RESUS / HYPER / SAFET

KEY PRODUCTS

- Resuscitation Devices
- Definitions
- VAP Overview
- AirFlow Manual Resuscitator

DEFINITIONS

- **Manual Ventilation (also known as bag ventilation):**

  The intermittent manual compression of a gas-filled reservoir bag to force gases into a patient's lungs, this maintains oxygenation and carbon dioxide elimination during apnea or hypoventilation

- **Peak Inspiratory Pressure (PIP):**

  The highest level of pressure applied to the lungs during inhalation

- **Positive End-Expiratory Pressure (PEEP):**

  The pressure in the lungs that exists at the end of expiration

- **CPAP:**

  Continuous positive airway pressure

- **FiO_2 (Fraction of Inspired Oxygen):**

  The measurement of how much oxygen in the air is being inhaled from a ventilator

- **Tidal Volume:**

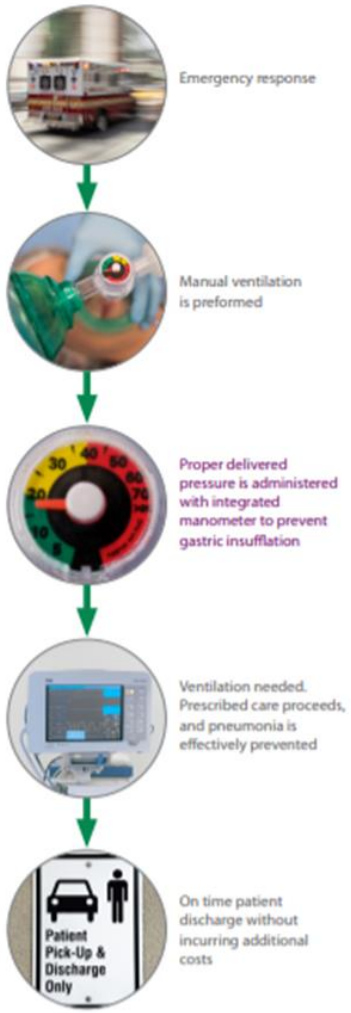
  The volume of air moved in or out of the lungs during quiet breathing

PREVENTING VAP / VAE

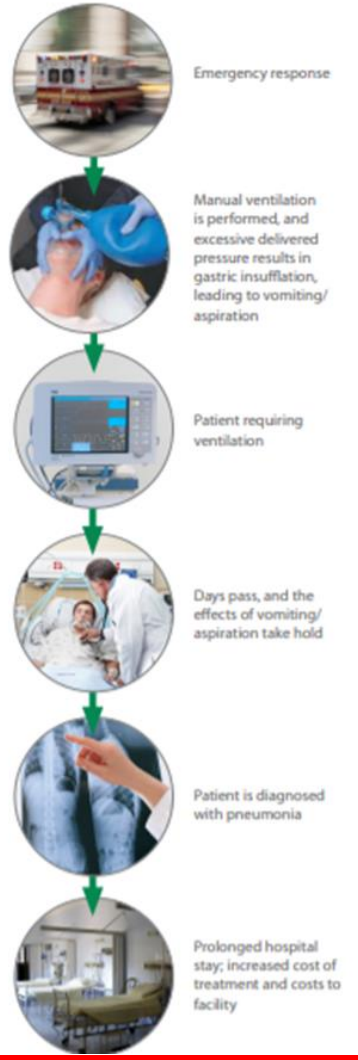
VENTILATION-ASSOCIATED PNEUMONIA (VAP) PREVENTION

ALSO KNOWN AS VENTILATION-ASSOCIATED EVENT (VAE)

PATH TO PREVENTING VAP / VAE



TYPICAL PATH TO VAP / VAE



AIRFLOW MANUAL RESUSCITATORS

Features

- Variety of styles
- Integrated Pressure Manometer
- Pliable body bag
- Highly customizable
- Bacterial/Viral Filter
- Single use, non-sterile, latex free

Benefits

- Meet clinical preferences
- Apply appropriate PIP
- Protection for patients and clinicians

RESUSCITATOR COMPONENTS

- Customize your bag!

COMPONENTS AVAILABLE

Choose from the following components to create a custom resuscitation/ventilation bag

(Some limitations apply)


Integrated Pressure Manometer


Pop Off Valve


Bacterial / Viral Filter


CO_2 Indicator


PEEP Valve


Inflatable O_2 Bag


Corrugated O_2 Tubing

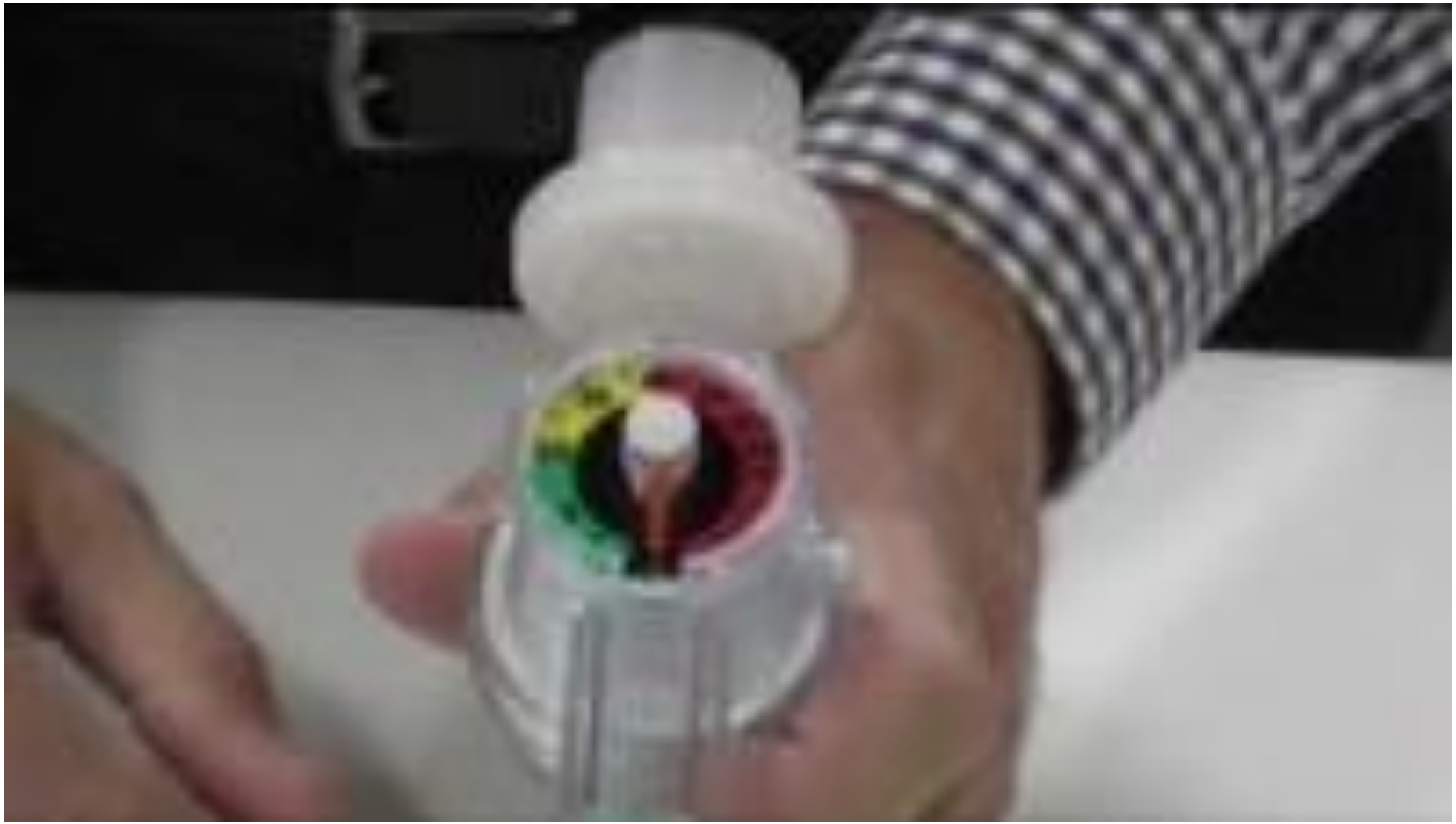

Collapsible O_2 Accumulator


Flex Neck


Hand Strap


Face Masks

PRESSURE MANOMETER



RESUSCITATOR COMPONENTS

- B/V Filters

- 19mm and 30mm options
- 99.99% efficiency
- Most popular – BF102

BACTERIAL / VIRAL FILTER		
CAT#	BF102	BF103
DESCRIPTION	Accepts 19mm or 30mm	Accepts 19mm or 30mm
B/V EFFICIENCY	>99.99%	>99.99%
WEIGHT (G)	11.8	12.4
ID / OD (MM)	19ID x 22ID / 30 OD	30ID x 22ID / 30OD
DEAD SPACE (ML)	20	29
RESISTANCE (CMH2O) 30LPM	<2.2	<2
SAMPLING PORT	No	No
PKG	50	50

RESUSCITATOR COMPONENTS

- Adjustable Peep Valves

- Pressure range: 5-20cmH2O
- Large print on scale for visibility
- Multiple options including MRI compatible

ITEM	DESCRIPTION	SIZE	PK
VP700	Adjustable PEEP Valve, 5-20 mg H2O	19 mm	20
VP702	Adjustable PEEP Valve + Adapter, Converts to 30 mm	19 mm + 30 mm Adapter	20
VP705	MRI Safe Adjustable PEEP Valve	19 mm	20

RESUSCITATOR COMPONENTS

- CO2 Indicators

- **MaxCaps**
  - For use up to 6 hours of continuous use with 360° view
  - Efficient sponge material
  - Neonatal, Pediatric, Regular sizing
  - Fully compatible with SunMed devices
  - Can be used with ET Tubes and AirQ

- **FloCap**
  - For use up to 24 hours
  - For patients greater than 15 kg
  - Full compatible with all SunMed resuscitation devices
    - FloCap positioning is important to understand

RESUSCITATOR COMPONENTS

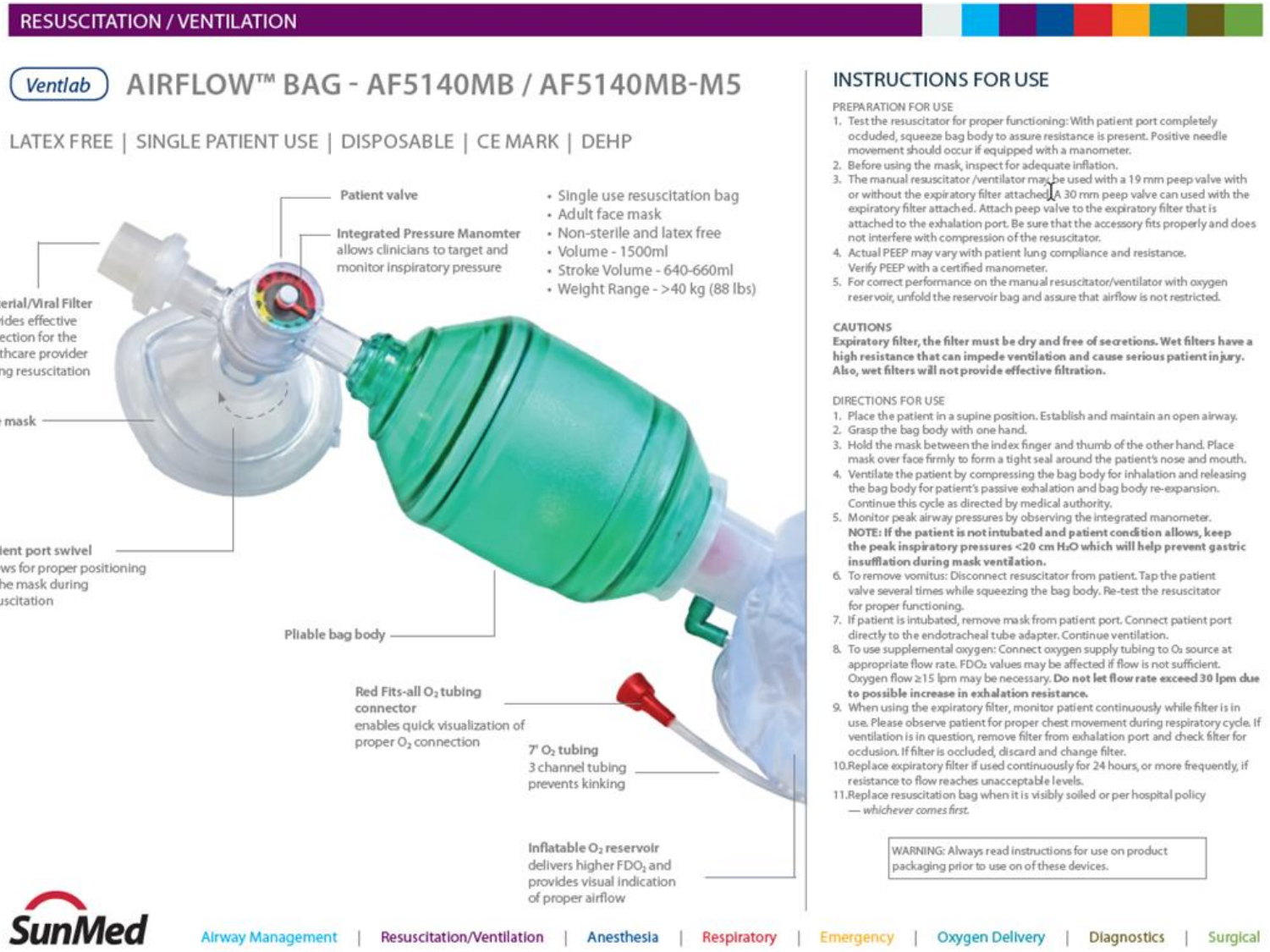
- Masks

Vent Mask

Vent Mask II

Soft Seal

RESOURCES



RESUSCITATION / VENTILATION

Ventlab AIRFLOW™ BAG - AF5140MB / AF5140MB-M5

LATEX FREE | SINGLE PATIENT USE | DISPOSABLE | CE MARK | DEHP

- Single use resuscitation bag
- Adult face mask
- Non-sterile and latex free
- Volume - 1500ml
- Stroke Volume - 640-660ml
- Weight Range - >40 kg (88 lbs)

Patient valve

Integrated Pressure Manometer
allows clinicians to target and monitor inspiratory pressure

Bacterial/Viral Filter
provides effective protection for the healthcare provider during resuscitation

Face mask

Patient port swivel
allows for proper positioning of the mask during resuscitation

Pliable bag body

Red Fits-all O_2 tubing connector
enables quick visualization of proper O_2 connection

7' O_2 tubing
3 channel tubing prevents kinking

Inflatable O_2 reservoir
delivers higher FDO_2 and provides visual indication of proper airflow

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 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_2O 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_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. 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 of these devices.

SunMed

Airway Management | Resuscitation/Ventilation | Anesthesia | Respiratory | Emergency | Oxygen Delivery | Diagnostics | Surgical

- Resources can be found on the SunMed website Sun-Med.com/resources
- Product Literature
- Reference Material
- Mini-Brochures
- Videos
- And More!

KEY PRODUCTS

Resuscitation Devices

- Hyperinflation System

HYPERINFLATION COMPONENTS

Features

- Integrated Pressure Manometer
- Pleated breathing bag
- Stay-put dial with red indication
- Highly customizable
- Swiveling patient port
- Single use, non-sterile, latex free

Benefits

- Meet clinical preferences
- Apply appropriate static pressure
- Protection for patients

HYPERINFLATION COMPONENTS

SAFETY COMPONENTS

INTEGRATED PRESSURE MANOMETER

Ventlab's innovative color-coded dial clearly denotes pressure delivery:

Green - Target pressure level <20 cm H_2O
Yellow - Potentially dangerous pressure level
Red - Dangerous pressure level

POP-OFF VALVES

40 cm H_2O & 25 cm H_2O
Allows clinician to use an appropriate pop-off level

CONVENIENCE COMPONENTS

FACE MASKS

Inflatable and non-inflatable face masks available

- Customize your bag!

RESOURCES

HYPERINFLATION SYSTEM

LATEX FREE | SINGLE PATIENT USE | DISPOSABLE

The Hyperinflation System is available in five different pleasted inflation bag sizes. Available with Ventlab's signature integrated pressure manometer and components to create a custom system.

HYPERINFLATION SYSTEM

- System equipped with a stay-put dial to enable clinician to achieve targeted static pressure
- Five pleated breathing bag sizes available: 1/4, 1/2, 1, 2, 3 liter
- Seven inflatable face mask sizes available: small infant, infant, small child, child, adult (regular, large, wide)

ITEM#	DESCRIPTION	PK
HS1000	Hyperinflation System	20
HS4000	Hyperinflation System + Integrated Manometer	20

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KEY PRODUCTS

NICU Products

- SafeT

NICU OVERVIEW

- Neonatal Intensive Care Units have the most fragile patients in the entire hospital.
- These patients are rightfully protected by all, and SunMed products keeps their delicate anatomy top of mind.
- The SafeT is one of the safest ways to ventilate a neonate.
- The securement devices by Salter Labs keeps comfort and safety at the forefront for oxygen delivery.

SAFET T-PIECE RESUSCITATOR

RESUSCITATION REQUIREMENTS

RESUSCITATION REQUIREMENTS

- During the first minute after delivery, the baby is being assessed
- If the baby is having difficulty breathing, persistent cyanosis, or HR< 100 bpm, then one of the following will be provided:

  Positive Pressure Ventilation (PPV)

  Continuous Positive Airway Pressure (CPAP)

- T-piece, BVM/Self-inflating bag, or flow-inflating bag will be used to provide the necessary support

SAFET T-PIECE RESUSCITATOR

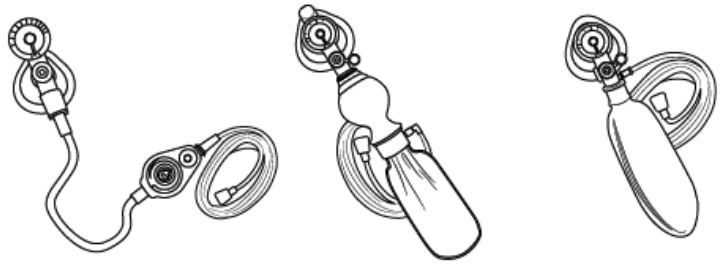
Features

- Integrated Pressure Manometer
- PIP Controller
- Pop-off Valve
- Fits-All Oxygen Connector
- Expandable Circuit

Benefits

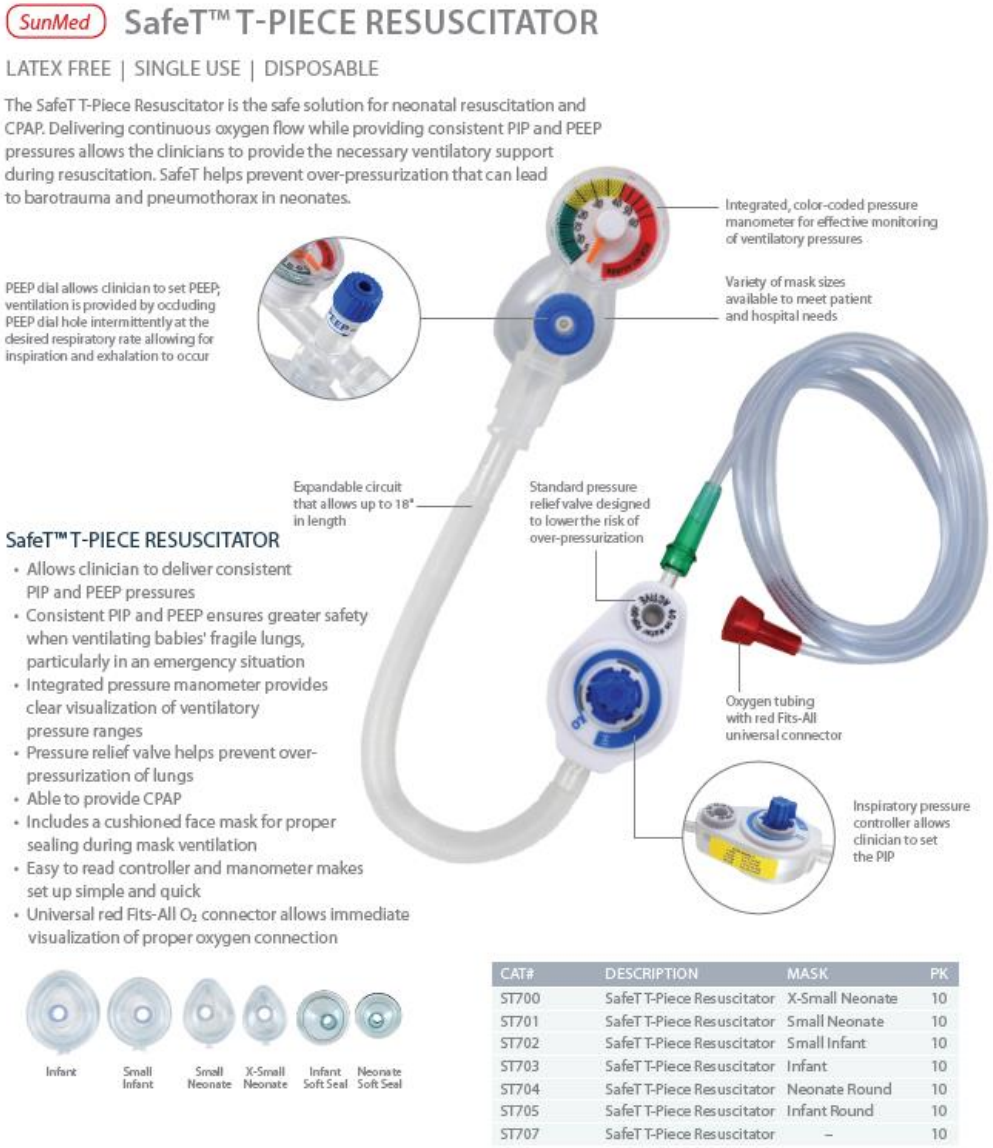
- Meet clinical preferences
- Apply appropriate PIP and PEEP
- Adaptable in multiple scenarios

SAFET T-PIECE RESUSCITATOR



Neonatal Resuscitator Features + Functionality	SafeT	BVM	Hyperinflation
Continuous O_2 Flow	●		●
Pre-Set + Deliver Consistent PIP	●		
Pre-Set + Deliver Consistent PEEP	●	●	●
Can Provide CPAP	●		●
Pre-set Maximum Pressure + Adjustability During Resus.	●		
Integrated Pressure Manometer	●	●	●
Pressure Relief Valve	●	●	●
Hand Compression Required		●	●
Portable	●	●	●

RESOURCES



SunMed SafeT™ T-PIECE RESUSCITATOR

LATEX FREE | SINGLE USE | DISPOSABLE

The SafeT T-Piece Resuscitator is the safe solution for neonatal resuscitation and CPAP. Delivering continuous oxygen flow while providing consistent PIP and PEEP pressures allows the clinicians to provide the necessary ventilatory support during resuscitation. SafeT helps prevent over-pressurization that can lead to barotrauma and pneumothorax in neonates.

SafeT™ T-PIECE RESUSCITATOR

- Allows clinician to deliver consistent PIP and PEEP pressures
- Consistent PIP and PEEP ensures greater safety when ventilating babies' fragile lungs, particularly in an emergency situation
- Integrated pressure manometer provides clear visualization of ventilatory pressure ranges
- Pressure relief valve helps prevent over-pressurization of lungs
- Able to provide CPAP
- Includes a cushioned face mask for proper sealing during mask ventilation
- Easy to read controller and manometer makes set up simple and quick
- Universal red Fits-All O_2 connector allows immediate visualization of proper oxygen connection

CAT#	DESCRIPTION	MASK	PK
ST700	SafeT T-Piece Resuscitator	X-Small Neonate	10
ST701	SafeT T-Piece Resuscitator	Small Neonate	10
ST702	SafeT T-Piece Resuscitator	Small Infant	10
ST703	SafeT T-Piece Resuscitator	Infant	10
ST704	SafeT T-Piece Resuscitator	Neonate Round	10
ST705	SafeT T-Piece Resuscitator	Infant Round	10
ST707	SafeT T-Piece Resuscitator	–	10

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LIVE DEMONSTRATIONS

AIRFLOW RESUS BAG

HYPER RESUS BAG

SAFET PIECE

QUESTION AND ANSWER