Medtronic

Help better secure pediatric airways

With the unique design of Shiley™ pediatric cuffless oral/nasal endotracheal tubes and Shiley™ pediatric oral/nasal endotracheal tubes with TaperGuard™ cuff

Kids are not little adults.

When scaled-down versions of adult endotracheal tubes (ETTs) are used on children, negative outcomes can occur.[1]

The Shiley™ pediatric cuffless ETT and the Shiley™ pediatric cuffed ETT – featuring the low-volume, low-pressure TaperGuard™ cuff – are designed to meet the anatomical needs of your pediatric patients.

Both can help improve the margin of safety within the trachea of smaller patients by minimizing the risk of airway damage, oxygen deprivation, and ventilation complications.[2,3]

ETTs with low-pressure cuffs have similarly low rates of post-extubation complications compared to uncuffed tubes.[4]

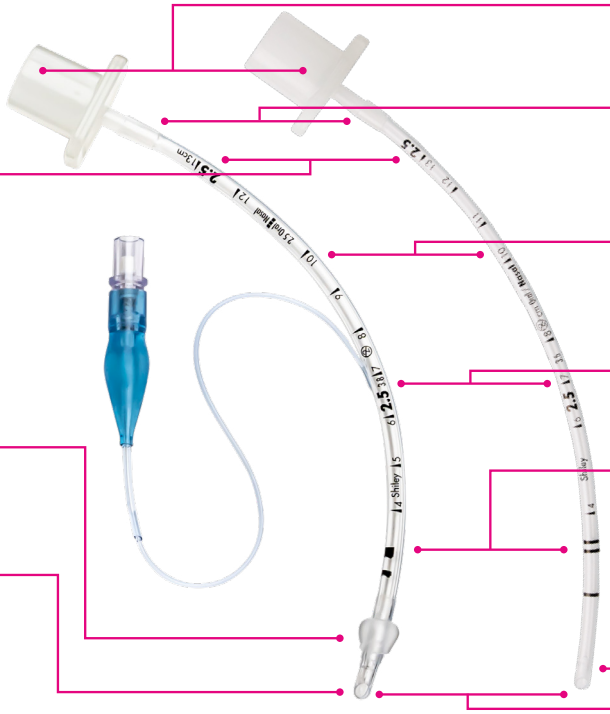
Features and benefits

Clinically-appropriate tube lengths
Based on patient size, to help avoid unintentional endobronchial intubation[5]

Wide range of size options
Cuffless from 2.0 mm to 6.0 mm; cuffed from 2.5 mm to 6.0 mm

Shorter,† inverted TaperGuard™ cuff
To help support cuff placement in the trachea and to improve sealing[6,7]

No Murphy eye
Enabling the cuff to be located more distally on the ETT



A standard 15 mm connector
For connection to respiratory and anethesia equipment

Radiopaque filament
Visible on x-ray, embedded within and throughout the length of the tube wall

Depth marks in centimeter increments
Anatomically based markings to help place the ETT more accurately[5,8]

Magill curve
To support easier tube insertion

Glottic print marks
To help determine optimal placement of the cuff below the vocal cords and above the carina‡

Murphy eye
Helps aid in airway maintenance if the tube becomes obstructed

DEHP-free
Made with latex-free, non-DEHP PVC material

Ordering information

Shiley™ pediatric oral/nasal endotracheal tube with TaperGuard™ cuff

CFN to order	CFN on packaging	I.D. (mm)	O.D. (mm)	Length (mm)	Cuff Ø (mm)
86125-RI	86125	2.5	3.8	140	8.0
86130-RI	86130	3.0	4.4	160	9.1
86135-RI	86135	3.5	5.0	180	10.1
86140-RI	86140	4.0	5.7	200	11.5
86145-RI	86145	4.5	6.3	220	12.3
86150-RI	86150	5.0	6.9	240	14.2
86155-RI	86155	5.5	7.5	270	15.6
86160-RI	86160	6.0	8.2	280	17.2

Shiley™ pediatric oral/nasal endotracheal tube, cuffless

CFN	I.D. (mm)	O.D. (mm)	Length (mm)
86232	2.0	2.9	130
86233	2.5	3.6	140
86234	3.0	4.2	160
86235	3.5	4.9	180
86236	4.0	5.5	200
86237	4.5	6.2	220
86238	5.0	6.8	240
86239	5.5	7.5	270
86240	6.0	8.2	280

Scan the QR code to learn more. Or contact your local Medtronic representative.

For trained personnel only. For specific indications and instructions for use, please refer to the IFU.

†Compared to the adult version.

‡As indicated by ISO 5361:2016.

1. Nutter J, Oppong E, and Pouliot C. Cuffed pediatric endotracheal tubes. *Honors Theses*. 2019. 2335. https://digitalworks.union.edu/theses/2335. **2.** J. Holzki, K Brown, R. Carroll, C. Cote. The anatomy of the pediatric airway: Has our knowledge changed in 120 years? A review of historic and recent investigations of the anatomy of the pediatric larynx. *Pediatric Anesthesia*. 2017 (28): 13-22. **3.** Ho AM, Aun CS, Karmakar MK. The margin of safety associated with the use of cuffed pediatric tracheal tubes. Anesthesia. 2002;57(2):173–175. **4.** Bhardwaj N. Pediatric cuffed endotracheal tubes. *J of Anaesthesiol Clin Pharmacol*. 2013; 29(1):13–18. **5.** Aker J. An Emerging clinical paradigm: the cuffed pediatric endotracheal tube. *AANA Journal*. 2008;76(4):293–300. **6.** Lichtenthal PR, Wood L, Wong A, Borg U. Pressure applied to tracheal wall by barrel and taper shaped cuffs. *Proc Am Soc Anesth Annual Meeting*. 2011: A1054. **7.** Lichtenthal PR, Maul D, Borg U. Do tracheal tubes prevent microaspiration? *Br J Anaesth*. 2011;107(5):821–822. **8.** Weiss M, Gerber AC, Dullenkopf A. Appropriate placement of intubation depth marks in a new cuffed paediatric tracheal tube. *Br J Anaesth*. 2005;94(1):80–87.

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