

3 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.

Setup

- ① **Connect Gas Supply**
Connect an oxygen or blended oxygen/air supply to gas inlet using gas supply line.
- ② **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.
- ③ **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.

To set PIP:

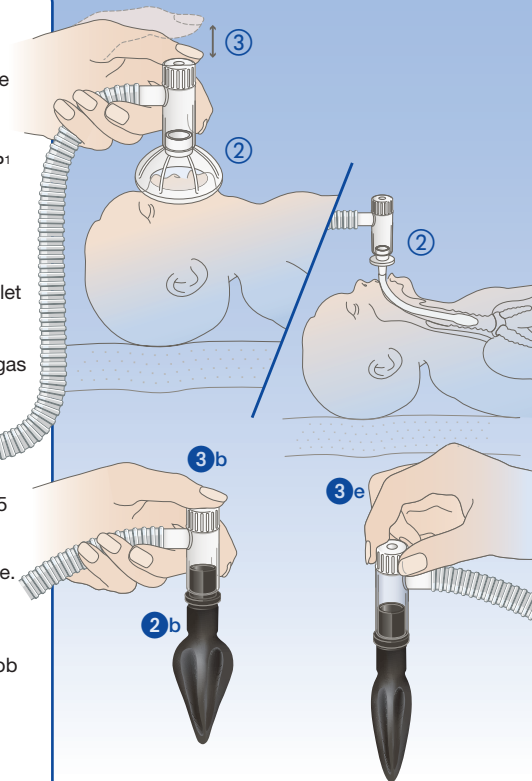
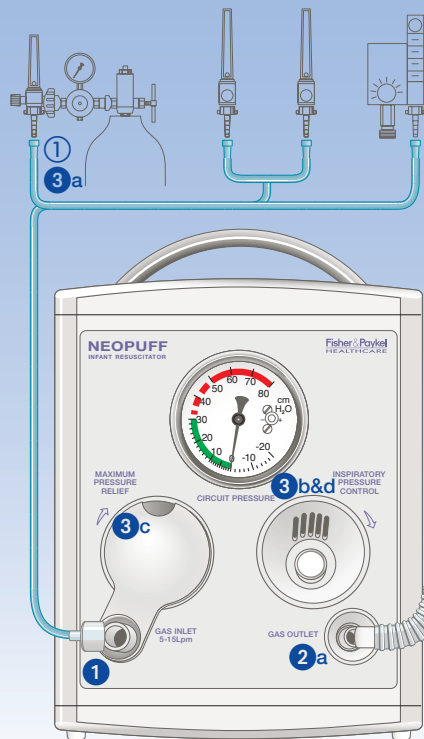
 - d) While still occluding the PEEP cap, turn PIP control knob counter-clockwise until the desired peak inspiratory pressure is set.

To set PEEP:

 - e) Adjust PEEP cap to the desired PEEP level.
- ④ Turn off gas supply and remove test lung from patient T-piece.

1. Positive End Expiratory Pressure 2. Peak Inspiratory Pressure

NEOPUFF™
INFANT RESUSCITATOR



Fisher & Paykel
HEALTHCARE

RD900 & 900IW130 NEOPUFF™ INFANT RESUSCITATOR OPERATING INSTRUCTIONS

Symbol Definitions  Attention: Consult Accompanying Documents

93/42/EEC
Class IIb  0123

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.

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.

WARNING

The Neopuff™ resuscitator should 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 cm H₂O/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 cm H₂O/mbar.
- Use only a Fisher & Paykel patient T-piece.

WARNING

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.

WARNING

- The 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.
- Internally the Maximum Pressure and Inspiratory Pressure valves are in the same circuit. The Inspiratory Pressure valve is intended for regular use to adjust and control the desired patient supply line pressure, up to the pressure set by the Maximum Pressure valve.
- 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.

ABOUT YOUR NEOPUFF™ INFANT RESUSCITATOR

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.

CLEANING AND SERVICING

- Clean external surfaces of the Neopuff™ infant resuscitator 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.
- Latex is susceptible to attack by solvents. Ensure no solvents are used to clean the test lung.
- If required, the test lung can be sterilized using ethylene oxide gas only. Some carrier gases can cause stress cracking and are not suitable. If in doubt, check with the chemical supplier.
- For more information on cleaning and maintenance of the Neopuff™ infant resuscitator, please refer to the Technical Manual (REF 185041597).

Sterilization

- Reusable accessories can be autoclaved at up to 136°C, 220 kPa for 4 minutes.

PERFORMANCE DATA

Recommended body weight range:

Up to 10 kg

Peak inspiratory pressure (typ.):

@ 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 15 L/min, peak inspiratory pressure typically increases approximately 8 cm H₂O/mbar

Positive end expiratory pressure (typ.):

@ 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

Operating time (400 litre cylinder):

@ 5 L/min 80 minutes
@ 10 L/min 40 minutes
@ 15 L/min 26 minutes