TLCannula™
from Salter

Striving to be #1 IN PATIENT SATISFACTION

Salter design innovation.
The long-term "wearability" cannula.

Hospital-acquired pressure ulcers (HAPUs) are difficult to heal, costly to treat, and no longer reimbursed by CMS.[1] Prevention is your best opportunity for management.[2-4]

Salter's TLCannula™ is designed to alleviate problems in the most common location for device-related pressure ulcers—the ear.[5,6]

Salter features

- Ultra-soft, gray foam cushions, curved and conformed to the tubing around the ear
- Unique, patented facepiece design
- Available in dual port demand style
- Cushions made of closed-cell foam

Problems solved

- Softer touch
- Less pressure[7]
- Comfortable feeling, regardless of position[7]
- More natural "fit"
- Reduced patient anxiety
- Maximum comfort for long-term oxygen therapy patients

Before cannula-related pressure ulcers become a problem, discover TLCannula™

SALTER LABS®
DESIGN INNOVATIONS FOR RESPIRATORY CARE

TLCannula™ from Salter

LATEX FREE

TLCannula™ benefits are now available in the following Salter Cannulas:

Foam cushions adjust easily for a comfortable fit and less chafing and tissue injury over the ear.[1,7]

ADULT TLCannulas	TUBING LENGTH	UNITS (PER CASE)	PART #
Adult TLCannula with foam cushions	4′	25	1600TLC-4-25
Adult TLCannula with foam cushions	7′	25	1600TLC-7-25
Adult TLCannula with foam cushions	10′	25	1600TLC-10-25
Adult TLCannula with foam cushions	25′	25	1600TLC-25-25
Other tubing lengths available. Contact your Salter representative.			

ADULT HIGH FLOW TLCannula with Foam Cushions	TUBING LENGTH	UNITS (PER CASE)	PART #
Adult High Flow TLCannula with foam cushions	7′	25	1600HFTLC-7-25
Adult High Flow TLCannula with foam cushions	14′	25	1600HFTLC-14-25
Adult High Flow TLCannula with foam cushions	25′	10	1600HFTLC-25-10

ADULT TLC Masks with Foam Cushions	TUBING LENGTH	UNITS (PER CASE)	PART #
Medium concentration oxygen mask	7′	25	8110TLC-7-25
High concentration, non-rebreathing mask	7′	25	8140TLC-7-25
Percent-O_2-Lock air entrainment system with humidity cup	7′	25	8150TLC-7-25

References:
1. Turjanica MA, Clark L, Martini C, et al. Incidence, correlates, and interventions used for pressure ulcers of the ear. *Medsburg Nurs.* 2011;20(5):241-246. **2.** Bolton L, Girolami S, Slayton S, et al and the Association for Advancement of Wound Care Guideline Subcommittee. Assessing the need for developing a comprehensive content-validated pressure ulcer guideline. *Ostomy Wound Manage.* 2008;54(11):22-30. **3.** Harrison M, Mackey M, Friedberg E. Pressure ulcer monitoring: a process of evidence-based practice, quality and research. *Jt Comm J Qual Patient Saf.* 2008;34(6):355-359. **4.** Pieper B, Langemo D, Cuddingan J. Pressure ulcer pain: a systematic literature review and antional pressure advisory panel white paper. *Ostomy Wound Manage.* 55(2):16-31. **5.** Black JM, Cuddigan JE, Walko MA, et al. Medical device related pressure ulcers in hospitalized patients. *Int Wound J.* 2010;7(5):358-365. **6.** VanGilder C, Lachenbruch C, Harrison P, Davis D. Overall results from the 2011 International Pressure Ulcer Prevalence™ Survey. Presented at: Wound, Ostomy and Continence Nurses Society 44th Annual Conference; June 11, 2012; Charlotte, NC. **7.** *International review. Pressure ulcer prevention: pressure, shear, friction and microclimate in context. A consensus document.* London: Wounds International; 2010. Available at: http://www.woundsinternational.com/pdf/content_8925.pdf. Accessed September 24, 2012.

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