



Tiger 2™

SELF-ADVANCING NASAL JEJUNAL FEEDING TUBE



Advance to the next
level of enteral feeding.



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Now available in soft, pliant polyurethane material.

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 quick enteral access for delivery of nutrition and/or medication.

Evidence-Based Medicine

Numerous randomized studies have indicated that early enteral nutritional support is vital to improving clinical outcomes for patients in the ICU.¹ 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 nasal jejunal feeding tube has been found to have a postpyloric placement success rate of up to 80%.²

Importance of Early Enteral Feeding

- May offer advantages over blind nasogastric bedside placement.³
- More effective and earlier nutrient metabolism.⁴
- Potential decreased risk of ventilator-associated pneumonia.⁴
- Less need for fluoroscopy, endoscopy or surgery to obtain distal enteral feeding access.⁵
- May decrease ICU and hospital costs by reducing the use of total parenteral nutrition and improving the delivery of nutrition.⁵

References

1. Zaloga GP, Roberts PR. Bedside placement of enteral feeding tubes in the intensive care unit. *Crit Care Med.* 1998;26(6):1036-1039.
2. Davies AR, Bellomo R. Establishment of enteral nutrition: prokinetic agents and small bowel feeding tubes. *Curr Opin Crit Care.* 2004;10(2):156-161.
3. Samis AJW, Heyland D, Drover J. Evaluation of two novel strategies for postpyloric placement of enteral feeding tubes. Poster presented at: Toronto Critical Care Medicine Symposium 2003; October 30-November 1, 2003; Toronto, Canada.
4. Macpherson B, Iverson J, Butler S. Small bowel feeding tubes: bedside placement by nurses. Poster presented at: National Teaching Institute and Critical Care Exposition; May 10-12, 2005; New Orleans, LA.
5. Friese RS, Williams RW. Placement of frictional small bowel feeding tube is a convenient and cost-effective method of obtaining distal feeding access in acutely ill patients. Poster presented at: American Society of Parenteral and Enteral Nutrition, Clinical Nutrition Week 2006; February 11-15, 2006; Dallas, TX.



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 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.¹

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 Size	Length cm	Sideports
Tiger 2				
G50415	C-NJFT-14-U	14.0	155	5

Global Product Number	Order Number	Diameter inch	Length cm	Tip
Torque Cable (optional)				
G30124	TSBD-65-170-NJFT	.065	170	straight

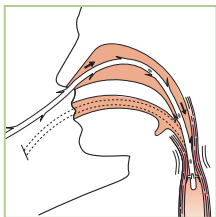
Quick Reference Card



Tiger 2™

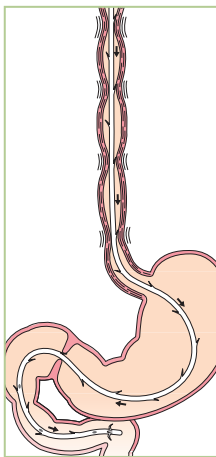
SELF-ADVANCING NASAL JEJUNAL FEEDING TUBE

Suggested Insertion Instructions



1. Apply lubrication to the distal tip of the Tiger 2.
2. Advance the feeding tube nasally or orally, initially 50-70 cm into the stomach (dependent upon patient's anatomical measurements).

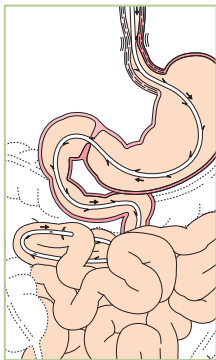
Note: The optional torque cable may be used to advance the tube 50-70 cm. Cable must be inserted in the Tiger 2 prior to placement in patient. Remove the cable after advancement into the stomach is achieved.



Note: Do not reinsert torque cable while the Tiger 2 is in the patient. Insufflation and auscultation may be used to confirm that the distal tip of the feeding tube is in the stomach.

3. The Tiger 2 should be left in place at 50-70 cm for 30 minutes to 1 hour.
4. Thereafter, advance the tube 10 cm every 30 minutes to 1 hour until the 100 cm mark is reached.

Note: If peristalsis activity is weak, the Tiger 2 can be advanced 10 cm every 2 hours.



5. If the patient's stomach is anatomically abnormal, advance the tube in 5 cm increments.

6. Pharmacological agents may be used to increase peristalsis in accordance with standard institutional protocol.

7. At the 100 cm mark, take an abdominal x-ray to confirm placement in the small intestine.

Note: Usually placed within 3-4 hours; however, placement could take 12-24 hours with decreased peristalsis.

8. Secure appropriately to endotracheal tube or nose once the tube is fully advanced.

Tube Removal

CAUTION: Remove the Tiger 2 in a slow, controlled manner.

Note: This Quick Reference Card is an outline highlighting the insertion and removal process for the Tiger 2 Self-Advancing Nasal Jejunal Feeding Tube. The *Suggested Instructions for Use* booklet should be consulted for a more thorough examination of the insertion and removal protocol, indications, contraindications, warnings and precautions.

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