ventlab
A SunMed Brand

PEDIATRIC

AirFlow™ | MANUAL RESUSCITATOR / VENTILATOR

Single Use | NON STERILE | Not made with natural rubber latex | PHT DEHP Contains DEHP | Rx ONLY For Professional Use Only | Consult IFU

To provide respiratory support in the presence of reversible apnea commonly associated with respiratory arrest.

PREPARATION FOR USE

Test resuscitator for proper functioning:

With patient port completely occluded, squeeze bag to assure resistance is present. Positive needle movement should occur if equipped with a pressure manometer.

WARNINGS

This device should only be used by personnel trained in CPR procedures.

Constantly monitor patient for effectiveness of ventilation while device is in use.

For fire safety: When using oxygen with this device, do not use within 3 feet of defibrillation equipment, open flame or spark-producing equipment.

Do not attempt to sterilize or disinfect this device or its components.

Do not use in contaminated environment because the device will entrain the atmosphere.

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_2 source at appropriate flow rate. FDO_2 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 filer 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*

PERFORMANCE SPECIFICATIONS

Bag Volume	1000 ml
Stroke Volume	650-670 ml (ASTM Standard Hand)
Body Mass Use Range	≤40 kg (88 lbs)
Patient Port Inlet	15 mm / 22 mm
Deadspace	10 ml with mask or low deadspace adapter
Forward & Backward Leak	Not measurable
Inspiratory Resistance	<5 cm H_2O
Exhalation Resistance	<5 cm H_2O at 50 lpm flow
Accuracy of Manometer	±5 cm H_2O
Pressure Relief (optional)	25 cm H_2O or 40 cm H_2O
Attainable Delivery Pressure	≥80 cm H_2O
Ventilatory Frequency	≥60 bpm (NO LOAD)
Operating Temperature	-18˚C to 51˚C (0˚F to 123˚F)
Storage Environment Limits	-40˚C to 60˚C (-40˚F to 140˚F)
Avg. Device Mass	0.35 kg (0.77 lb) w/o mask
Avg. Length (std. model)	30.5 cm (12")

DISPOSABLE BACTERIAL / VIRAL EXPIRATORY FILTER SPECIFICATIONS

Filter Inlet	19mm inlet port accepts 19 or 30mm PEEP Valve
Hydrophobic BFE	>99.99%
Hydrophobic VFE	>99.99%
Deadspace	20 ml
Resistance to Flow	<2.2 cm H_2O @ 30 lpm

DELIVERED OXYGEN CONCENTRATION

RATE	12 bpm	15 bpm	20 bpm
TIDAL VOLUME	500 ml	500 ml	500 ml
O_2 FLOW RATE	15 lpm	15 lpm	15 lpm
FDO_2	99%	99%	99%

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