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Matériel d'anesthésie et de réanimation respiratoire — Sondes trachéales et raccords

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Foreword

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The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be Noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 121, *Anaesthetic and respiratory equipment*, Subcommittee SC 2, *Airways and related equipment,* in collaboration with the European Committee for Standardization (CEN) Technical Committee CEN/TC 215, *Respiratory and anaesthetic equipment,* in accordance with the Agreement on technical cooperation between ISO and CEN (Vienna Agreement).

This fourth edition cancels and replaces the third edition (ISO 5361:2016), which has been technically revised.

The main changes are as follows:

— alignment with the general standard for airway devices ISO 18190;

— to provide additional requirements and design guidance for *tracheal tubes* designed for use in paediatric and neonatal patients;

— to clarify the requirements for speciality *tracheal tubes* such as *preformed tracheal tubes;*

— updating of references.

Any feedback or questions on this document should be directed to the user’s national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

This document provides the essential performance and safety requirements of *tracheal tubes* and *tracheal tube connectors*. *Tracheal tubes* are intended to be inserted orally or nasally through the larynx into the trachea to convey gases and vapours to and from a patient's lungs during spontaneous, assisted or controlled ventilation for short or prolonged durations.

In addition, *tracheal tubes* with *cuffs* are intended to seal and protect the trachea from aspiration.

A variety of *cuff* designs are available to meet particular clinical requirements. *Cuff* performance requirements with associated test methods remain unchanged from the second edition.

Requirements for paediatric *tracheal tubes*, with and without *cuffs*, have been updated from the third edition to include new guidance on the design of *tracheal tubes* used in paediatric and neonatal patients. The maximum distance from the *patient end* of the *tracheal* tube to the *machine end* of the inflatable length of the *cuff* has been revised in this edition to minimise the *risk* of the inflatable length of the *cuff* aligning with the larynx of neonatal and paediatric patients.

Clinical considerations have also dictated the historical maximum distance from the *patient end* of the *tracheal* tube to the *machine end* of the inflatable length of the *cuff* be maintained for tracheal tubes designed for the general population. Anatomical abnormalities or disease states can require smaller tracheal tube sizes to be used in adult patients than would typically be appropriate. Because long *tracheal tubes*, sometimes of relatively narrow diameter, can be required, *tracheal tubes* designed to the historical specification should be readily available.

Tracheal tubes are intended to conform as closely as possible to human anatomy when in position.

Kink resistance requirements with associated test methods to measure the ability of the shaft of the *tracheal tube* to resist collapse and avoid increased breathing resistance when bent or curved remain unchanged from the second edition.

Radiopacity requirements and test methods to characterize the visibility of *tracheal tubes* in X-rays used to determine proper placement of the tube remain unchanged from the second edition.

Where applicable a rationale for some of the requirements in this document are included in Annex A

The requirements of this document were developed using the hazard identification for *risk assessment* in Annex G.

Throughout this document the following print types are used:

— Requirements and definitions: roman type;

— Informative material appearing outside of tables, such as Notes, examples and references: smaller type. The normative text of tables is also in smaller type;

— *terms defined in Clause 3: italics.*