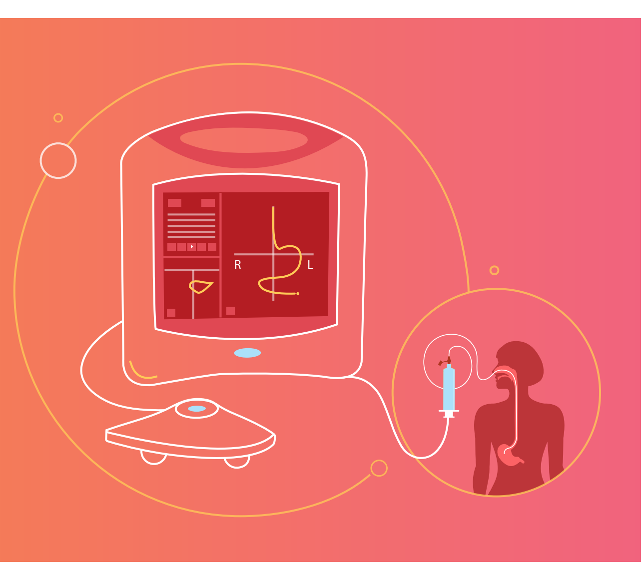
CORTRAK*: TO GUIDE SAFER FEEDING TUBE PLACEMENT



A single error at the time of nasogastric and/or nasoenteric tube placement may lead to complications. Clinicians insert small bore feeding tubes using various methods such as blind placement.[1]

- Blind insertion: The most common technique for nasoenteral placement, results in malposition in up to 16% of cases, with tracheal, pulmonary, or pleural malposition. This may result in pulmonary or pleural formula infusion, pneumothorax or pulmonary abscess.[2]

Did you know ?

- Airway placement using a blind placement technique occurs in 1.2% to 1.8% of placement attempts.[3]
- Approximately, 1 in 3 of these misadventures result in pneumothorax and nearly half of these patients die from this complication.[3]

Electromagnetic guided placement can help overcome the challenges of conventional feeding tube placement and confirmation.[4]

Benefits of electromagnetic guided placement technique:

- Zero oesophagus and lung placements[5]
- Avoidance of lung placements by recognizing proximal pulmonary deviation[5]
- Eliminates risk of pneumothorax (P = 0.009)[3]
- Improves placement and success rates (83.9% success P<0.001) in high-risk patients[3]
- Reduces cost[5,6]
- Reduces need of X-rays[6]
- Reduces time to tube placement and feeding[5]

Our Solution

CORTRAK* placement system is a bedside technology that electromagnetically tracks the advancement of feeding tubes on a monitoring screen which allows evaluation of tube advancement in real time.[3]

CORTRAK* 2 EAS (Enteral Access System) helps qualified clinicians manage the placement of feeding tubes to support patient nutrition delivery by—[7]

- Visualizing feeding tube placement at the bedside
- Placing tubes and confirming placement per institution protocol
- Minimizing and identifying misplaced tubes in conjunction with institution protocols

CORTRAK* 2 EAS components include:

1. Monitor[8]
2. Receiver Unit[8]
3. Feeding tube with electromagnetic transmitting stylet[8]

2. Receiver: Placed over the patient's xiphoid process, to receive a signal from the stylet with the electromagnetic tip.[8]

1. Monitor: Location of the feeding tube tip placement is shown on the monitor's screen in 1 of 4 quadrants corresponding with the patient's anatomy.[8]

3. Electromagnetic transmitter: The feeding tube contains a stylet with an electromagnetic transmitter at the distal tip.[8]

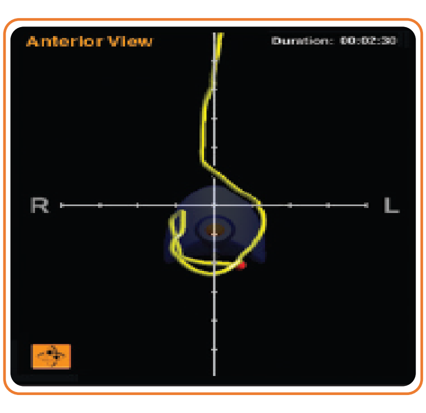
CORTRAK* 2 EAS screen views:

CORTRAK* 2 EAS has three placement views for added support.[7]

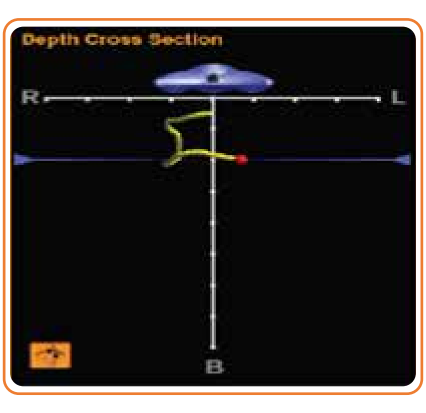
Anterior View[9]

Depth Cross Section[9]

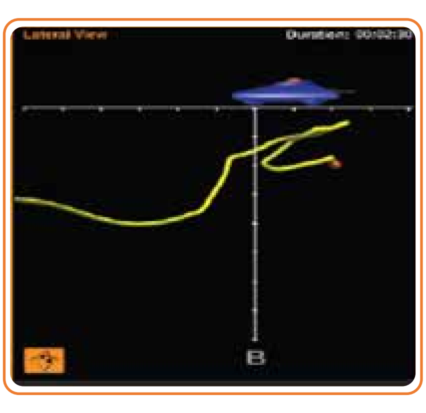
Lateral View[9]



Anterior View[9]



Depth Cross Section View[9]



Lateral View[9]

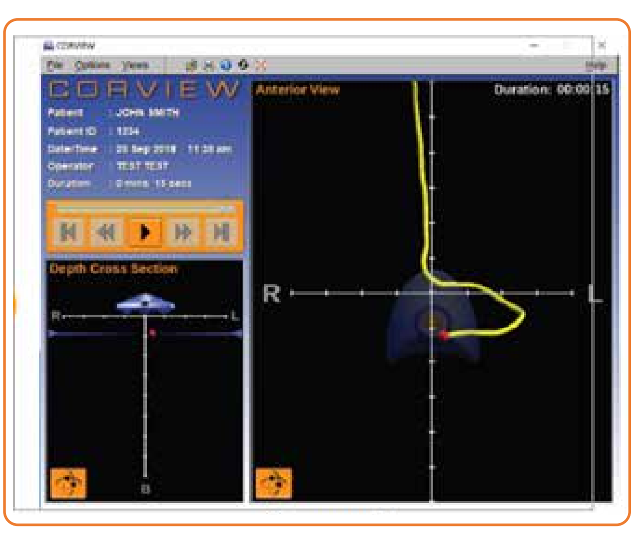
On-screen visualization at bedside supports qualified clinicians in placing feeding tubes, confirming placement per institution protocol and reducing secondary insertion attempts.[7]

Distinguishing gastric and lung placement:

CORTRAK* provides an immediate visual indication that the tube is not in the correct place[1]

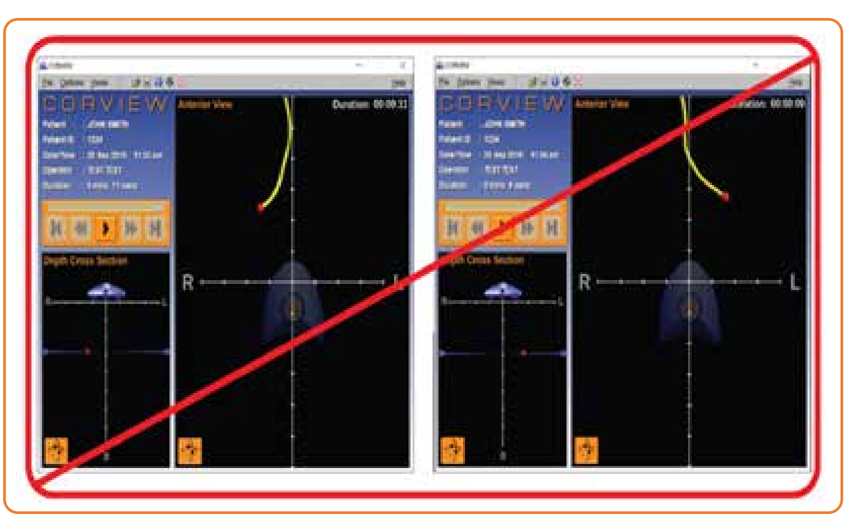
Advance tube through esophagus to stomach and small bowel per physician's order.[9]

Continuously observe and assess both the patient and the tracing while advancing the tube to ensure proper insertion of the tube.[9]



Stomach

Small Bowel



If tube deviates from vertical midline, respiratory irritation or distress occurs, or resistance is met, STOP INSERTION and immediately withdraw tube. Re-assess the patient and notify physician per institution protocol.[9]

Choose CORTRAK* 2 EAS for timely and efficient nutrition delivery for your critically ill patients, efficient tube placement system to reduce hospital burden and improved short-term outcomes and long-term recovery for all patients.[7]

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.[9]
*Institution protocols must always supersede the use of the CORTRAK*2. Clinical judgment must always take precedence.[9]
The CORTRAK* 2 is not intended to replace qualified clinicians in the supervision of feeding tube placements. Only clinicians trained according to Avanos training should use the CORTRAK* 2.[9]

References:

1. Powers J, Brown B, Lyman B, et al. Development of a competency model for placement and verification of nasogastric and nasoenteric feeding tubes for adult hospitalized patients. Nutr Clin Pract. 2021;36(3):517-33. 2. Blumenstein I, Shastri YM, Stein J. Gastroenteric tube feeding: techniques, problems and solutions. World journal of gastroenterology: WJG. 2014;20(26):8505. 3. Koopmann MC, Kudsk KA, Szotkowski MJ, et al. A team-based protocol and electromagnetic technology eliminate feeding tube placement complications. Annals of surgery. 2011;253(2):297-302. 4. Smithard D, Barrett NA, Hargroves D, et al. Electromagnetic sensor-guided enteral access systems: a literature review. Dysphagia. 2015;30(3):275-85. 5. McCutcheon KP, Whittet WL, Kirsten JL, et al. Feeding tube insertion and placement confirmation using electromagnetic guidance: a team review. Journal of Parenteral and Enteral Nutrition. 2018;42(1):247-54. 6. Gray R, Tynan C, Reed L, et al. Bedside electromagnetic-guided feeding tube placement: an improvement over traditional placement technique? Nutr Clin Pract. 2007; 22(4):436-44. 7. Avanos CORTRAK 2 EAS brochure. 8. Pash E. Enteral nutrition: options for short-term access. Nutr Clin Pract. 2018; 33(2):170-6. 9. CORTRAK 2 Quick Start Guide_15M1360.

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