

Shiley™ Custom Tracheostomy Tube Template Pediatric / Neonatal (No Inner Cannula)

ORDER: NEW ORDER RE-ORDER

PRODUCT: NON-STERILE STERILE

NUMBER OF CUSTOM TRACHEOSTOMY TUBES ORDERED:
QTY: _____ (UOM = EA)

ACCESSORIES INCLUDED WITH EACH TUBE (UOM=EA):
2 Obturators

SPECIAL INSTRUCTIONS:

IF RE-ORDER PLEASE LIST PREVIOUS LOT NUMBER:

Product requiring modification outside the current template selection is considered an SCD product. **Please contact Customer Service for assistance at 800-635-5267 option 1 then 3 for assistance.**

PHYSICIAN NAME: _____

PATIENT NAME: _____

PURCHASER ORDER NUMBER:

Ship to Account Number: _____

Phone: _____

Fax: _____

SHIPPING INSTRUCTIONS:

Address: _____

City: _____

State: _____ Zip: _____

CONTACT INFORMATION:
TOLL FREE: (800) 635-5267
FAX: (800) 696-3636
www.shileycustomtrach.com

STEP 1				STANDARD LENGTH		
PRODUCT	SIZE	I.D.	O.D.	(A)	(B)	Total
				Proximal	Distal	Length
<input type="checkbox"/> MNT	<input type="checkbox"/> 2.5	3.8	0	30	30	30
	<input type="checkbox"/> 3.1	4.5	0	32	32	32
	<input type="checkbox"/> 3.4	5.0	0	34	34	34
	<input type="checkbox"/> 3.7	5.5	0	36	36	36
	<input type="checkbox"/> 4.1	6.0	0	39	39	39
<input type="checkbox"/> MPT	<input type="checkbox"/> 2.5	3.8	0	40	40	40
	<input type="checkbox"/> 3.1	4.5	0	41	41	41
	<input type="checkbox"/> 3.4	5.0	0	42	42	42
	<input type="checkbox"/> 3.7	5.5	0	44	44	44
	<input type="checkbox"/> 4.1	6.0	0	46	46	46
	<input type="checkbox"/> 4.5	6.4	0	46	44	44
	<input type="checkbox"/> 4.8	7.0	0	46	44	44
	<input type="checkbox"/> 5.1	7.5	0	46	46	46
	<input type="checkbox"/> 5.5	8.0	0	46	46	46
	<input type="checkbox"/> 6.0	8.3	0	50	50	50
<input type="checkbox"/> MNEO	<input type="checkbox"/> 3.0	4.5	0	30	30	30
	<input type="checkbox"/> 3.5	5.2	0	32	32	32
	<input type="checkbox"/> 4.0	5.9	0	34	34	34
	<input type="checkbox"/> 4.5	6.5	0	36	36	36
	<input type="checkbox"/> 5.0	7.1	0	39	39	39
<input type="checkbox"/> MPED	<input type="checkbox"/> 3.0	4.5	0	40	40	40
	<input type="checkbox"/> 3.5	5.2	0	41	41	41
	<input type="checkbox"/> 4.0	5.9	0	42	42	42
	<input type="checkbox"/> 4.5	6.5	0	44	44	44
	<input type="checkbox"/> 5.0	7.1	0	44	44	44
<input type="checkbox"/> MPDL	<input type="checkbox"/> 5.5	7.7	0	46	46	46
	<input type="checkbox"/> 5.0	7.1	0	50	50	50
	<input type="checkbox"/> 5.5	7.7	0	52	52	52
	<input type="checkbox"/> 6.0	8.3	0	54	54	54
	<input type="checkbox"/> 6.5	9.0	0	56	56	56
<input type="checkbox"/> MPDC	<input type="checkbox"/> 4.0	5.9	0	41	41	41
	<input type="checkbox"/> 4.5	6.5	0	42	42	42
	<input type="checkbox"/> 5.0	7.1	0	44	44	44
	<input type="checkbox"/> 5.5	7.7	0	46	46	46
	<input type="checkbox"/> 6.0	8.3	0	50	50	50
<input type="checkbox"/> MPLC	<input type="checkbox"/> 5.5	7.7	0	52	52	52
	<input type="checkbox"/> 6.0	8.3	0	54	54	54
	<input type="checkbox"/> 6.5	9.0	0	56	56	56

NOTE: All dimensions are in millimeters

STEP 2

CANNULA LENGTH:

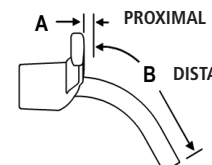
STANDARD (as specified in the table above)

MODIFIED

Total Length: _____ mm

Proximal (Horizontal) A: _____ mm

Distal (Vertical) B: _____ mm



NOTE: Maximum extended length for size 2.5 and 3.5 is 120mm and for size 4.0 through 6.5 is 170 mm, minimum shorten length 30mm, proximal and distal equal total modified length of cannula

STEP 3

CUFF:

UNCUFFED

STANDARD (MPDC & MPLC only)

STEP 4

FLANGE:

NEONATAL ((Size 3.0 thru 5.0)

PEDIATRIC (Size 3.0 thru 6.5)

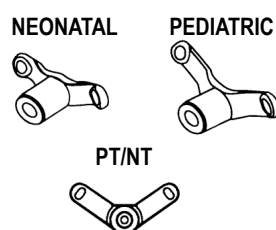
NT (Size 2.5 thru 4.5)

PT (Size 2.5 thru 6.5)

ROTATE: _____ Degrees

Counter Clockwise

Clockwise



NOTE: Not to exceed 40 degrees; rotation available on uncuffed only

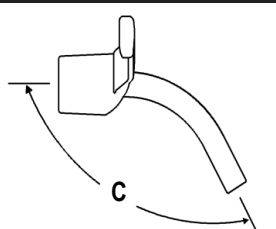
STEP 5

CANNULA CURVE:

STANDARD (120 Degrees)

MODIFIED

Curve C: _____



NOTE: Curve angle must be between 80 to 160 degrees

STEP 6

FENESTRATION:

NOTE: Fenestration location and size can be modified on uncuffed tubes only. Complete both location and size for fenestration option.

NON-FENESTRATED

STANDARD LOCATION

MODIFIED LOCATION

Distance D: _____ mm

STANDARD SIZE

MODIFIED SIZE

Length E: _____ mm

Width F: _____ mm

