dynarex Resp-O2™

Reorder Nos. **36000-36007**

# Adult, Pediatric, Infant Manual Pulmonary Resuscitator (MPR)

## INTENDED USE

The resuscitator is a single-patient use resuscitator intended for pulmonary resuscitation of adults, pediatrics, and infant patients.

## CAUTIONS

This product is intended for use by a qualified person trained in advanced pulmonary ventilation and/or Advanced Cardiac Life Support (ACLS) techniques.

Re-use may degrade the performance of the product or contribute to cross contamination.

## PRECAUTIONS

1. Clear patient's airway before using manual resuscitator.
2. Always check for proper function of resuscitation.
   a) Verify proper valve action.
   b) Verify that the valve is free of obstruction.
   c) Verify patient is being ventilated by observing alternate rise and fall of the patient's chest during resuscitation.
3. Do NOT use in contaminated atmosphere (e.g., gases, smoke, etc.)
4. When using oxygen with this device do NOT smoke or use in presence of open flame or spark producing equipment.
5. Do NOT attempt to sterilize or disinfect this device [MPR BAG] or its components.

## PREPARATION FOR USE

1. Prior to using the resuscitator, visually verify proper valve action while squeezing the resuscitator.
2. If resuscitating with high concentration of oxygen, attach oxygen connector to a proper oxygen source.
3. Set oxygen flow as per the order of a physician.
4. Inspect the mask for adequate inflation.
5. When resuscitating through endotracheal tube, remove mask from patient port and connect patient port directly to the endotracheal tube adaptor.
6. The resuscitator may be used with a 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.
7. Actual PEEP may vary with patient lung compliance and resistance. Verify PEEP with a certified manometer.
8. For correct performance (applicable for MPR with Reservoir Tube): Extend reservoir tube to full length.

## INSTRUCTIONS FOR USE

1. Clear patient's airway, if obstructive.
2. Place the patient in a supine position. Establish and maintain an open airway.
3. After establishing this position, place mask firmly over the nose and mouth and hold in place.
4. Resuscitate patient by alternately squeezing and releasing the bag at the prescribed rate.
5. Verify that patient's chest rises and falls during resuscitation. If movement is absent during resuscitation, check patient's airway.
6. Time manual resuscitation with any spontaneous breathing to prevent blockage of exhalation.
7. During ventilation, check for the following: signs of cyanosis, adequacy of ventilation, airway pressure, proper function of all valves, proper function of reservoir and oxygen tubing.
8. To clear any valve obstruction within resuscitation bag, disconnect the patient from the device. Foreign material in the valve such as vomitus, blood, or secretions may be removed by squeezing the bag briskly and shaking any remaining obstruction out of the exhalation port and/or rinsing with water.
9. Retest the resuscitation bag by rapidly squeezing several sharp breaths through the valve to see if there are any contaminate.
10. If the contaminate still does not clear, discard the resuscitator.
11. When not in use, store the resuscitator in its polybag.

## WARNINGS

- Proficiency in the use of this product must be demonstrated prior to use on a patient.
- Only qualified personnel trained in the use of positive end expiratory pressure (PEEP) should administer PEEP with this device.
- Always verify PEEP level and the function of the resuscitator before use on a patient.
- Monitor airway pressure with a certified manometer when ventilating patient.
- Remove the oxygen reservoir and reservoir valve if supplemental oxygen is not being administered.
- Overriding the pressure relief mechanism may lead to excessive ventilatory pressures that may have an adverse effect on cardiopulmonary status.
- Do not use oil, grease or any hydrocarbon-based substance on any part of this product. Supplemental oxygen may combine explosively with hydrocarbons.
- Do not attempt to disassemble the pressure relief valve assembly; damage to the valve will occur.

| | ADULT | PEDIATRIC | INFANT |
|---|---|---|---|
| Patient Size | >30 kg | 7 to 30 kg | <7 kg |
| Bag Volume | 1600 mL | 500 mL | 280 mL |
| **Average stroke volume** | | | |
| 1 Hand | 700 mL | 300 mL | 150 mL |
| 2 Hands | 900 mL | 350 mL | 225 mL |
| Device Maximum Weight | 0.35kgs | 0.19kgs | 0.165kgs |
| **Oxygen Concentration (Avg. Values)** | | | |
| $FiO_2$ Performance | | | |
| w/Corrugated Reservoir | 97% | 97% | 97% |
| w/Bag Reservoir | >90% | >90% | >90% |
| Cycle Rate (bpm) | 20 | 20 | 40 |
| Tidal Volume (mL) | 800 mL | 250 mL | 160 mL |
| Oxygen Flow Rate (L/min) | 15 | 15 | 15 |
| **Recommended Oxygen Flow Rate** | **15 liters per minute** | **15 liters per minute** | **15 liters per minute** |
| Patient Connector Dimensions | 22 mm O.D./15 mm I.D. | 22 mm O.D./15 mm I.D. | 22 mm O.D./15 mm I.D. |
| Inspiratory Resistance | <5 cm $H_20$ at 50 L/min | <5 cm $H_20$ at 30 L/min | <5 cm $H_20$ at 30 L/min |
| Expiratory Resistance | <5 cm $H_20$ at 50 L/min | <5 cm $H_20$ at 30 L/min | <5 cm $H_20$ at 30 L/min |
| Dead Space | 7 mL | 7 mL | 7 mL |
| Dead Space w/Mask | 150 mL | 95 mL | 28 mL |
| Storage Temperatures | -40° to 60°C (-40° to 140°F) | -40° to 60°C (-40° to 140°F) | -40° to 60°C (-40° to 140°F) |
| Oparating Temperatures | -18° to 50°C (-0° to 123°F) | -18° to 50°C (-0° to 123°F) | -18° to 50°C (-0° to 123°F) |
| PEEP Adaptor Connection | 30 mm O.D. | 30 mm O.D. | 30 mm O.D. |


℞ Only **CAUTION:** Federal (USA) Law restricts this device to sale by or on the order of a physician.

**SYMBOL GLOSSARY**
For an explanation of symbols used in Dynarex packaging, visit **dynarex.com/symbols.php**

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