# IMAGINE WHAT


# YOUR NURSES CAN ACHIEVE

Results based on trained users in accordance with an institution defined super user group and/or tube team model.

CORTRAK*2

ENTERAL ACCESS SYSTEM

AVANOS*

# Impact of Blind Placement on Patients, Nurses and Hospitals

## Did You Know?

Current enteral feeding practices can cause prolonged patient discomfort, increase complications, place significant burdens on nursing staff, and increase cost.[1,2,3]

## IMPACT ON PATIENTS

- Increased Pneumothorax Risk[1,2,3]
- Delayed Time to Feeding Start[1,2,3]
- Increased X-Rays and Radiation Exposure[1,2,3]
- Increased Risk from Transport[1,2,3]

## IMPACT ON NURSES

- Increased Demands on Time[3]
- Increased Workload[3]

## IMPACT ON HOSPITALS

- Higher Costs[4]
- Increased Resource Utilization[4]

# The Surprising Impact of Large Bore Tubes

Large bore tubes can cause dysphagia.
Dysphagia in critically ill patients is associated with:[5]

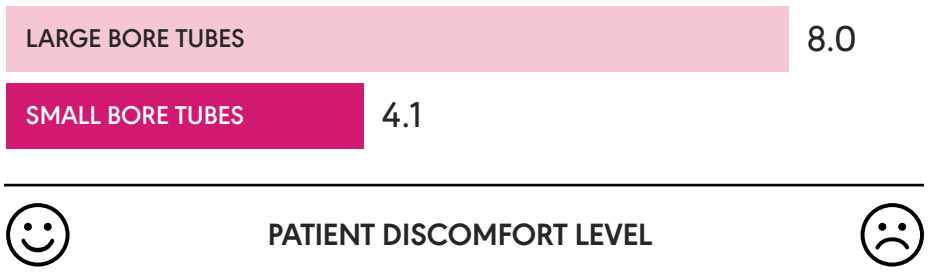
**3.8 days** longer in hospital stays

**33% higher** inpatient costs

**1.7x likelier** to die in hospital

Some studies show the
**Rate of dysphagia can be as high as 84%**
Zuercher et al (2019).[6]

Patients with large bore tubes rated their discomfort 8.0 vs 4.1 for small bore tubes.[7]

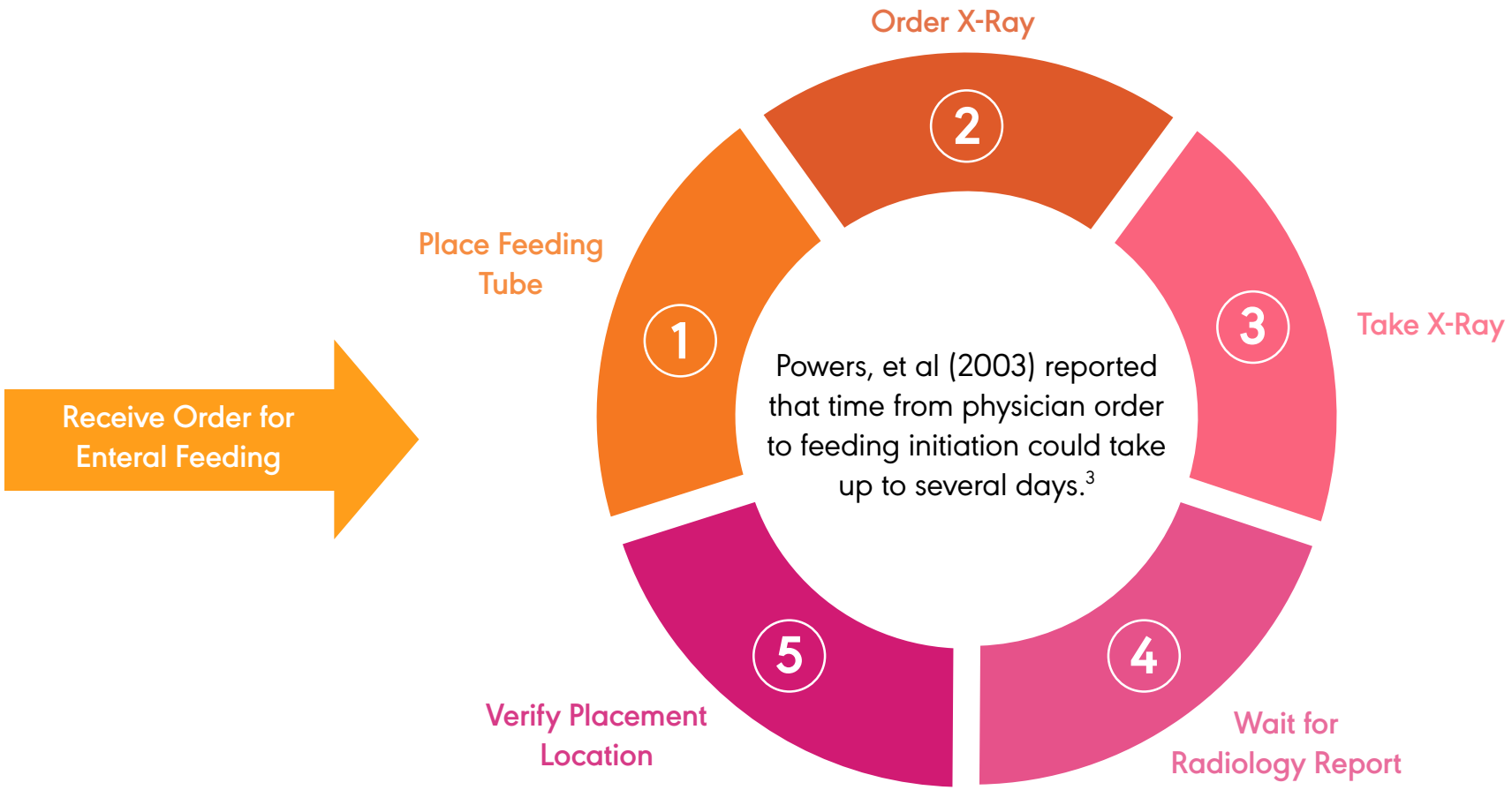


# Blind Placements May Not Be As Efficient As Thought[3,8,9]

Tube insertions can be difficult and prolonged, can often require multiple x-rays, placement failures require repeat attempts and/or utilization of other resources like fluoroscopy.[3,8,9]

**Current enteral feeding practices are inefficient.**

On average this process can repeat up to 2x per patient. In some cases, placement requires trips to IR/GI.[1,3,8]



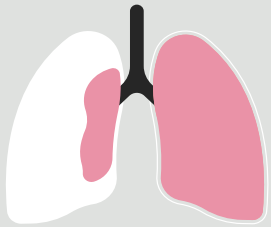
# Imagine Breaking the Inefficient Cycle of Enteral Feeding[2]

With CORTRAK*2, the benefits are: fewer placement attempts, less x-rays, fewer trips to floor, more time for patient-centered care.[2]

**The CORTRAK 2 Enteral Access System** (EAS) uses an electromagnetic sensing device to track the path of AVANOS* CORTRAK 2 feeding tubes during a placement procedure.†

# CORTRAK 2 Is More Efficient vs. Blind Placement[1,8,9]

| | CORTRAK 2 | BLIND PLACEMENT |
|---|---|---|
| TIME TO START FEEDING | 11.5 hours | 21.5 hours |
| PROCEDURE TIME | 15.5 minutes | 42 minutes |
| NUMBER OF PLACEMENT ATTEMPTS | 1.6 | 2.5 |
| NUMBER OF X-RAYS | 1.2 | 2.1 |



In a large multi-center study,

**CORTRAK 2 had a 96% lower instance of pneumothorax vs. blind placement.**[2]

**$346K SAVINGS**

In one year, CORTRAK 2 helped one hospital save $346K in x-rays.[4]

**DECREASED MALNUTRITION**

CORTRAK 2 has demonstrated a faster time to feed and studies have shown that early nutritional intervention decreases malnutrition and length of stay.[8,10]

**98.4% SUCCESS**

Powers, et al (2011) show that 98.4% of post pyloric placements with CORTRAK 2 were successful the first time at bedside.[11]

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**At AVANOS, we share your commitment to helping enteral feeding patients get the nutrition they need.** This drives us to continuously improve and grow our offering to provide your patients with products and services to get them back to the things that matter.

A broad enteral feeding portfolio from neonates and pediatrics to adults, along with the dedicated education, service, and support you and your patients need, is what makes **AVANOS enteral feeding a vital lifeline.**†


## DEDICATED NURSE SUPPORT TEAM

We created our Partners in Quality (PIQ) Team to allow patients, caregivers, and healthcare professionals access to personalized enteral feeding nurse support. Whether answering a clinical or technical product question, providing instructions for use, or helping patients return products to be tested in our lab, our PIQ Team takes pride in providing excellent customer service and helping patients **get back to the things that matter.**

AVANOS*
Enteral Feeding

Call 1-844-4AVANOS
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in the United States and Canada

For more information about all AVANOS products and resources,
visit our website: www.avanosmedicaldevices.com

The CORTRAK*2 EAS is not intended to replace qualified clinicians in the supervision of feeding tube placements. Only clinicians trained according to Avanos training should use the CORTRAK 2 EAS. Institution protocols must always supersede the use of the CORTRAK 2 EAS. Clinical judgment must always take precedence. There are inherent risks in all medical devices. Please refer to the product labeling for indications, cautions, warnings and contraindications by visiting https://eifu.avanos.com/AVA/all?keycode=000054. Availability of these products might vary from a given country or region to another region, as a result of specific local regulatory approval or clearance requirements for sale in such country or region. Non contractual document. The manufacturer reserves the right, without prior notice, to modify the products in order to improve their quality and safety.

† Claim data is on file at Avanos **1** Gray, R., Reed, L., Kramlich, M., Roberts , S., Thompson, J., & Neylon, J. (2007). Bedside Electromagnetic-Guided Feeding Tube Placement: An Improvement Over Traditional Placement Technique? Nutrition in Clinical Practice, 436-444. **2** Powers, J. P.-B., Aguirre, L. D., Luebbehusen, M. M., Cluff, J. M.-B.-B., David, M. M.-B., Holly, V. M., Brunelle, R. M. (2018, April). Improved Safety and Efficacy of Small-Bore Feeding Tube Confirmation Using an Electromagnetic Placement Device. Nutrition in Clinical Practice, 268–273. **3** Powers, J., Chance, R., Bortenschlager, L., Hottenstein, J., Bobel, K., Gervasio, J., Stone McNees, T. (2003, February). Bedside Placement of Small-Bowel Feeding Tubes in the Intensive Care Unit. Critical Care Nurse, 16-23. **4** McCutcheon, K. P., Whittet, W. L., Kirsten, J. L., & Fuchs, J. L. (2018). Feeding Tube Insertion and Placement Confirmation Using Electromagnetic Guidance: A Team Review. Journal of Parenteral and Enteral Nutrition, 247-254. **5** Patel DA, Krishnaswami S, Steger E, et al. Economic and survival burden of dysphagia among inpatients in the United State **6** Zuercher P, Moret CS, Dziewas R, Schefold JC. Dysphagia in the intensive care unit: epidemiology, mechanisms, and clinical management. Crit Care. 2019;23(1):103. Published 2019 Mar 28 **7** Nishi, M., Takehara, R., Ikai, T., & Miyano, S. (2006). Effects of Nasogaster Tubes on Swallowing: Frequency of Swallowing, Rescue, and Back Flow of Bolus. Rehabilitation Medicine, 243-248. **8** Smithard, D., Barrett, N. A., Hargroves, D., & Elliot, S. (2015). Electromagnetic Sensor-Guided Enteral Access Systems: A Literature Review. Dysphagia, 30, 275–285. **9** Koopman, M. C., Kudsk, K. A., Szotkowski, M. J., & Rees, S. M. (2011, February). A Team-Based Protocol and Electromagnetic Technology Eliminate Feeding Tube Placement Complications. Annals of Surgery, 253(2). **10** Somanchi, M. P., Tao, X. M., & Mullin, G. M. (2011). The Facilitated Early Enteral and Dietary Management Effectiveness Trial in Hospitalized Patients With Malnutrition. Journal of Parenteral and Enteral Nutrition, 209-216. **11** Powers, J. P., Luebbehusen, M. M., Spitzer, T. M., Coddington, A. M., Beeson, T. M., Brown, J. M., & Jones, D. M. (2011). Verification of an Electromagnetic Placement Device Compared With Abdominal Radiograph to Predict Accuracy of Feeding Tube Placement. Journal of Parenteral and Enteral Nutrition, Volume 35(4), 535-539.

℞ | Results based on trained users in accordance with an institution defined super user group and/or tube team model. | Actor portrayals–not actual patients.

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