ONLY ONE

VividTrac®
Single Use Video Intubation Device

- Portable & Affordable - NO Cleaning, NO Maintenance, Recyclable.
- Open System - Single Use Video Intubation Device, utilizing standard USB II interface that works on any Windows based (PC, Laptop, Tablet, UMPC), MAC, or Linux computers, with NO proprietary system cost.
- Superior Imaging - Wide Angle, High Resolution, Digital Video of airway displayed on the computer screen allows the user to Store, Display on TV, Transmit or Broadcast over WIFI or 3G networks, with off-the-shelf computing and connectivity solutions.
- NO Batteries - 100% powered through USB cable, with automatic Anti-fog.
- NO Head Tilt - Blade tip positions easily at the epiglottic vallecula to facilitate direct visualization of the cords, with the patient in any position.
- NO Stylet - Integrated ETT Channel guides the ETT precisely through the vocal cords and trachea.

www.mercurymed.com

Vivid Medical Inc.
Vision to Help Save Lives

Distributed By:
Mercury Medical®
Single Use Video Intubation Device

**VividTrac**

**DESCRIPTION**

VividTrac is a Single Use, USB Video Intubation Device that works on many computer systems equipped with USB II port (Windows, Linux, MAC) as a Standard USB Video Camera. The VividTrac requires a USB II port and works with many available video camera applications on Windows, Mac and Linux systems. Similarly, a simple automated video display software can be downloaded from www.MercuryMed.com.

**CLINICAL NOTES**

VividTrac is provided in a Medically Clean package. If package is damaged in any way, discard VividTrac and use a new one. The ETT can either be preloaded in the VividTrac tube channel (up to the VividTrac device tip, where the ETT tip is visible on the right side of the video image), or inserted into the VividTrac tube channel once visualization is achieved. Use of Lubricants on the ETT and preloading of the lubricated ETT in the tube channel, before insertion into the mouth is highly recommended.

VividTrac is versatile and can support adjunct devices such as a bougie or a stylet, depending on the anatomy of the patient or the skill level of the user. (See “Using Adjunct Devices with VividTrac”)

There is no need for head lift or jaw thrust when using the VividTrac. VividTrac does not use the same method as a Direct Laryngoscope, bougie or a stylet, depending on the anatomy of the patient or the skill level of the user. (See “Using Adjunct Devices with VividTrac”)

NO Stylet

Superior Imaging

Portable & Affordable

Open System

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NO Batteries

NO Head Tilt

NO Styllet

**USING ADJUNCT DEVICES WITH VIVIDTRAC**

**Use of Bougie with ETT > 8.5mm or large OD ETT with Suction**

Insert bougie in the VividTrac tube channel instead of an ETT. Follow previous instructions using the bougie in place of the ETT. Once the bougie has passed the cords and is inside the trachea, remove the VividTrac (as described in the IFU) and thread the larger size ETT over the bougie.

**Use of Bougie with ETT < 8.5mm**

Preload the ETT inside the VividTrac tube channel then insert the VividTrac into the patient’s oropharynx as per instructions. The bougie can then be directly inserted into the ETT while maintaining visualization to guide the bougie through the vocal cords.

Once the bougie has passed the cords, gently advance the ETT over the bougie, until the cuff is visualized passing through the vocal cords. If you experience any resistance, release the ETT from the tube channel (with or without suction) and then gently advance the ETT until the cuff has passed the vocal cords.

Remove the bougie, confirm placement of the ETT, and then remove the VividTrac as described earlier.

**Use of ETT with Stylet (any size ETT) outside the VividTrac**

Insert the VividTrac with no ETT, into the patient’s oropharynx as per instructions, until you obtain visualization of the vocal cords. Separately load stylet into ETT, and insert ETT into the mouth alongside the already inserted VividTrac. Use the wide view image of the cords that the VividTrac provides to help guide your successful intubation.

Remove the stylet, confirm placement of the ETT, and then remove the VividTrac as described earlier.

**In cases where visualization is obscured by saliva or blood**

- **Remove VividTrac**
- Clear the airway by applying suction if necessary
- If there is liquid or debris on the lenses of the camera, blocking visualization, simply tap the VividTrac metal tip onto a clean hard surface a few times before retrying.

**INSTRUCTIONS FOR USE**

**ET tube Size**

VividTrac accommodates ET tube sizes 6.0mm-8.5mm. For ETT > 8.5 or ETTs with oversize OD that are equipped with suction, one of the adjunct devices (bougie or stylet) can be used. Connect the USB cord of the VividTrac device to your display computer, confirming live video is displayed from the VividTrac camera and illumination of the LED light.

**Connect of Device**

Connect the USB cord of the VividTrac device to your display computer, confirming live video is displayed from the VividTrac camera and illumination of the LED light.

**VividTrac Insertion**

Gently hold VividTrac, just below the proximal end of the device, with the index and middle finger tips on the metal side, and the thumb on the plastic side. Place VividTrac tip into a mouth with VividTrac body parallel to the patient’s neck. (see image #1)

Gently insert the VividTrac into the oral cavity, sweeping it over the tongue, as it is whirled into position an oropharynx (up to the point your fingers hold the VividTrac).

**Alignment and ETT Placement**

Make sure VividTrac is positioned “Straight and Vertical” with the VividTrac Tube Channel (ETT) at the center of the mouth and aligned with patient’s neck. This will allow the image of the vocal cords to be “Upright and Centred” on your display screen. (see image #2)

You can start advancing the ETT in the tube channel as soon as the vocal cords are visible, while allowing adequate distance from the vocal cords for ETT passage towards the vocal cords. Gently advance the ETT in the VividTrac tube channel (with your right hand), while making slight positional adjustments with VividTrac (with your left hand). To advance the ETT into the trachea, continue advancing the trachea until the cuff is visualized passing through the vocal cords.

**Secure and Check**

Separate the ETT from the VividTrac tube channel at the proximal end, by pushing the tube forward and to the right and thereby placing it outside VividTrac tube channel. Secure the ETT in place at the corner of the mouth with right hand, while gently reversing the path of insertion and pulling the VividTrac out of the oral cavity with the left hand (note that you have to rotate VividTrac outward and parallel to the patient’s neck to remove the Tip from the mouth). (see image #3)

Inflate the cuff, secure the airway and mark the tube position. In the case where ETT placement needs reconfirmation, reininsert VividTrac to directly visualize the vocal cords.
VividTrac is a Single Use, USB Video Intubation Device that works on many computer systems equipped with USB II port (Windows, Linux, MAC) as a Standard USB Video Camera. The VividTrac requires a USB II port and works with many available video camera applications on Windows, Mac and Linux systems. Alternatively, a simple automated video display software can be downloaded from www.VividMed.com.

**DESCRIPTION**

VividTrac is a Single Use, USB Video Intubation Device that accommodates ETT sizes 6.0mm-8.5mm.

**Sizes**

- ETT 6.0-8.5
- ETT > 8.5 use with Bougie

**Use with Bougie**

- Insert the VividTrac into the oral cavity, sweeping it over the tongue, as it is advanced into patient's oropharynx (up to the point your fingers hold the VividTrac).

**VividTrac Insertion**

Gently hold VividTrac just below the proximal end of the device, with the index and middle finger tips on the metal side, and the thumb on the plastic side.

Place VividTrac tip into the mouth with VividTrac body parallel to the patient's neck. (see image #1)

You can start advancing the ETT in the tube channel as soon as the vocal cords are visible, while allowing adequate distance from the vocal cords for ETT passage towards the vocal cords. Gently advance the ETT in the VividTrac tube channel (with your right hand), while making slight positional adjustments with VividTrac (with your left hand), to advance the ETT into the trachea, and continue advancing in the trachea until the cuff is visualized passing through the vocal cords.

Secure and Check

Separate the ETT from the VividTrac tube channel at the proximal end, by pushing the tube forward and to the right and thereby placing it outside VividTrac tube channel.

Secure the ETT in place at the corner of the mouth with right hand, while gently reversing the path of insertion and pulling the VividTrac out of the oral cavity with the left hand (note that you have to rotate VividTrac outward and parallel to the patient’s neck to remove the tip from the mouth). (see image #3)

Inflate the cuff, secure the airway and mark the tube position. In the case where ETT placement needs reconfirmation, re-insert VividTrac to directly visualize the vocal cords.

**Using Adjunct Devices with VividTrac**

**Use of Bougie with ETT > 8.5mm or large OD ETT with Suction**

Insert bougie in the VividTrac tube channel instead of an ETT. Follow previous instructions using the bougie in place of the ETT. Once the bougie has passed the cords and is inside the trachea, remove the VividTrac as described in the IFU and thread the larger size ETT over the bougie.

**Use of Bougie with ETT < 8.5mm**

Preload the ETT inside the VividTrac tube channel then insert the VividTrac into the patient's oropharynx as per instructions. The bougie can then be directly inserted into the ETT while maintaining visualization to guide the bougie through the vocal cords.

Remove the bougie, confirm placement of the ETT, and then remove the VividTrac as described earlier.

**Use of ETT with Stylet**

**Use of Stylet with ETT < 8.5mm**

- In the case where ETT placement needs reconfirmation, re-insert VividTrac to directly visualize the vocal cords.

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