Evidence-Based Medicine
Numerous randomised studies have indicated that early enteral nutritional support is vital to improving clinical outcomes for patients in the ICU. Small bowel feeding allows physicians to meet the patient’s caloric requirement more quickly. Also, by delivering the nutrients more distally, small bowel feeding may lower rates of regurgitation and aspiration of gastrointestinal contents and the resulting risk of pneumonia. The Tiger 2 enteral feeding tube has been found to have a prokinetic placement success rate of up to 80%.

Importance of Early Enteral Feeding
• May offer advantages over blind nasogastric bedside placement.
• More effective and earlier nutrient metabolism.
• Potential decreased risk of ventilator-associated pneumonia.
• Less need for fluoroscopy, endoscopy or surgery to obtain distal enteral feeding access.
• May decrease ICU and hospital costs by reducing the use of total parenteral nutrition and improving the delivery of nutrition.

Product Features
The unique alternating cilia-like flaps along the Tiger 2 help to quickly advance it into the distal portions of the small bowel via peristalsis. This self-advancing placement reduces the risk of perforation or misplacement that is seen with weighted-tipped feeding tubes and avoids costly endoscopy or fluoroscopy procedures. In addition, the early postpyloric placement allows nutritional goals to be met sooner, which could lead to a shorter length of stay in the ICU.

Ordering Information
The Tiger 2 is intended to provide short-term enteral access for delivery of nutrition and/or medication to the small bowel. Supplied sterile in peel-open packages. Intended for one-time use.

Global Product Number Order Number French Diameter cm Length cm Sideports
Tiger 2 G5012 C-NJFT-65-170-NJFT 14.0 155 5

Product
Order Number Diameter cm Length cm Tip
Torque Cable (optional) G50124 TSBD-65-170-NJFT 665 170 straight

References

Tiger 2™
SELF-ADVANCING NASAL JEJUNAL FEEDING TUBE

Now available in soft, plant polyurethane material.

155 cm Length helps to prevent migration
14.0 French Diameter optimizes feeding capabilities of medications and thicker, fiber-containing formulas
5 Sideports help to prevent tube from clogging
Centimeter Markings every 10 cm from 40-100 cm provide visual confirmation of tube position
Optional Torque Cable can be used to add body/stiffness

Product Suggested Insertion Instructions
1. Apply lubrication to the distal tip of the Tiger 2.
2. Advance the feeding tube nasally, or orally, a depth of 20-30 cm into the stomach (dependent upon patient’s anatomical measurements).
Note: The optional torque cable may be used to advance the tube 20-30 cm. Cable must be inserted in the Tiger 2 prior to placement in patient. Remove the cable after advancement into the stomach is achieved.

Note:
3. The Tiger 2 should be left in place at least 10-30 cm for 6-8 hours. If peristalsis activity is weak, the Tiger 2 can be advanced 10-15 cm/hour.
4. If the patient's stomach is anatomically abnormal, advance the tube 5 cm increments.
5. Fluoroscopic agents may be used to confirm placement in accordance with standard institutional protocol.
6. If the 150 cm mark is passed, an abdominal x-ray to confirm placement in the small intestine should be performed within 24 hours. Placement longer than 72 hours may increase the risk of perforation.
7. Secure appropriately to endotracheal tube or other means of support.

Tube Removal
CAUTION: Remove the Tiger 2 in a slow, consistent manner.

Note: The Tiger 2 may be advanced up to 150 cm or more depending on the patient’s anatomical measurements and continually verified using fluoroscopy. The Torque Cable is intended to advance the tube 50-70 cm for 30 minutes to 1 hour. The optional torque cable must be inserted in the Tiger 2 prior to placement in patient.

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Tiger 2 Technology
The Tiger 2 is an innovative "self-advancing" nasal jejunal feeding tube that allows peristalsis to pull it directly and safely into the small bowel, providing it directly and safely into the jejunal feeding tube that allows peristalsis to pull it directly and safely into the small bowel. Providing a feeding access that has a higher success rate of feeding tube placement to the small bowel and optimizes feeding capabilities of medications and thicker, fiber-containing formulas. The Tiger 2 can be advanced 10-15 cm every 30 minutes to 1 hour until the 150 cm mark is reached. Once reach the 150 cm mark, take an abdominal x-ray to confirm the placement of the tube in the small intestine. If peristalsis activity is weak, advance the tube 5 cm increments. If the patient's stomach is anatomically abnormal, advance the tube 5 cm increments. Fluoroscopic agents may be used to confirm placement in accordance with standard institutional protocol. If the 150 cm mark is passed, an abdominal x-ray to confirm placement in the small intestine should be performed within 24 hours. Placement longer than 72 hours may increase the risk of perforation. Secure appropriately to endotracheal tube or other means of support. The Tiger 2 is intended to provide short-term enteral access for delivery of nutrition and/or medication to the small bowel. Supplied sterile in peel-open packages. Intended for one-time use.

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