

RD900 / 900IW130 NEOPUFF™ INFANT T-PIECE RESUSCITATOR OPERATING INSTRUCTIONS

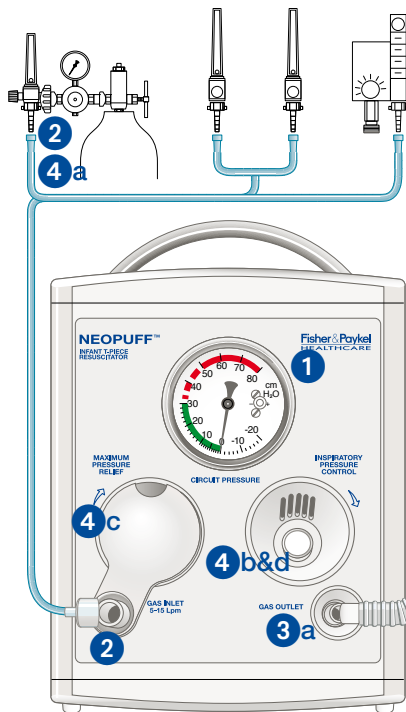


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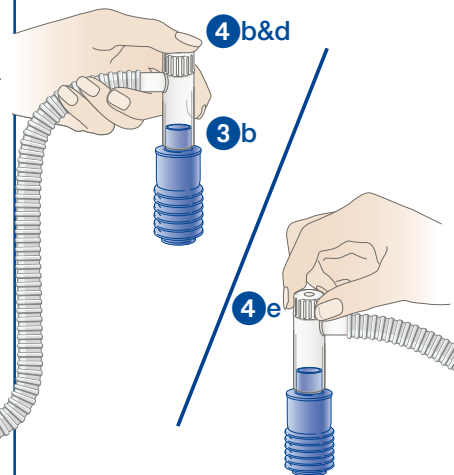
STEPS TO OPTIMAL RESUSCITATION

Setup

The following procedure should be carried out prior to every use of the Neopuff to ensure that the device is functioning correctly.



- 1** Check manometer reads zero with no gas flow. If not, the manometer requires calibration (refer to section 3.3.4 of the Technical manual).
- 2** Connect gas supply: Connect an oxygen or blended oxygen/air supply to gas inlet port using gas supply line.
- 3** Connect patient supply line:
 - a) connect patient supply line and patient T-piece to the gas outlet port.
 - b) connect test lung to patient T-piece (before use, inspect test lung for signs of damage such as discolor)
- 4** Check Settings
 - a) Adjust gas supply to desired flowrate between 5 and 15 LPM. To check Maximum Pressure:
 - b) Occlude PEEP¹ cap and turn PIP² control fully clockwise.
 - c) Adjust maximum pressure control knob clockwise or counter-clockwise to set desired maximum pressure.
 - d) While still occluding the PEEP cap, turn PIP control knob counter-clockwise until the desired peak inspiratory pressure is set.
 - e) Adjust PEEP cap to the desired PEEP level.



- 5** Turn off gas supply and remove test lung from patient T-piece. Ensure that the rigid plastic connector of the test lung is also removed from the T-piece before attempting to connect a mask or endotracheal tube. Failing to do so may cause unacceptable delays during patient resuscitation.

1. Positive End Expiratory Pressure 2. Peak Inspiratory Pressure

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STEPS TO OPTIMAL RESUSCITATION

To Resuscitate

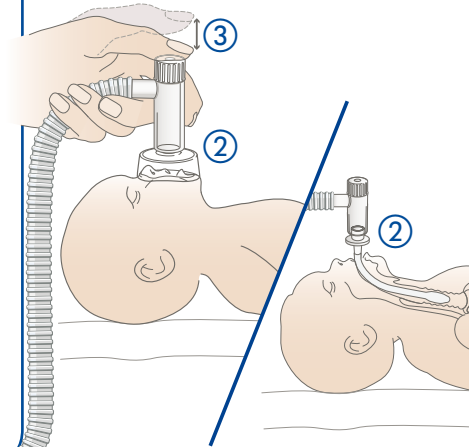
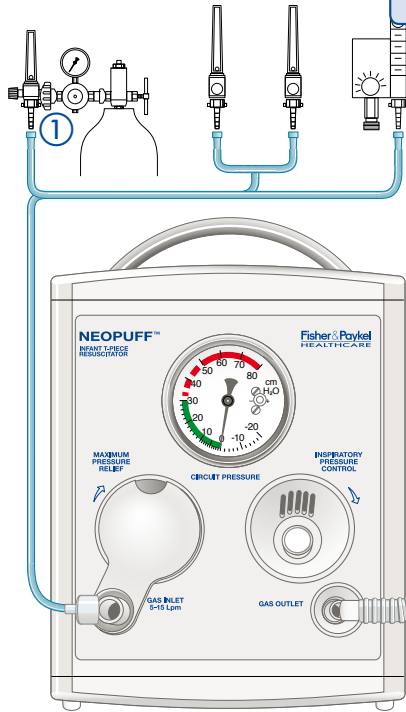
- ① Adjust gas supply to the desired flowrate.
- ② Fit patient T-piece to neonatal resuscitation mask and place over the baby's mouth and/or nose.

OR

Fit patient T-piece to the endotracheal tube.

- ③ Resuscitate by placing and removing thumb over the PEEP¹ cap to allow inspiration and expiration.

1. Positive End Expiratory Pressure.



RD900/900IW130 NEOPUFF™ INFANT T-PIECE RESUSCITATOR OPERATING INSTRUCTIONS

The Fisher & Paykel Neopuff™ infant resuscitator is an easy to use manually operated, gas powered resuscitator which provides controlled and accurate resuscitation of newborn babies in delivery suites, nurseries and neonatal intensive care units.

SYMBOL DEFINITIONS

ATTENTION  Consult Accompanying Documents

WARNING A WARNING statement refers to the conditions when the possibility of injury to the patient or user exists if a procedure is not followed correctly.

NOTE A Note statement provides additional information intended to clarify points, procedures or instructions.

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WARNING

- Please read and understand the instructions fully before using the Neopuff™ infant resuscitator and related accessories. The Neopuff™ infant resuscitator is to be used only by persons trained in infant resuscitation.
- It is the responsibility of the purchaser to ensure that all users of this device have been adequately trained in resuscitation techniques.
- The Neopuff™ resuscitator must only be used after checking that correct pressures will be delivered to the baby.
- Ensure no smoking, naked flames or sources of ignition are present while the unit is in use.
- For connection to flow regulated oxygen or oxygen/air mixture only.
- Recommended operating gas flow range is 5 to 15 L/min.
Do not attempt to use a higher flow than 15 L/min.
- The Maximum Pressure Relief can be adjusted up to a nominal 80 cmH₂O(mbar), and should only be done in exceptional circumstances by persons trained in infant resuscitation.
Do not attempt to set the Maximum Pressure Relief above 80 cmH₂O(mbar).
- Use only a Fisher & Paykel patient T-piece.
- Use only a Fisher & Paykel Gas Supply Line or approved equivalent.
- Ensure all oxygen and air supplies are turned off and disconnected from the Neopuff™ before performing cleaning procedures. Explosion and fire hazards can exist when performing cleaning procedures in an oxygen-enriched environment.
- The black test lung contains natural rubber latex which may cause allergic reactions.
- US Federal law restricts this device to sale in the USA by or on the order of a physician.

NOTE

- Ensure the oxygen concentration of an oxygen / air supply is either monitored using an oxygen analyzer, or preset using oxygen/air flow rate graphs.
- The factory setting of the Maximum Pressure Relief is 40 cm H₂O/mbar.
- The Maximum Pressure Relief valve acts as an overall limit on the achievable circuit pressure. Resuscitation above 40 cm H₂O/mbar cannot be achieved unless the Maximum Pressure Relief valve is adjusted.
- The Neopuff™ infant resuscitator can be used with either reusable or single-use patient supply lines.
- Single-use patient supply lines can eliminate the possibility of cross-patient infection without requiring time-consuming and expensive cleaning and sterilization procedures.

CLEANING AND SERVICING

- Clean external surfaces of the Neopuff™ infant resuscitator and Gas Supply line using a damp cloth and mild soapy water or Isopropyl Alcohol.
- Dry all surfaces after cleaning with a clean soft cloth or paper towel.
- The Neopuff should require minimal servicing or maintenance when used under normal conditions.
- For more information on cleaning and maintenance of the Neopuff™ infant resuscitator, Test Lung and other Accessories please refer to the Technical Manual (REF 185041597).

PERFORMANCE SPECIFICATIONS

Recommended body weight range:

Up to 10 kg

Manometer Range

-20 to 80 cmH₂O(mbar)

Peak Inspiratory Pressure (PIP)*

@ 8 L/min 2 to 73cm H₂O/mbar
@10 L/min 2 to 80cm H₂O/mbar

If the gas flow rate increases from 5 to 15L/min, peak inspiratory pressure typically increases approximately 8cm H₂O/mbar

Positive End-Expiratory Pressure (PEEP)

@ 5 L/min 1 to 5cm H₂O/mbar
@ 8 L/min 1 to 9cm H₂O/mbar
@ 10 L/min 2 to 15cm H₂O/mbar
@ 15 L/min 3 to 25cm H₂O/mbar

Gas inlet flow range
Operating time*
(400 litre cylinder):

5LPM (min) to 15LPM (max)
50 minutes

*Typical value based on a gas flow rate of 8LPM

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