

Endotracheal Tube Adaptor

Team Members:

- Evan Joyce - Team Leader
- Ozair Chaudhry - Communicator
- Ryan Childs - BSAC
- Tim Barry - BWIG

Advisor:

- Professor Paul Thompson

Client:

- Mark E. Schroeder, MD



Client Background

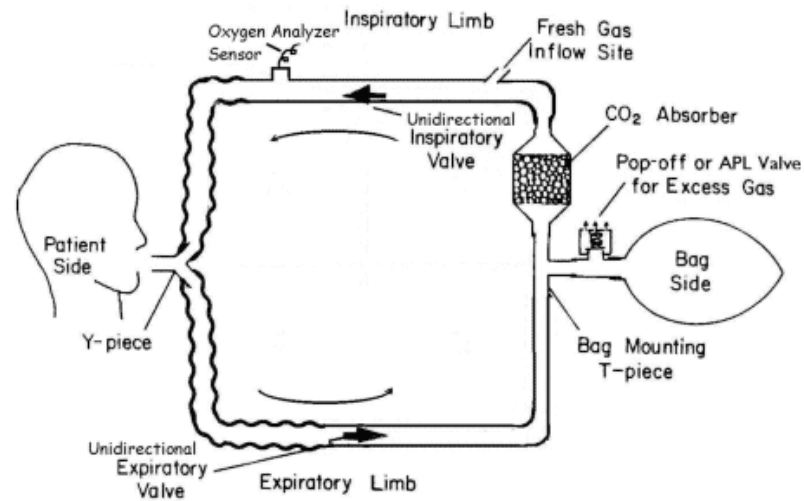
- Mark Schroeder, MD
 - Anesthesiologist at UW-Hospital
 - Associate professor
- 2-3 patients/month require medication during surgery
- Administration of aerosolized medication to anesthetized patients
 - New metered dose inhaler (MDI) are incompatible with his current adaptor
 - Albuterol and Ipratropium medications



1)



Anesthesia Circuit Basics



2)

Why build an adaptor?

- Currently uses the “Bronchodilator Tee” by Boehringer Labs
 - Adaptor connecting MDI, endotracheal tube, and anesthesia circuit
- Medication delivery without compromising circuit
 - 4-5L/min gas flow
 - Needs to be a closed circuit
 - Prevent dilution of anesthesia mixture



3)



Why a New Adaptor is Needed

- Propellant and geometrical changes
 - HFA vs. CFCs--environment
 - Actuation counter--patient knowledge
- New canister
 - GlaxoSmithKline
 - Nipple piece is incompatible



4)



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Existing Adaptors

- Bronchodilator Tee
- Nebulizer
- Syringe and old MDI adaptor
- Other patents in various shapes and sizes



5)

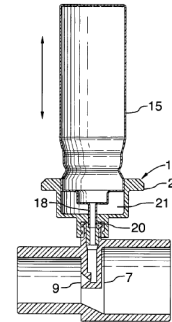


FIG.6
6)



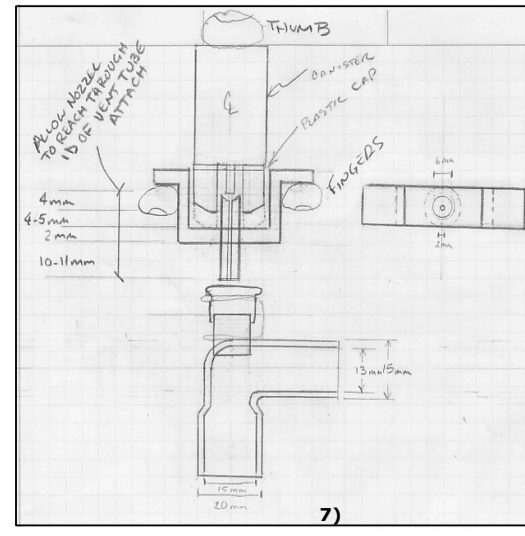
Client Requirements

- Must Have Features
 - Adaptor must be compatible with the new MDI
 - Maintain 4-5L/min airflow rate
 - 70% delivery efficiency
 - Needs to be sterilized after use with MetriCide
- Client Desirable Features
 - Prototype cost should be under \$300
 - As “universal” as possible
 - Medication delivered directly above endotracheal tube



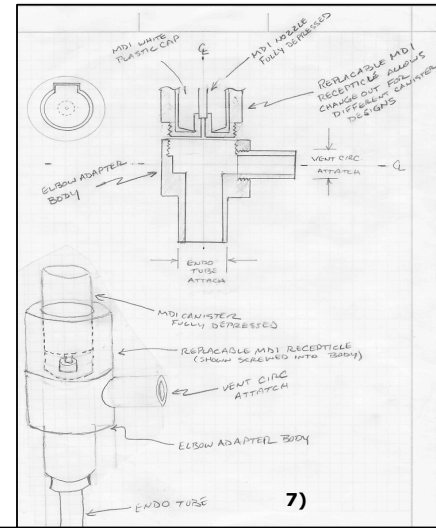
Design Alternative - Syringe

- **Basic Concept:** Adapter "Syringe" inserted into female Luer port and canister depressed to administer dose
- **Advantages**
 - Fits existing elbow
 - Adaptable
 - Ergonomically friendly
- **Disadvantages**
 - Fabrication
 - Could be misplaced



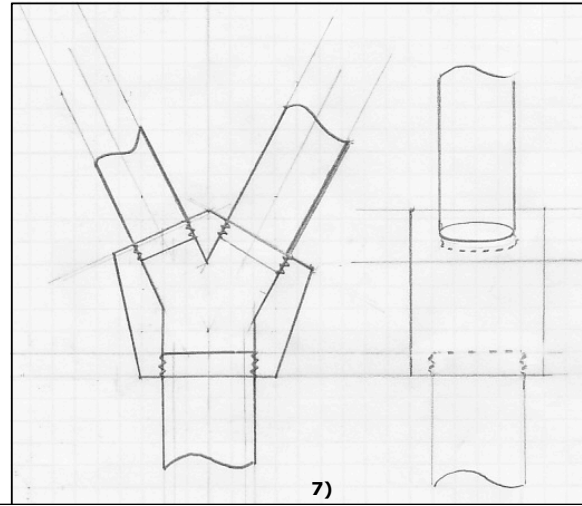
Design Alternative – Canister Tee

- **Basic Concept:** Modeled after existing device; top portion similar to MDI, bottom portion same as Bronchodilator Tee
- **Advantages**
 - Failsafe method
 - Already have geometry
- **Disadvantages**
 - Efficiency issues
 - Difficult/expensive to fabricate



Design Alternative – The “Y”

- **Basic Concept:** Uses a “Y”-like geometry to minimize the injection to gas flow angle
- **Advantages**
 - Most efficient
 - Adaptable
- **Disadvantages**
 - Bulky
 - Hard to sterilize and fabricate



Design Matrix

	Efficiency .3	Adaptability .25	Ease of Use .15	Fabrication .1	Sterilization .2	Total 1.0
Syringe	8 (2.4)	10 (2.5)	9 (1.35)	8 (0.8)	9 (1.8)	8.85
Canister Tee	7 (2.1)	5 (1.25)	7 (1.05)	3 (0.3)	4 (0.8)	5.5
The "Y"	10 (3.0)	7 (1.75)	6 (0.9)	4 (0.4)	6 (1.2)	7.25

Possible Materials

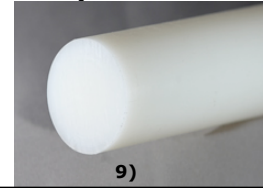
- Metals

- Aluminum
- Brass
- Stainless steel



- Plastics

- High density polyethylene (HDPE)
- Acrylonitrile butadiene styrene (ABS)



Future Work

- SolidWorks model of prototype
- Find company to manufacture device
- Test prototype
 - Anesthesia gas flow rate and delivery efficiency
 - Cleaning/durability



Special Thanks To...

- Mark Schroeder and the UW-hospital
- Professor Thompson
- Mark Childs for turning our ideas into sketches



References

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- 2) <http://www.osha.gov/dts/osta/anestheticgases/fig05.gif>
- 3) <http://www.boehringerlabs.com/broncho.htm>
- 4) Pictures from client
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- 6) <http://www.patentstorm.us/patents/7207329/description.html>
- 7) Sketches from Mark Childs
- 8) <http://www.rajshreeoverseas.net/full-images/1061048.jpg>
- 9) [http://www.directplasticsonline.co.uk/webshop/categories/HDP E%20White_100.jpg](http://www.directplasticsonline.co.uk/webshop/categories/HDP_E%20White_100.jpg)



QUESTIONS????

