



Phoneris™ Inner Cannulae & Phoneris™ Aero-Flex Evaluation Form

Institution Name: _____ Department: _____

Your Name: _____ Telephone #: _____

Date Evaluation Form Completed: _____

S1: What brand of tracheostomy tube does your institution use? Shiley___ Portex___ Bivona___

S1a: If more than one brand, please circle the brand that is most used.

S2: For S1, what sizes do you mostly use? _____

S3: How frequently do you change the inner cannula? 1x/shift ___ 1x/day___ Prn___ Other___

S3a: If other, please describe: _____

S4: How frequently do you change the omni-flex? 1x/shift ___ 1x/day___ Prn___ Other___

S4a: If other, please describe: _____

S5: Do you use any securing devices? Y___ N___

S5a: If yes, what type(s) do you use? _____

E1: Were you trained in the use of the product? Y___ N___

E2: Was the training appropriate? Y___ N___

E2a: If not, can you make suggestions on how to make the training better? _____

P1: Was the inner cannulae easy to insert into the tracheostomy? Y___ N___

P2: Was the Aero-Flex easy to connect to the inner cannulae? Y___ N___

P3: Was it easier to suction the patient with the Phoneris product in place? Y___ N___

P4: Had any of the patients involved in the evaluation demonstrated disconnect issues? Y___ N___

P4a: If yes, did the use of the Phoneris Inner Cannulae and Phoneris Aero-Flex solution decrease the incidence of disconnection? Y___ N___

P5: Would you recommend using the Phoneris solution? Y___ N___

P5a: If yes, why would you recommend using the Phoneris solution? _____

Any Additional Comments: _____