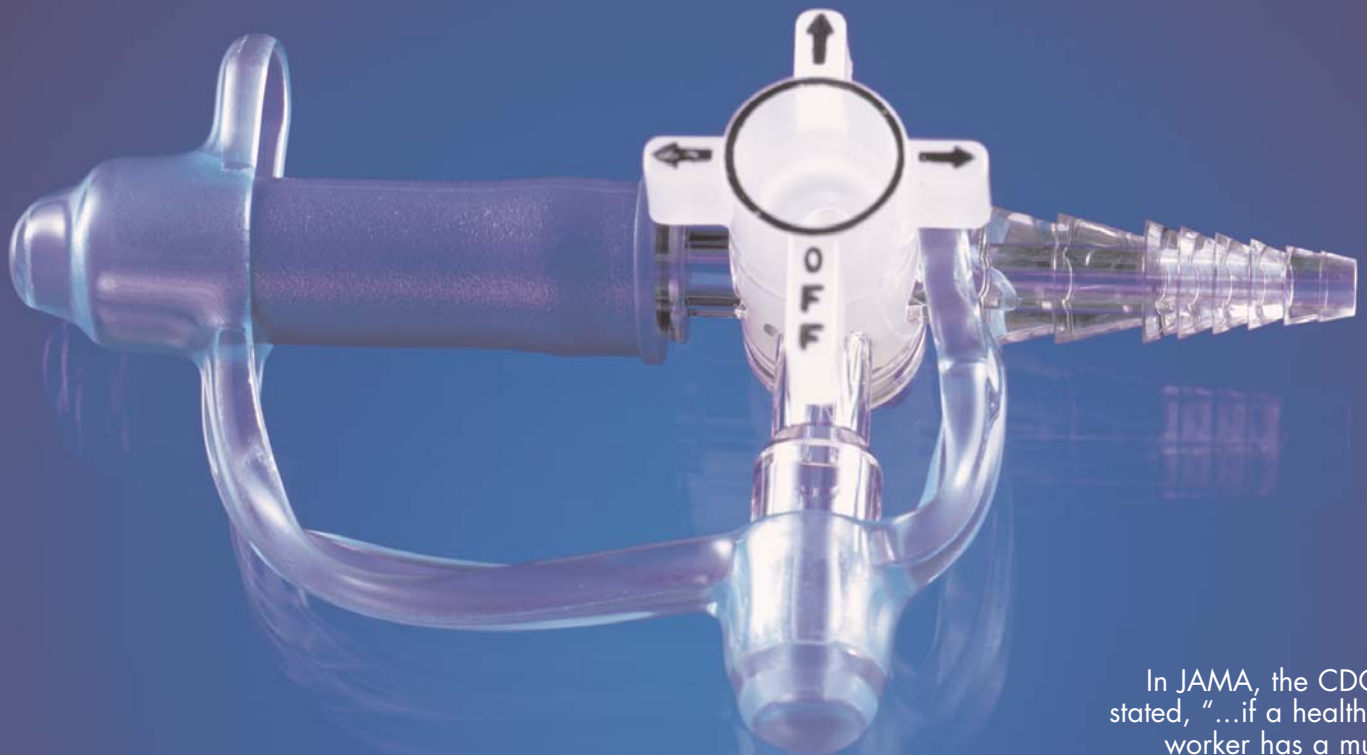


LOPEZ VALVE®

...your personal safety valve



NEW Tethered Cap!

In JAMA, the CDC has stated, "...if a health care worker has a mucous membrane exposure (i.e. NG fluid splash to the eyes, nose or mouth) the patient should be assessed clinically to determine the likelihood of AIDS infection."¹

1JAMA December 6, 1985,
vol 254 No.21 p.3026

The **LOPEZ VALVE** offers an increased level of protection for healthcare professionals during enteral feeding and lavage.

The Lopez Enteral Valve Protective and Expedient Device for Administering Medications via Nasogastric Tube in Critically Ill Patients

Paul A. Gibilisco, M.D. F.A.C.P.

Robert L. Lindenberg, M.D., F.A.C.G.

William Polito, M.D.

Ann S. Bailey, R.N.

Maggie Acampora, R.N.

From the Charlotte Hungerford Hospital, Torrington, Conn (Dr. Gibilisco, attending rheumatologist; Dr. Lindenberg, attending gastroenterologist; Dr. Polito, attending surgeon; Ms. Bailey, critical care nurse) and the Hospital of St. Raphael, New Haven, Conn (Ms. Acampora, critical care nurse).

The standard method of suctioning nasogastric (NG) drainage from patients with acute gastrointestinal (GI) bleeding, hepatitis, or acquired immune deficiency syndrome (AIDS) is cumbersome. It also exposes mucus membranes of medical personnel to potentially infectious blood or NG fluid which may result in clinical hepatitis and /or AIDS.¹

When intensive antacid therapy is administered to a GI bleeder, the NG tube / suction line connector is disconnected while the NG tube is held above the level of the patient's nose to avoid NG fluid return. Then, an NG syringe which has first been filled with antacid and then with a flushing dose of water is fitted into the NG tube and its contents delivered. Next a plug is inserted into the NG tube to prevent antacid return. One-half hour later, the nurse unplugs the NG tube, reconnects it to the suction line connector, and resumes suction.

A safer and simpler way to administer antacid to a GI bleeder is to use a Lopez Enteral Valve® (ICU Medical, San Clemente, CA) instead of a suction line connector and an NG tube plug. This new valve is first connected into the NG tube and suction line. For continuous suction, the off-handle is turned to NG syringe receptacle.

To administer antacid or water, turn the off-handle to the suction line. Then, insert the NG syringe, filled with antacid or water, into to receptacle to deliver its contents. Next, the off-handle is turned to the NG tube for one half hour. Therefore, turn the off-handle to the NG syringe receptacle, turn on suction source, and resume action.

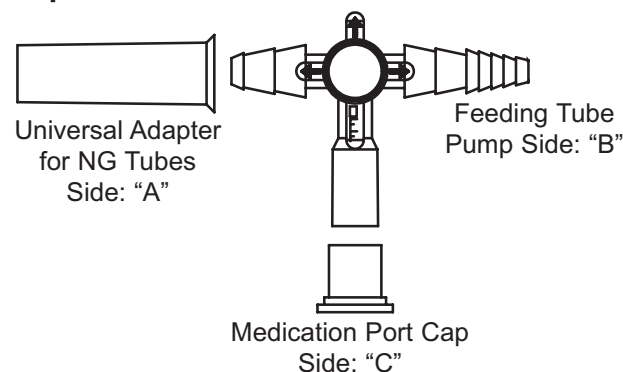
The Lopez Enteral Valve also facilitates continuous gastric lavage during an acute upper GI hemorrhage. Finally, it permits the administration of medications via feeding tubes. It avoids mixing of medications with the enteral solution and increases the absorption of these medications.

We have adopted this new device in the care of our critically ill patients and find it expedient and safe. The Lopez Enteral Valve prevents the accidental exposure of health care workers' mucous membranes (eye, mouth) to potentially infectious NG fluid. It also saves nurses time.

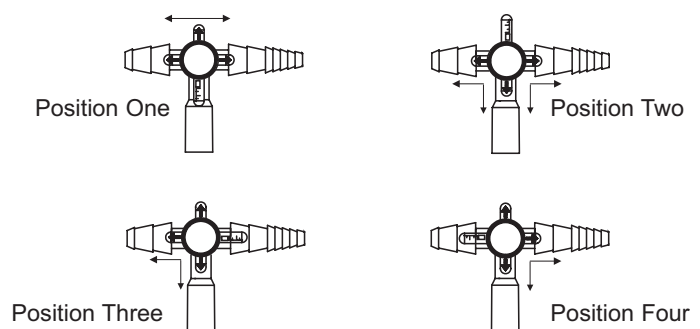
References

1. Summary: Recommendations for Preventing Transmission of Infection with HTLV-III/LAV in the Workplace. Leads from the MMWR (Morbidity and Mortality Weekly Report, Vol 34/No.45, 1985. Centers for Disease Control, Atlanta), in *Jama* 1985;254:3023-6

Lopez Valve



Fluid path is open when arrow indicators are aligned with luer connections. Off handle indicates closed port.



CAUTIONS: Federal (USA) law restricts this device to sale by or on the order of a physician. Change Lopez Enteral Valve according to accepted standards of enteral therapy.



951 Calle Amanecer

San Clemente, CA USA

(949) 366-2183 (800) 824-7890 www.icumed.com

U.S. Pat. Nos; 4,790,832; 4,895,562; Other Patents Pending

M1-1015 Rev.1