

# AIRFLOW™ BAG - AF2102MPB

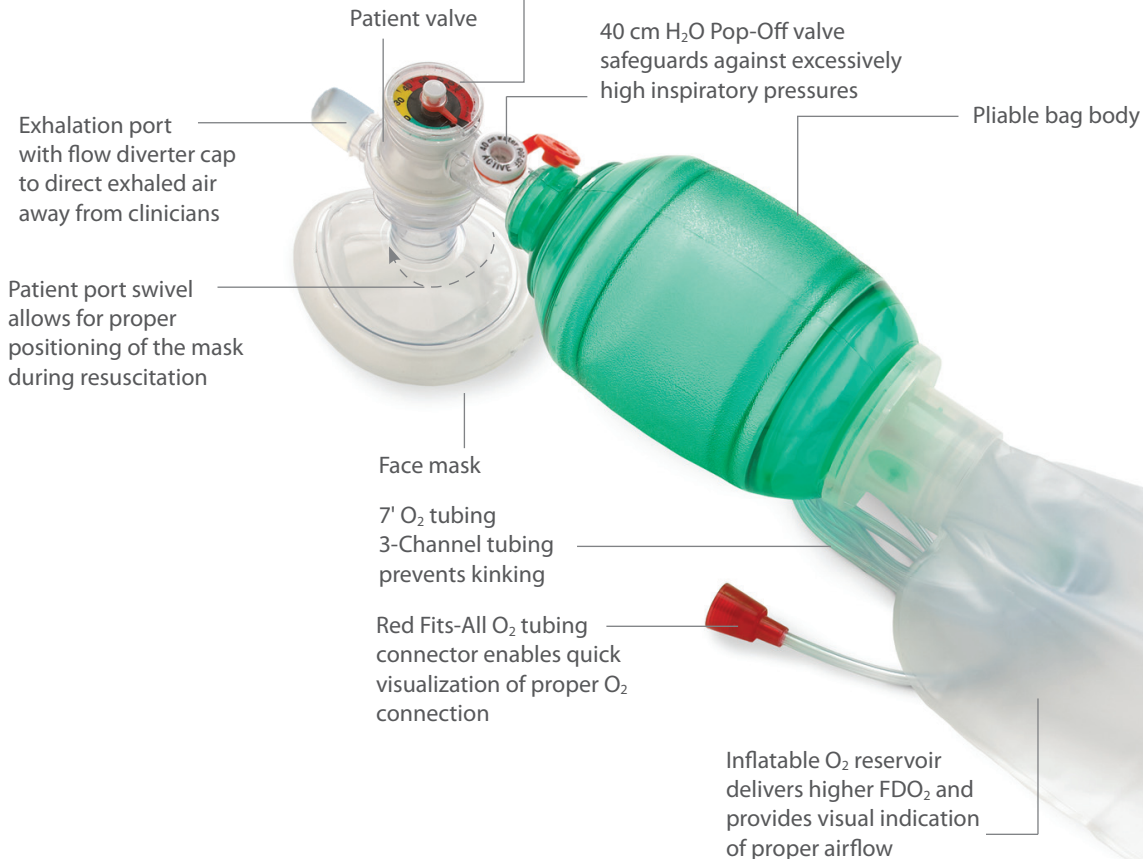
LATEX FREE | SINGLE PATIENT USE | DISPOSABLE | CE MARK



Adjustable PEEP Valve 5-20 cm H<sub>2</sub>O connects to exhalation port after removing flow diverter cap

- Pediatric face mask
- Volume - 1000 mL
- Stroke Volume - 600-620 mL
- Weight Range - ≤ 40 kg (88 lbs)

Integrated Pressure Manometer allows clinicians to target and monitor inspiratory pressure



## 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 ID PEEP accessory. Attach PEEP accessory 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.
6. For correct performance on the manual resuscitator/ventilator with corrugated oxygen tubing, extend reservoir hose to full length.

### CAUTIONS

- When using the optional Pop-Off feature on adults, pressure may not be sufficient to insure adequate ventilation.
- On models with option Pop-Off feature: To override the Pop-Off feature, insert tethered cap into Pop-Off opening.
- If provided with an 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. If equipped with a manometer, monitor peak airway pressure by observing the built-in gauge.
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. If 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.