### **PROBLEM DEFINITION**

Dr. Lester Proctor, a professor of anesthesiology and pediatrics for the UW medical school, has expressed the need for a pressure indicator which would be used for endotracheal tubes. Overinflation of the cuff on an endotracheal tube can cause tracheal damage, especially in children. Dr. Proctor is looking for a qualitative indicator which would be attached to the endotracheal tube and give a consistent reading of the pressure in the inflated cuff.



Above: ET Tube inserted into trachea

# **EXISTING DEVICES**

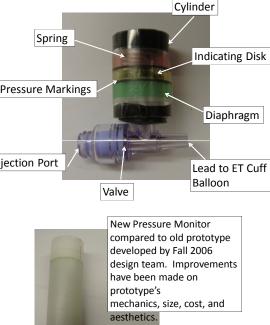


Left: Posey® Cufflator Endotracheal Tube Inflator and Manometer Right: Hi-Lo® Tracheal Tubes With Lanz® Pressure-Regulating Valve

**Problems with Existing Devices:**  Too expensive (up to \$400) Does not dynamically monitor pressure

## **DESIGN CRITERIA**

- Monitor the cuff valve pressure consistently using qualitative markers  $(+/-2 \text{ cm H}_{2}^{\prime}\text{O error})$
- Device is as small as possible (pencil) eraser size)
- Permanently attached to the endotracheal tube
- Versatile enough to function on any type/size ET tube
- Easily readable
- Low manufacturing cost (\$1 during mass production)
- Disposable and FDA approved



design team. Improvements

## **BUDGET**

# Approx. Cost per unit: \$0.70

Item	Cost
Clear PETG Tubing	\$27.42
Black Polyurethane Rods	\$33.99
Teflon Film	\$8.50
Assorted Springs	\$4.19
Music Wire	\$2.89
Nitrile Gloves	\$1.09
TOTAL	\$78.08

Special THANKS to Qosina, EMS Industrial, Halkey-Roberts and OnlineLabels.com for supplying free samples to us.

- **TESTING**
- **Tests Conducted**
- Stress test
- Sterilization

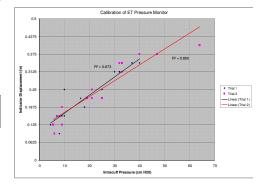
•Air Leak and constant Air pressure test Calibration

- Cuff inflated to certain pressure Length of spring compression measured
- Labels made to account for ranges

#### Results

•Device resists deformation due to force Device can withstand sterilization process

 Pressure Monitor maintains constant pressure without air leakage



### **FUTURE WORK**

- Bellows
- Perfect spring
- More calibration testing
- Better diaphragm material
- Decrease size

## REFERENCES

- DS Techno Rubber. March 2005. DS Techno Rubber Ltd. 23 April 2008. < http://www.dsrubber.com/images/Bellows.jpg>.
- Endotracheal Tube Cuff Pressure Indicator. December 2006. University of Wisconsin-Madison Biomedical Engineering Department. 28 February 2008. http://homepages.cae.wisc.edu ~bme200/ cuff valve f06
- /reports/Endotracheal\_Tube\_Cuff\_Pressure\_Indicator.pdf> Hi-Lo® Tracheal Tube with Lanz® Pressure Regulating Valve. 2008.
  - Nellcor Puritan Bennett LLC. 28 February 2008. http://www.nellcor.com/prod/Product.aspx?S1=AIR&S2=&id=134
- Posey Cufflator Endotracheal Tube Inflator and Manometer. Cardinal Health. 23 April 2008. <http://www.cardinal.com/mps/catalog/ ASP/JT8199.asp?cat=Med\_Surg>
- Proctor L. 2008. Professor. Departments of Anesthesiology and Pediatrics, University of Wisconsin Medical School, Madison, WI 53706. Pers. Comm..
- SolidWorks Software Education Edition. Copyright 1995-2007 SolidWorks Corporation.
- Spray SB, Zuidema GD, Cameron JL. Aspiration pneumonia; incidence of aspiration with endotracheal tubes. Am J Surg. 1976;131:701-703.

