

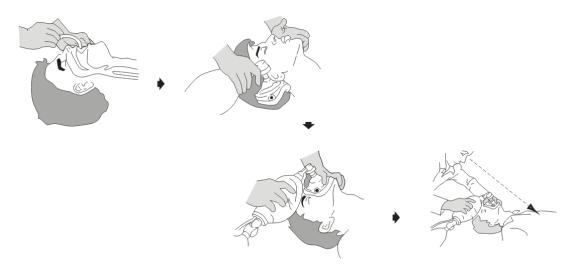
# **Silicone Manual Resuscitator**

### INDICATION OF USE:

Silicone Manual Resuscitator is a self-inflating manual resuscitator that is intended for patients requiring total or intermittent ventilatory support. It may be attached to a mask or endotracheal tube for manual Ventilation of a patient to provide adequate ventilation and oxygen.

## OPERATION INSTRUCTION

- 1. Position patient with face up.
- 2. Clear anything in patient's mouth and throat.
- 3. Insert oropharyngeal airway (if available) into patient's mouth.
- 4. The operator should position himself behind the patient's head, extends the head backwards, pulls patient's chin upwards and lets the chin forward to the operator to open the airway.
- 5. Connect the mask to the patient valve of resuscitator. One hand applies the mask to patient's mouth and nose and hold it tightly to achieve a tight seal.
- 6. One hand squeezes the bag and release the bag abruptly. Correct ventilation frequency may vary which be decided upon CPR professionals.
- 7. Check and make sure the ventilation:
  - (1) Observe rises and falls of the patient's chest.
  - (2) Check the colour of patient' slips and face through the mask.
  - (3) Check the patient valve to determine if it is working properly.
  - (4) Check if the interior of the mask is being fogged during expiration.
  - (5) When the unit is connected to Oxygen tubing, watch the reservoir bag if fill up.



#### • OPERATION PROCEDURE

- 1. To get the best effect, select a suitable resuscitator and mask for the patient which can be properly fitted.
- 2. If not connected the oxygen tubing, remove the reservoir bag.
- 3. Should the patient valve become contaminated with vomit, blood or secretions during ventilation, disconnect the device from the patient and clear the patient valve as follows:

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- (1) Rapidly compress and release the resuscitator bag to deliver several sharp breaths through the patient valve to expel the contaminant.
- (2) If the contaminant still does not come of, rinse the non-rebreathing value in water and then rapidly compress and release the resuscitator bag to deliver several sharp breaths through the patient value to expel the contaminant.
- (3) If all instructions above do not clear the contaminant, discard the resuscitator.

## • SPECIFICATION

Size					
	Neonate/Infant	Child	Adult		
ltem					
Bag volume (ml)	320	500	1700		
Stroke Volume	Up to 150 ml	Up to 360 ml	Up to 650 ml		
Body Mass Range	≦ 10 kg	≦ 23 kg	> 23 kg		
Expiratory Resistance	0.5cm H2O @ 5 lpm	0.5cm H2O @ 5 lpm	2.8cm H2O @ 50 lpm		
Inspiratory Resistance	0.5cm H2O @ 5 lpm	0.5cm H2O @ 5 lpm	3 cm H2O @ 50 lpm		
Pressure Limit	40cm H2O +/- 5	40cm H2O +/- 5	40cm H2O +/- 5		
			60cm H2O +/- 10		
Patient connector	15mm ID / 22mm OD	15mm ID / 22mm OD	15mm ID / 22mm OD		
Option					
PEEP Valve	Pressure range:1.5-10 cmH2O/2.5-20 cmH2O				
Reservoir Volume	600ml/1000ml/2500ml				

Supplemental Oxygen% at	<b>Neonate / Infant</b>	2 lpm	5 lpm	10 lpm
different flow rates and Tidal	Vt – 70 ml x 20 bpm	90%	98%	98%
Volumes (VT)	Vt – 70 ml x 30 bpm	87%	99%	98%
Supplemental Oxygen% at	<b>Child</b>	2 lpm	5 lpm	10 lpm
different flow rates and Tidal	Vt – 200 ml x 20 bpm	57%	99%	98%
Volumes (VT)	Vt – 300 ml x 30 bpm	39%	66%	98%
Supplemental Oxygen% at different flow rates and Tidal Volumes (VT)	<b>Adult</b> Vt – 600 ml x 12 bpm Vt – 750 ml x 12 bpm Vt – 1000 ml x 20 bpm	5 lpm 83% 57% 40%	10 lpm 99% 99% 60%	15 lpm 99% 99% 70%

## • THE SILICON RESUSCITATOR SHOULD BE CLEANED AND STERILIZED:

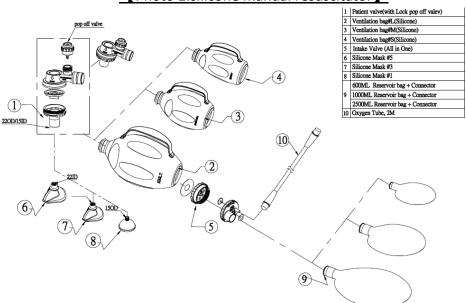
- 1. When first using the new Resuscitator.
- 2. Between patients.
- 3. Whenever the Resuscitator becomes contaminated
- 4. Every 7 days of use the same patient.



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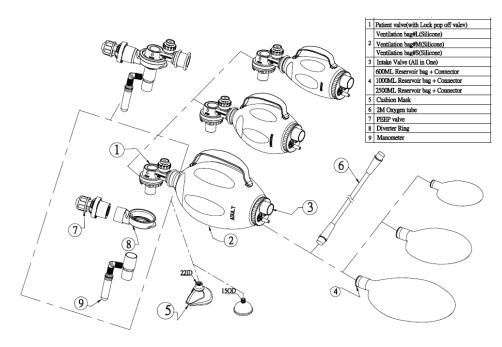
## CLEANING

- 1. Disassemble the Resuscitator and the mask (Do not disassemble the spring of pressure relieve valve. Damage on the part may occur when disassembling.)
- 2. Rinse all parts and silicon mask under cold running water.
- 3. Submerge all parts and silicon mask in water below 60°C which contains aniosyme synergy 5 (dilution ratio1:200) mild detergent about 5 minutes.
- 4. Thoroughly clean all surfaces using a brush as necessary.
- 5. Rinse all components and silicon mask in detergent-free water.
- 6. Dry them thoroughly. Inspect all components to confirm that they are clean and dry. If parts are worn or damaged, discard them.



## [Photo 1:silicone manual resuscitator]

Photo 1:silicone manual resuscitator with PEEP valve, Diverter ring and Manometer





## DISINFECTION

Steam Autoclaving- Autoclave at 121°C,30 mins (The sterilization methods apply to all parts except reservoir bags and its connector, oxygen tubing)

### ◆ INSPECT、 REASSEMBLY、 PACKAGE

- 1. Dry all components thoroughly after disinfection.
- 2. Inspect all components and replace if necessary.
- 3. Reassemble the resuscitator.
- 4. Test the resuscitator before use.

#### • RECOMMENDED FUNCTIONAL TEST:

- 1. When first using the new resuscitator.
- 2. After cleaning and sterilizing.
- 3. After any new parts have been fitted
- 4. Monthly, if the resuscitator is not frequently used.



## Caution

- 1. Do not use if package is damaged.
- 2. This device is intended for use by professional personnel with medical licenses.
- 3. If patient have an allergy and other adverse reactions, please remove the device.
- 4. The cumulative use of the device on patient should not exceed 24H.
- 5. After using the method of waste disposal according to the hospital infection control policy.
- 6. Store away from sunlight.
- 7. Keep dry. 🔶
- 8. Storage temperature: 15°C ~ 25°C.

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