

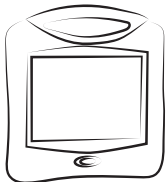
CORTRAK* 2 ENTERAL ACCESS SYSTEM QUICK REFERENCE GUIDE

ONLY USE CORTRAK* 2 IF TRAINED

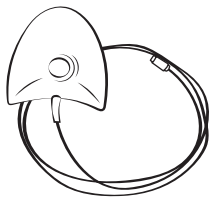
Contraindications For Use

DO NOT use the CORTRAK* 2 Enteral Access System for patients with implanted medical devices that may be affected by electromagnetic fields.

Supplies



- Monitor Unit
- CORTRAK* 2 Feeding Tube
- Water-soluble lubricant
- Water to flush feeding tube and activate hydrophilic lubricant



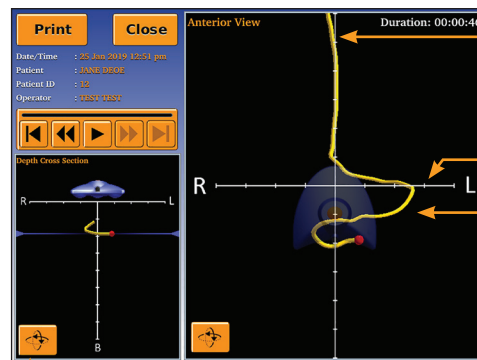
- Receiver Unit (RU)
- Syringe
- Tape or CORGRIP* (NG/NI tube retention system)



- Transmitting Stylet
- Tape or orange weight to secure RU
- Towel or leveling device (If needed to level receiver)

Screen Views

CORTRAK* 2 Placement Screen



Y-axis: Represents patient midline

X-axis: Represents diaphragm

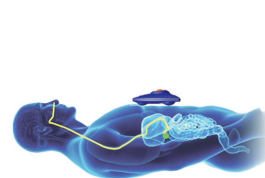
The yellow tracing represents the history of Stylet tip movement through the body.

Change View

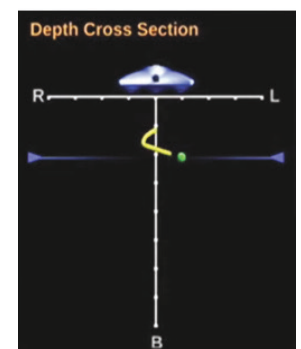
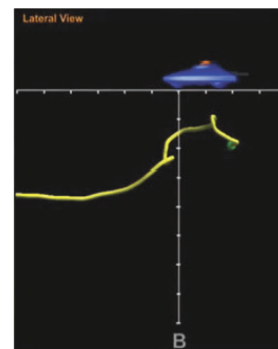
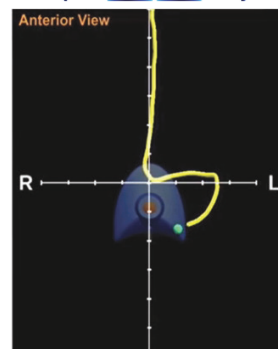
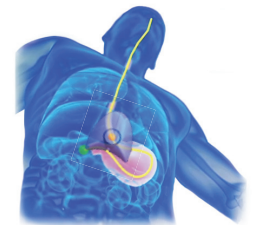
Anterior View



Lateral View



Depth Cross Section



SET UP

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Positioning and Setup

1 Position patient per institution protocol.

Monitor position Receiver Unit and Monitor should be at least 2' apart.

Make Connections and Inspect

2 Receiver to Monitor

Interconnect Cable to Monitor

Turn On and Login

3 Turn Monitor on. Press and hold for approximately 5 seconds until it remains green to power on. Enter your login & password.

Select "New Placement". Enter patient information (first and last name, ID #).

Place Front Foot of Receiver on Xiphoid Process

4

Palpate lower sternum, follow to Xiphoid.

Place front foot of Receiver on Xiphoid, align vertically and parallel with spine. To level for patient, place a towel under the Receiver.

high low inverted angled

Secure Receiver with tape (directly on skin) or with weight.

INSERTION

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Tube Preparation

5

Styler to interconnect cable

Secure styler to tube

Connect Styler cable (orange) to Interconnect Cable (orange) and secure Styler to tube.

Measure tube per institution protocol.

Lubricate tube.

Initiate Insertion

6

Insert tube + Styler

For Adult
Position tube at 5-10 cm inserted into nasal passage.

For Pediatric
Position tube into nare.

If you see **OUT OF RANGE**, be patient the green dot (representing tube tip) is not in range yet. Slowly advance the tube.

Press start on the Receiver Unit.
Wait for green light on Receiver to blink.

Insertion

Advance tube through esophagus to stomach and small bowel.

7

Stomach

Small Bowel

Observe the tracing location while monitoring for patient or Receiver movement. A green dot on the trace indicates an active tip. Red dot indicates placement has ended.

STOP If tube deviates from vertical midline or patient coughs, potential lung placement. Immediately withdraw tube.

End and Print

8

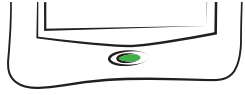


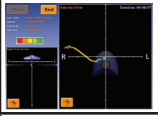
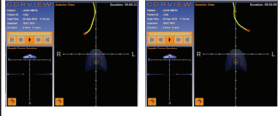

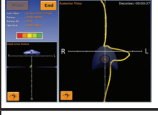

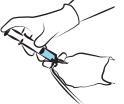
To End Procedure


- Press end.
- Secure tube.
- Confirm placement per institution protocol.
- Flush tube.
- Remove Styler and store loosely coiled in the bag provided.

Print

- Press print on main screen.
- Switch to 3rd screen view.
- Press to print 3rd screen view.
- Place print per institution protocol.

TROUBLESHOOTING

	Situation	Solution
Monitor	Monitor won't turn on.	Hold for approximately 5 seconds until a solid green light appears. 
	Transmitting Stylet/Driver Fault message.	Re-connect the Stylet to the Interconnect Cable. Press "Try Again" 
	Out of Range message.	Be patient the feeding tube tip is not in range yet. Slowly advance the tube.
Receiver Unit (RU)	Solid green light on Receiver Unit.	Press solid orange button and wait for blinking green light to appear before advancing.
	Blinking green light on Receiver Unit.	System is ready and will begin to track position of tube. Slowly advance tube.
	Blinking red light or Receiver Unit Fault / Receiver Unit Self Test Failure messages	Check to make sure the RU is at least 2 feet from the Monitor Unit. Unplug RU and reconnect to Monitor Unit. If the problem persists, the Receiver may need to be replaced. 
	Tracing makes an abrupt turn or jumps during placement.	Check location of RU on patient. It may have moved. Resecure on the Xiphoid Process.
	 Tracing comes from the side not center.	Check RU placement to ensure it is aligned with patient's midline.
Tube Placement	 Tracing takes a sharp turn to the right or left above the horizontal axis (top quadrants of the screen).	 STOP Placement. Lung placement is suspected, slowly retract the feeding tube, adjust the tube and proceed with placement Check Receiver Unit position.
	 Tracing is not following the expected path.	 STOP Placement. Check Receiver Unit position.
	Green dot does not move forward on Monitor.	Coiling in stomach is suspected – slowly retract the feeding tube until green dot moves backward. Then proceed.
Stylet Removal	Stylet feels stuck or difficult to remove during Stylet removal.	To remove the Stylet, activate internal lubricant by flushing feeding tube with 10ml of water.
Reinsertion of the Stylet	Stylet does not advance during reinsertion of Stylet.	Remove Stylet. Lubricate Stylet with water-soluble lubricant and reinsert. 

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