

# Storz Airway Management, Critical Care (Respiratory Therapy)

## Site Applicability

St. Paul's Hospital (ED)

Mount Saint Joseph Hospital (ED and HAU)

## Practice Level

**Respiratory Therapist:** Entry Level Practice

## Need to Know

Advanced airway management tools should only be used by a physician who is familiar with the use and function of these devices and has access to an alternative means of obtaining an artificial airway if unsuccessful.

## Equipment and Supplies

- Storz adult scope (1303 BNX) 5.5 mm outer diameter
- Storz 8403zx Video Head
- Working channel cap (29100-BK)
- Disposable suction cap (11301CE1)
- 10 mL luer syringe
- Optional male female luer-valve adaptor
- Antifog solution
- Secure digital (SD) memory card for image capture
- KimWipes

## Procedure

### **Procedure for Using the C-MAC/D-MAC Video Laryngoscope (SPH ICU, SPH ED & MSJ):**

1. Select the size of blade to be used for the patient.
2. Insert cable from 8403zx video monitor into the receptacle of the C-Mac or D-Mac blade.
3. Turn the monitor **ON** by pressing the power button on front of 8403zx video monitor.
4. Dispense a drop of antifog solution onto the camera lens of the blade.
5. Proceed with the intubation procedure.
6. After use, remove the cable from the laryngoscope blade with a straight pull to disengage, wipe the blade with appropriate cleansing agent to remove excessive biomass and insert the blade cleaning plug.

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7. The soiled laryngoscope should be placed in the labeled Sterrad container and sent to MDRD for reprocessing. Wipe down the complete exterior of the monitor, cable, and tower using KimWipe.

**Procedure for Using the C-MAC/D-MAC Video Rhinolaryngoscope (SPH ED):**

1. Remove the pressure cap from rhinoscope and return the pressure cap to the labeled Sterrad container. The pressure cap must be returned to MDRD with the soiled rhinoscope.
2. Line up the indexing arrows on the connecting cord with the port on the 8403zx monitor and insert to connect the rhinoscope to the video source.
3. Turn the monitor **ON** by pressing the power button.  
**NOTE:** If the C-MAC/D-MAC blade is also attached to the monitor, use the **CHANGE CAMERA UNIT** button available in the navigation menu to change the video output.
4. Dispense a drop of antifog solution onto the camera lens of the blade.
5. Proceed with the procedure.
6. After use, remove the connecting cord from the monitor.
7. Using the sponge from the enzymatic detergent kit (D-Zyme), wipe the insertion tube from boot to distal end.
8. The soiled scope should be placed in the labeled Sterrad container and sent to MDRD for reprocessing. Wipe down the exterior of the monitor using a KimWipe.

**Procedure for Using the C-MAC/D-MAC Video Bronchoscope (SPH ED, SPH ICU, MSJ ED, MSJ HAU):**

1. Remove the pressure cap from 11303BNX bronchoscope and return the pressure cap to the labeled Sterrad container. The pressure cap must be returned to MDRD with the soiled rhinoscope.
2. Line up the indexing arrows on the connecting cable with the either of the two ports on the 8403zx monitor and insert to connect the bronchoscope to the video source.
3. Turn the monitor **ON** by pressing the power button.  
**NOTE:** If the C-MAC/D-MAC blade is also attached to the monitor, use the **CHANGE CAMERA UNIT** button available in the navigation menu to change the video output.  
*White balance, if needed, can be performed by holding bronchoscope over a white surface and pressing and holding the white balance button on the bronchoscope or by entering the sub menu of the 8403zx monitor and pressing and holding the white balance button.*
4. Dispense a drop of antifog solution onto the camera lens of the bronchoscope.
5. Ensure bite block is in situ if bronchoscope to enter oral cavity. Optional is use of the Storz 11301 CPX endotracheal tube holder. Proceed with the procedure.
6. After use, remove the connecting cord from the monitor.
7. Empty any saline remaining in the sterile bowl and refill with sterile water. Using the sponge from the enzymatic detergent kit (D-Zyme), wipe the insertion tube from boot to distal end. Immerse the distal end of the bronchoscope into enzymatic detergent kit and aspirate the entire contents ~30 seconds; then aspirate sterile water ~10 seconds; and then aspirate air ~10 seconds.
8. Dispose of the single patient use suction adaptor and working port cap.

9. The soiled bronchoscope should be placed in the labeled Sterrad container and sent to MDRD for reprocessing. Wipe down the complete exterior of the monitor, cable, and cart using a KimWipe.
10. Complete the Critical Care Bronchoscope Usage Log, Airway registration form.
11. Deliver the scope to MDRD for sterilization. Ensure the scope is received directly by MDRD staff (do not leave unattended).

## Documentation

Document the procedure and patient outcome in Cerner.

## References:

1. Storz Instruction Manual C-MAC Monitor 8403 ZX
2. Storz Instruction Manual Flexible Intubation Videoscope Five Series
3. Storz Instruction Manual Endoscope Suction Valve 091010 - 091012

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