

# Ambu® AuraGain™

Proven seal pressures up to **40 cm H<sub>2</sub>O<sup>(2)</sup>**



## The choice is yours

When time is of the essence, the right choice of rescue airway is important. Featuring direct intubation capability as well as gastric access in all sizes, the AuraGain is an obvious choice.



The AuraGain sets a new level for safety and efficiency by integrating safety features like increased seal pressure, intubation capability and gastric access in a mask that is rapidly placed.

*The AuraGain comes in a full range of 8 sizes, and every size includes the added safety features of gastric access and intubation capability.*

### Technical Specifications and ordering information

Item no.	Size	Patient weight	Max inflation volume cuff	Max. intra-cuff pressure	Max. gastric tube	Max. ETT tube	Connector	Material
408100000	1	<5 kg	4 ml	60 cm H <sub>2</sub> O	6 FR	3.5	15 mm	Phthalate-free PVC
408150000	1½	5-10 kg	7 ml	60 cm H <sub>2</sub> O	8 FR	4.0	15 mm	Phthalate-free PVC
408200000	2	10-20 kg	10 ml	60 cm H <sub>2</sub> O	10 FR	5.0	15 mm	Phthalate-free PVC
408250000	2½	20-30 kg	14 ml	60 cm H <sub>2</sub> O	10 FR	5.5	15 mm	Phthalate-free PVC
408300000	3	30-50 kg	20 ml	60 cm H <sub>2</sub> O	16 FR	6.5	15 mm	Phthalate-free PVC
408400000	4	50-70 kg	30 ml	60 cm H <sub>2</sub> O	16 FR	7.5	15 mm	Phthalate-free PVC
408500000	5	70-100 kg	40 ml	60 cm H <sub>2</sub> O	16 FR	8.0	15 mm	Phthalate-free PVC
408600000	6	>100 kg	50 ml	60 cm H <sub>2</sub> O	16 FR	8.0	15 mm	Phthalate-free PVC

References:  
1: European Resuscitation Council Guidelines for Resuscitation 2015, Resuscitation 95 (2015).  
2: Data on file.

# Airway Management with Supraglottic Airway Devices in Emergency Situations

Based on the 2015 European Resuscitation Council Guidelines for Resuscitation

Ambu is a proud partner of the ERC



[ambu.com/AuraGain](http://ambu.com/AuraGain)

Ambu A/S • Baltorpbakken 13 • DK - 2750 Ballerup • Denmark  
Tel. +45 7225 2000 • Fax +45 7225 2053

# What are the ERC guidelines?

Published by the European Resuscitation Council, the 2015 ERC guidelines provide the standard for resuscitation practice and training in Europe.

The guidelines encompass an extensive array of treatment algorithms for resuscitation of children and adults, with the goal to achieve their mission:

**to preserve human life by making high-quality resuscitation available to all**

The immediate actions undertaken to save a life range from ensuring proper body positioning, removing obstructions to the airway, and to cardiopulmonary resuscitation. The situation is most likely not controlled, and time can be critically scarce.

Rescuers and paramedics may not be trained in, or have advanced equipment available. Furthermore, a single optimal strategy for managing the airway has yet to be determined<sup>(1)</sup>

The ILCOR ALS task force suggests using either an advanced airway (tracheal intubation or SGA) or a bag-mask for airway management during CPR, and notes that the best airway, or combination of airway techniques will vary according to patient factors, the phase of the resuscitation attempt, and the skills of rescuers"<sup>(1)</sup>

## Tracheal intubation in emergency setting

Airway management is but a part of the overall resuscitation activities undertaken in an emergency situation. Given the uncontrolled nature of these situations, the actions taken should be performed as confidently and effectively as possible, while introducing as few uncertainties and risk elements as possible.

As noted in the ERC guidelines, tracheal intubation should only be performed under certain conditions:

*Anyone attempting tracheal intubation must be well trained and equipped with waveform capnography. In the absence of these prerequisites, consider use of bag-mask ventilation and/or SGA until appropriately experienced and equipped personnel are present<sup>(1)</sup>*

## Introduction of risk factors

Whereas tracheal intubation is often thought as the primary viable method to establish an airway, it may not be the optimal approach in all situations.

Not only does it pose demands on the health care practitioner to be trained and proficient – it also introduces certain risk factors:

*The type of airway used may depend on the skills and training of the healthcare provider. In comparison with bag-mask ventilation and use of a SGA, tracheal intubation requires considerably more training and practice and may result in unrecognised oesophageal intubation and increased hands-off time<sup>(1)</sup>*

## SGAs as a viable alternative

Rather than pursuing tracheal intubation as the end-game, the ERC guidelines proposes the use of SGAs as a viable alternative.

This is based on the premise that SGAs are easier to insert, and may thus enable the health care practitioner to avoid interrupting the life saving chest compressions:

*In the absence of personnel skilled in tracheal intubation, a supraglottic airway (SGA) is an acceptable alternative. Once a SGA has been inserted, attempt to deliver continuous chest compressions, uninterrupted by ventilation<sup>(1)</sup>*

*“The SGAs are easier to insert than a tracheal tube and, unlike tracheal intubation, can generally be inserted without interrupting chest compressions<sup>(1)</sup>*

## Advanced 2<sup>nd</sup> generation SGAs

Supraglottic airways (SGAs) are simple and effective airway devices, and are broadly accepted in the in-hospital and elective anesthetic practice. With 2<sup>nd</sup> generation SGAs available, there is now a favorable alternative to standard SGAs for emergency airway management.

Not only are SGAs in general recommended as an alternative to tracheal intubation, but some 2<sup>nd</sup> generation SGAs have a feature set that offers great value:<sup>(1)</sup>

- Single use
- Increased oropharyngeal seal pressure
- Gastric access

Whereas several 2<sup>nd</sup> generation SGAs are available today, the alternatives are quite different in design and offering. Some have varying features across sizes, and some have advanced safety features like direct intubation capability.