Cannulaide® - FAQ

Q: I have trouble with the prongs putting pressure on babies’ nasal septums. What can I do?

A: Prongs put pressure on the septum as the barrel of the cannula presses against the septum. Although placing material such as the Cannulaide between the cannula and the septum helps a little, the real solution is to keep the cannula off of the septum like this (figure A):

- Apply Velcro loop strips to the cannula and insert the prongs only far enough to make a good pressure seal with the Cannulaide. Press the cannula down to secure the Velcro with the hook material on the Cannulaide. This will help keep the cannula from sliding up and pressing against the nose. Even on very small babies you can often get 3mm (1/8″) of clearance between the cannula and the septum. Remember the seal isn’t made between the prongs and the baby, it’s made with the Cannulaide. Here is a closeup picture of the seal from the baby’s viewpoint (figure B).
- Secure the CPAP tubing to the baby’s hat to help prevent shifting of the cannula as the baby moves his head (figure C).
- Inspect the baby frequently (I really recommend that every 20 minutes you do a “quick check”) and readjust the tubing or Cannulaide when necessary.
- Cultivate a “shared baby” attitude in your unit. I visited a unit where the nurse observed a minor problem with the CPAP setup and she neither fixed the problem nor fetched the RT. I was just itching to reach over and adjust that darned cannula! It just needed a little tug to set it right.

Q: What is bubble CPAP?

A: In bubble CPAP the end of the expiratory side of the patient’s CPAP tubing is immersed in a container of water up to a certain depth. The depth determines the amount of CPAP pressure. The bubbling action of the air in the water also causes small, high-frequency variations in the CPAP pressure that may benefit the patient.

Q: What do I do if antibiotic ointment gets around the nose and I can’t get a good seal with my Cannulaide?

A: There isn’t much distance between the baby’s eyes and nose, and nurses can be pretty generous with the antibiotic ointment. After it warms up a bit, it can migrate ALL OVER! Even if you wipe the area clean a small amount of the oil remains and can interfere with adhesives of all kinds, including the Cannulaide. When this happens we are washing the area with sterile water and Dial soap on a cotton ball, then patting the area dry with a tissue. We try hard to avoid washing these kids because their skin is fragile. That’s why it’s important to teach your team about keeping the area clear and how eye ointment can so easily spread to the nose and make it difficult to get good CPAP – then the baby stays longer and the nursing job gets harder. TEAMWORK!
Q: I have trouble fastening down water bottles so they don’t tip. Suggestions?

A: One of the therapists at the hospital where I work has fashioned a great holder that attaches to an IV pole. I’ll post pictures here later, but for now just email me and I’ll tell you about it.

Q: I have trouble visualizing the tip of the tube immersed in the water. What can I do?

A: You can wrap the tip of the tube in colored tape so it is easier to see through the water bottle.

Q: What is better, bubble CPAP or using a flow generator? How do I choose?

A: Right now the quickest answer may be that the flow generators give you the consistency and control that comes with machine settings, while bubble CPAP is very inexpensive. One customer told us that, when they run out of flow generators they add bubble CPAP setups so they often are running both. There is a lot of literature out now in the debate about bubble vs machine CPAP. I’ll try to add references here as time permits.

Q: What is the best way to inspect the nares?

A: First, remove the CPAP prongs and look directly at the nares. Depending on the baby you may get a good look that way. If necessary, suction the nares right through the Cannulaide and look again. You may get a better view if you trans-illuminate the nare with a penlight. If you still are not comfortable that you’ve gotten a good look, then remove the Cannulaide and continue your inspection. While each Cannulaide has a certain cost, it is nothing compared to the cost associated with nasal septal breakdown. Judicious use of the Cannulaides should help you eliminate most of these cases.

Q: Sometimes I have trouble getting the Cannulaide to seal around the really curvy part of a baby’s nostril. What can I do?

- First, we make sure the baby’s skin is clean and dry in this area.
- Next, we make sure the Cannulaide is warm. Most people can just put it between their hands for a few seconds to warm it up, others have to hold it near the crib warmer. Warmer equals stickier.
- Next, the seal can be improved by using careful technique which may vary from one therapist/nurse to another. Personally I use the method that I illustrated in the instructions.
where I put the Cannulaide along the baby’s lip and then roll it up and over the nares. My fingers are small, so it is usually easy for me to tuck and press the material right into the creases at the base of the baby’s nose. Others use a tool such as the release liner from the Cannulaide, just folded in half. Once you’ve put the Cannulaide in place, hold it there for a couple of seconds to give the adhesive time to attach.

- Next, some babies just have very pronounced creases at the bottoms of their noses, and/or a thin rim around their nares and remain difficult. For these I put just a drop of Mastisol around the nare – not on the lip or the bridge of the nose or out on the cheek – just around the crease area and sometimes around the nare.

We were very careful in choosing the adhesive properties for the Cannulaide and for most babies it goes on without a problem.

Q: Is the Cannulaide compatible with cleaning solutions that we use to wash the baby’s face, such as sterile water, soapy water or alcohol?

A. Sort of. Use whatever cleaning solutions you normally use and then make sure the baby’s skin is dry. Once the Cannulaide is in place, it is reasonably resistant to moisture. I really think that if a Cannulaide is in place and you use a cleaner that is potentially irritating to the baby, you should replace the Cannulaide very soon. The reason is that the hydrocolloid could absorb the cleaner along its edges. I have used water and a small amount of plain soap with no problems.