



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

Institution Name: \_\_\_\_\_ Department: \_\_\_\_\_

Your Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date Evaluation Form Completed: \_\_\_\_\_

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? \_\_\_\_\_

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Any Additional Comments: \_\_\_\_\_

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