

### INDICATIONS FOR USE

Provides emergency respiratory support by means of a face mask or a tube inserted into a patient's airway.

### ACCESSORIES:

Disposable Manometer, PEEP Valve, PEEP Adapter, OMNI-Link, Face Masks, Filter, Disconnect Valve, Reservoir Bag, Oxygen Tubing, Resizable Mask

### WARNINGS:

- 1. Incorrect operation of this device can be hazardous.
- 2. If used with oxygenated oxygen or oxygen tubing, and enheden må ikke anvendes i nærheden af iltgæsnende udstyr, iltet flamme, olie eller andre brandfarlige kemikalier.
- 3. Should not be used in toxic or hazardous atmospheres.

### PRECAUTIONS:

- 1. Never attempt to begin mouth-to-mask resuscitation if a manual resuscitator is not immediately available or cannot be used effectively.
- 2. Never use this manual resuscitator for mouth-to-mouth resuscitation.

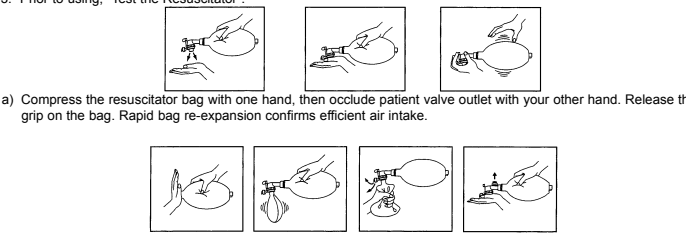
### INFLANT AND CHILD units are equipped with a pressure-limiting device which opens at approximately 40 cm H<sub>2</sub>O. However, an infant or child cannot be used with this device until the unit is modified to the level specified in the instructions for use.

### VERIFY proper function of the resuscitator and clear patient airway by monitoring for the following:

- 1. That the patient is being ventilated, as indicated by rise and fall of chest. The use of an airway pressure manometer is recommended.
- 2. That the mask and valve are free from obstruction. To clear visible obstructions, squeeze and shake the bag briskly or rinse with water.

### DIRECTIONS FOR USE:

- 1. Remove the resuscitator from the outer protective poly bag. Expand the CPR Bag to its operating position.
- 2. Inspect the unit to be sure the system is complete.
- 3. Prior to using: "Test the Resuscitator"



Compress the resuscitator bag with one hand, then occlude patient valve outlet with your other hand. Release the grip on the bag. Rapid bag re-expansion confirms efficient air intake.

Remove patient valve, close the neck opening and try to compress the bag. If the bag cannot be compressed with reasonable force, or if bag compression forces the air out between your hand and neck of the bag, the intake valve is efficiently preventing the backflow of expired air.

Attach the patient valve to the bag. Place a test lung over the valve connector (patient side). Test the resuscitator by squeezing and releasing the test lung with one hand as rapidly as possible for at least 10 breaths. Fully compress the resuscitator bag with each squeeze. This should fill the test lung and confirm that the patient valve efficiently directs inspiration air to the patient.

Note: If the resuscitator continues to inflate because of the stacking of breaths, suspect a faulty patient valve and remove the resuscitator from service.

Compress the fitted test lung. Air should vent to the atmosphere and not return to the ventilation bag.

When using unit with a pressure-limiting device, test for proper function by occluding patient valve outlet and observing the pressure limiting device.

Note: If the resuscitator does not pass all criteria as described under "Test the Resuscitator", take immediate action with a replacing resuscitator.

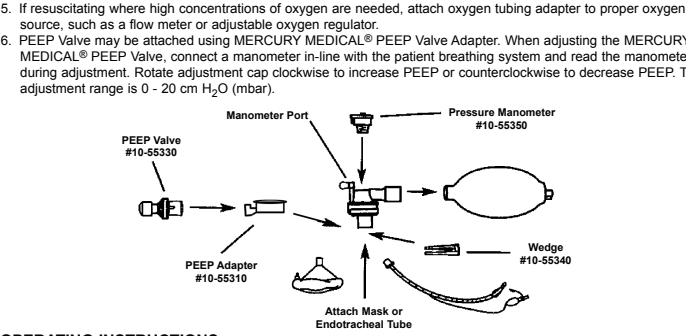
### INSPIRATION PRESSURE LIMITING DEVICE:

The infant and child resuscitators may feature a patient valve with a special pressure limiting device mounted on the upper valve housing. If inspiration meets with pulmonary resistance, venting will occur, limiting pressure to 40 +/- 10 cm H<sub>2</sub>O, thereby reducing the risk of stomach distension. A hearing sound can be heard as the device opens. The patient valve provides a built-in port for pressure monitoring, recommended when resuscitating infants and small children, remove the cap and attach your monitoring device, re-attach cap when not using.

Note: When higher inspiration pressures are necessary, the pressure-limiting device can be closed with the top of the index finger by pulling the lock-out clip away from squeezing the bag. The use of an airway pressure manometer is recommended when doing this procedure.

When using unit with an oxygen concentrator, attach oxygen tubing adapter to proper oxygen regulator.

PEEP Valve may be attached using MERCURY MEDICAL PEEP Valve Adapter. When adjusting the MERCURY MEDICAL PEEP valve, connect a manometer to the patient breathing system and read the manometer during adjustment. Rotate adjustment cap clockwise to increase PEEP or counterclockwise to decrease PEEP. The adjustment range is 0 - 20 cm H<sub>2</sub>O (inbar).



### OPERATING INSTRUCTIONS:

- 1. Clear mouth of foreign matter.
- 2. Position patient for open airway.
- 3. Apply mask firmly to face to achieve a tight seal. Patient should be lying on their back with the head tilted back and the neck supported.
- 4. Squeeze and release bag quickly, allowing enough time for the patient to breathe. Do not squeeze the bag too hard.
- 5. Observe the rise and fall of the chest and listen for air entering the lungs. Do not breathe through the mask.
- 6. Attach mask to endotracheal tube.
- 7. Observe the rise and fall of the chest and listen for air entering the lungs. Do not breathe through the mask.
- 8. Remove the mask and observe the patient's breathing. Do not breathe through the mask.
- 9. Remove the mask and observe the patient's breathing. Do not breathe through the mask.
- 10. Remove the mask and observe the patient's breathing. Do not breathe through the mask.

Note: If these do not occur, patient's airway or patient valve may be blocked. Take immediate action by replacing the resuscitator or use an alternative procedure appropriate for situation.

### CLEANING & STERILIZATION INSTRUCTIONS:

The Mercury Medical resuscitator is designed to be fully autoclavable, with the exception of certain accessories and replacement items, such as the Reservoir Bag, Oxygen Tubing, OMNI-Link, Filter, Disconnect Wedge, optional Positive End Expiratory Pressure (PEEP) Valve and PEEP Adapter, and the Pressure Manometer.

### CLEANING:

Prior to sterilization the autoclavable portion of the device must be cleaned of all debris, body fluids and other contaminants.

- 1. Remove non-autoclavable items and discard them.
- 2. Disassemble the device as shown in Figure below.
- 3. Disassemble the patient valve and discard.
- 4. Thoroughly rinse the device in warm water, (less than 100° F/38° C).
- 5. Using a compatible enzymatic detergent, thoroughly clean the device using a soft brush paying particular attention to the inner surfaces of air pathways.
- 6. Rinse all parts thoroughly with warm water. Brush with a clean, soft brush as necessary. Ensure that all parts have been rinsed from the device.
- 7. All parts must be rinsed free of any residue, contaminant or detergent. Inspect the device carefully after rinsing. If residue cannot be removed by repeated cleaning, discard the component affected and replace the component.

Note: Failure to thoroughly clean the device may result in device malfunction.

### STERILIZATION:

The device must be thoroughly cleaned prior to sterilization.

The device is designed to be sterilized by moist heat (autoclave). Other methods of sterilization of high level disinfection should NOT be used.

Autoclave cycle: Standardized should be validated in accordance with accepted standards, such as ANSI/AAMI S146:2002, "Steam Sterilization and Sterility Assurance in Health Care Facilities" and ISO 13683 "Sterilization of health care products - Requirements for validation and routine control of moist heat sterilization in health care facilities."

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### INDIKATOR FOR BRUG:

For brug respiratorstøtte i nødsituationer ved hjælp af et ansigtsmasker eller en slange anlagt i patientens luftvej.

### TILBEHØR:

Engangsindlæs: Manometer, PEEP-ventil, PEEP-adapter, OMNI-link, ansigtsmasker, filter, frakoblingsklæde, reservoirstyg, oxygenledningslinje, justerbare ansigtsmasker.

### ADVARSEL:

- 1. Ukorrekt anvendelse af denne anordning kan være farlig.
- 2. Ved anvendelse af oxygenet oxygen eller oxygen ledningslinje, og enheden må ikke anvendes i nærheden af iltgæsnende udstyr, iltet flamme, olie eller andre brandfarlige kemikalier.
- 3. Må ikke anvendes i toksiske eller skadelige atmosfærer.

### FORHOLDSTREGEL:

- 1. Ventilatoren bør kun anvendes af personale, som er uddannet i Hjerter-Lunge-redning.
- 2. Ved altid med et påbegyndt mund til mase-ingenjering. Hvis en manuel ventilator ikke umiddelbart er tilgængelig skal ikke kan anvendes til mund-til-mund resuscitation.

(See your department manual for accepted patient resuscitation procedure).

Infant and Child units are equipped with a pressure-limiting device which opens at approximately 40 cm H<sub>2</sub>O. However, an infant or child cannot be used with this device until the unit is modified to the level specified in the instructions for use.

Verify proper function of the resuscitator and clear patient airway by monitoring for the following:

- 1. That the patient is being ventilated, as indicated by rise and fall of chest. The use of an airway pressure manometer is recommended.
- 2. That the mask and valve are free from obstruction. To clear visible obstructions, squeeze and shake the bag briskly or rinse with water.

### DIRECTIONS FOR USE:

- 1. Remove the resuscitator from the outer protective poly bag. Expand the CPR Bag to its operating position.
- 2. Inspect the unit to be sure the system is complete.
- 3. Prior to using: "Test the Resuscitator"



Klem ventilatorposen sammen med den ene hånd, og lukkluder patientventiludgangen med den anden hånd. Slip grebet på tasken. Hurtig taskere-expansion bekræfter effektiv luftindsugning.

Fjern patientventilen, luk halsåbningen, og prøv at klemme posen sammen. Hvis posen ikke kan klemmes sammen med rimelig kraft, eller hvis luftten flytter sig ud mellem din hånd og nakke af tasken, er indtagelsesventilen effektivt forhindrer tilbagestrømning af luft.

Sæt patientventilen på posen. Sæt en testlunge over ventilatorforbindelsen (patientens side). Test resuscitator ved at sætte og slippe testlungen med én hånd så hurtigt som muligt i mindst 10 åndedræt. Fully komprimerer resuscitator tasken med hver åndedræt. Dette bør fylde testlungen og bekræfter, at patientventilen effektivt fører patienten med indåndingstil.

Note: If the resuscitator continues to inflate because of the stacking of breaths, suspect a faulty patient valve and remove the resuscitator from service.

Klem den fyldte testlunge. Luft skal ventile til atmosfæren og ikke strømme tilbage til ventilatorposen.

When using unit with a pressure-limiting device, test for proper function by occluding patient valve outlet and observing the pressure limiting device.

Note: If the resuscitator does not pass all criteria as described under "Test the Resuscitator", take immediate action with a replacing resuscitator.

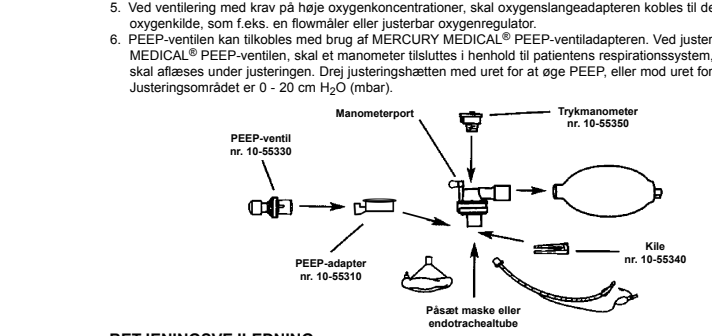
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Note: When higher inspiration pressures are necessary, the pressure-limiting device can be closed with the top of the index finger by pulling the lock-out clip away from squeezing the bag. The use of an airway pressure manometer is recommended when doing this procedure.

When using unit with an oxygen concentrator, attach oxygen tubing adapter to proper oxygen regulator.

PEEP Valve may be attached using MERCURY MEDICAL PEEP Valve Adapter. When adjusting the MERCURY MEDICAL PEEP valve, connect a manometer to the patient breathing system and read the manometer during adjustment. Rotate adjustment cap clockwise to increase PEEP or counterclockwise to decrease PEEP. The adjustment range is 0 - 20 cm H<sub>2</sub>O (inbar).



### OPERATING INSTRUCTIONS:

- 1. Clear mouth of foreign matter.
- 2. Position patient for open airway.
- 3. Apply mask firmly to face to achieve a tight seal. Patient should be lying on their back with the head tilted back and the neck supported.
- 4. Squeeze and release bag quickly, allowing enough time for the patient to breathe. Do not squeeze the bag too hard.
- 5. Observe the rise and fall of the chest and listen for air entering the lungs. Do not breathe through the mask.
- 6. Attach mask to endotracheal tube.
- 7. Observe the rise and fall of the chest and listen for air entering the lungs. Do not breathe through the mask.
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### CLEANING:

Prior to sterilization the autoclavable portion of the device must be cleaned of all debris, body fluids and other contaminants.

- 1. Remove non-autoclavable items and discard them.
- 2. Disassemble the device as shown in Figure below.
- 3. Disassemble the patient valve and discard.
- 4. Thoroughly rinse the device in warm water, (less than 100° F/38° C).
- 5. Using a compatible enzymatic detergent, thoroughly clean the device using a soft brush paying particular attention to the inner surfaces of air pathways.
- 6. Rinse all parts thoroughly with warm water. Brush with a clean, soft brush as necessary. Ensure that all parts have been rinsed from the device.
- 7. All parts must be rinsed free of any residue, contaminant or detergent. Inspect the device carefully after rinsing. If residue cannot be removed by repeated cleaning, discard the component affected and replace the component.

Note: Failure to thoroughly clean the device may result in device malfunction.

### STERILIZATION:

The device must be thoroughly cleaned prior to sterilization.

The device is designed to be sterilized by moist heat (autoclave). Other methods of sterilization of high level disinfection should NOT be used.

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Autoclave cycle: Standardized should be validated in accordance with accepted standards, such as ANSI/AAMI S1

