

# AIRFLOW™ BAG - AF1140MBP-TM5

LATEX FREE | SINGLE PATIENT USE | DISPOSABLE | CE MARK



Adjustable PEEP valve  
5-20 cm H<sub>2</sub>O connects to  
filter on exhalation port  
or connects directly to  
exhalation port

- Adult face mask
- Volume - 1900 mL
- Stroke Volume - 950-960 mL
- Weight Range - ≥ 40 kg (88 lbs)



## INSTRUCTIONS FOR USE

### PREPARATION FOR USE

1. Test the resuscitator for proper functioning: With patient port completely occluded, squeeze bag body to assure resistance is present. Positive needle movement should occur if equipped with a manometer.
2. Before using the mask, inspect for adequate inflation.
3. The manual resuscitator/ventilator may be used with a 19 mm PEEP valve with or without the expiratory filter attached. A 30 mm PEEP valve can be used with the expiratory filter attached. Attach PEEP valve to the expiratory filter that is attached to the exhalation port. Be sure that the accessory fits properly and does not interfere with compression of the resuscitator.
4. Actual PEEP may vary with patient lung compliance and resistance. Verify PEEP with a certified manometer.
5. For correct performance on the manual resuscitator/ventilator with oxygen reservoir, unfold the reservoir bag and assure that airflow is not restricted.

### CAUTIONS

Expiratory filter, the filter must be dry and free of secretions. Wet filters have a high resistance that can impede ventilation and cause serious patient injury. Also, wet filters will not provide effective filtration.

### DIRECTIONS FOR USE

1. Place the patient in a supine position. Establish and maintain an open airway.
2. Grasp the bag body with one hand.
3. Hold the mask between the index finger and thumb of the other hand. Place mask over face firmly to form a tight seal around the patient's nose and mouth.
4. Ventilate the patient by compressing the bag body for inhalation and releasing the bag body for patient's passive exhalation and bag body re-expansion. Continue this cycle as directed by medical authority.
5. Monitor peak airway pressures by observing the integrated manometer. NOTE: If the patient is not intubated and patient condition allows, keep the peak inspiratory pressures <20 cm H<sub>2</sub>O which will help prevent gastric insufflation during mask ventilation.
6. To remove vomitus: Disconnect resuscitator from patient. Tap the patient valve several times while squeezing the bag body. Re-test the resuscitator for proper functioning.
7. If patient is intubated, remove mask from patient port. Connect patient port directly to the endotracheal tube adapter. Continue ventilation.
8. To use supplemental oxygen: Connect oxygen supply tubing to O<sub>2</sub> source at appropriate flow rate. FDO<sub>2</sub> values may be affected if flow is not sufficient. Oxygen flow ≥15 lpm may be necessary. Do not let flow rate exceed 30 lpm due to possible increase in exhalation resistance.
9. When using the expiratory filter, monitor patient continuously while filter is in use. Please observe patient for proper chest movement during respiratory cycle. If ventilation is in question, remove filter from exhalation port and check filter for occlusion. If filter is occluded, discard and change filter.
10. Replace expiratory filter if used continuously for 24 hours, or more frequently, if resistance to flow reaches unacceptable levels.
11. Replace resuscitation bag when it is visibly soiled or per hospital policy — whichever comes first.

**WARNING:** Always read instructions for use on product packaging prior to use on these devices.