*At the end of exhalation, the flow indicator's momentum will cause it to spin briefly after exhalation has ceased.

.eninniq2 toM MqJ f > wolf noiteletx3. Patient is exhaling A damaged indicator Permanent Yellow. Mo carbon dioxide detected 20 of by prox. I% of 20 of by 20 of 20 of by 20 of Kellow (5%) Purple (0%).

Note that the detector color will continue to fluctuate from inspiration to expiration for up to twent four hours. When the gas contains CO2 (i.e., expired gas from the patient), the indicator color will change. Following are the color indications of the FloCap indicator device.

. 3.0 COLOR & FLOW INDICATOR INTERPRETATION:

exhalation, the flow indicator's momentum will cause it to spin briefly after exhalation has ceased. not intended to be a quantitative indicator. Follow your institution's guidelines for breath frequency and tidal volume during resuscitation and for avoiding auto-PEEP during resuscitation. At the end of For Exhalation Monitoring: Monitor the rate at which the flow indicator rotates during exhalation to visually observe the patient's exhalation and detect when exhalation is complete. The FLOCAP is

- During the course of ventilation, if the FLOCAP returns to and remains purple or beige colored, this indicates insufficient exhaled CO_Σ . This requires immediate attention.
 - Do not exceed 24 hours of use.
- Continue to monitor the color of the CO2 indicator throughout the entire time the device is in use.
- If the color remains purple, or a color similar to purple, the patient may not have a patent airway or the endotracheal tube may not be positioned correctly. This requires immediate attention. Employ your institution's protocol to verify proper tube placement and adequate gas exchange.

If the color of the indicator is beige, continue to ventilate with 6 additional breaths and recheck. If the color has not moved towards yellow, this indicates insufficient exhaled CO2. This requires immediate color has not moved towards yellow, this indicates insufficient exhaled placement and adequate gas attention. Employ your institution's protocol to verify proper tube placement and adequate gas exchange.

- monitor clinical cues for adequate ventilation. If the color of the indicator is yellow, continue to ventilate the patient and
- At the end of the 6 breath cycles, check the color of the FLOCAP indicator. 3. For CO₂ Detection: Ventilate the patient with 6 complete breaths
 - Connect to endotracheal tube here.

Connect to breathing device here.

and rotating slightly, as illustrated here: To connect: Attach the FLOCAP securely between the ventilation source and the mask or endotracheal tube, by pushing together source and the mask or elleptily as illustrated boxs.

around the edge is permissible.

To open: Open the pouch, remove and inspect the FLOCAP. Ensure the element inside the housing is still purple. If it so folv hokes to be closer to beige the device should be discarded. Some yellowing around the day of the device should be discarded.

. 2.0 INSTRUCTIONS FOR USE:

- The FLOCAP does not take the place of traditional end tidal ${\sf CO2}$ monitoring which remains necessary to provide quantitative measurements and patient alarms.
 - Avoid exposure to strong sunlight and other sources of ultraviolet light.
 - Do not use if the presence of acidic liquid or medication.
 - Inspect the FLOCAP for damage prior to use.
 - Do not use in an environment with insufficient lighting.
- At the end of exhalation, the flow indicator's momentum will cause it to spin briefly after exhalation The bright colored vane of the flow indicator is not intended to be a quantitative flow meter.
- Do not open the pouch until ready to use, prolonged exposure to ambient air may affect accuracy or
 - Do not use if the package is already unsealed. Storage for extended periods at temperatures above 25°C may result in reduced shelf life.
 - Re-establishment of pulmonary blood flow is required for the FLOCAP to function properly.
- During cardiac arrest, CO₂ levels in the lungs may be too low to affect a color change in the FLOCAP. addition to use of the FLOCAP.
 - verifying proper intubation. Follow your institutional guidelines for verifying proper intubation in The FLOCAP is an adjunct assessment tool and should not be relied upon as the sole means of
 - should be replaced immediately if this occurs.
 - Reflux of any kind into the FLOCAP may compromise its accuracy or performance. The FLOCAP
- inhibit spinner motion. The FLOCAP should be replaced immediately if this occurs. Contamination, liquid water or excessive moisture may cause poor visibility, limit litmus function or
 - Excessive CO₂ in the stomach may cause erroneous color change. Excessively low cardiac output will result in low CO2 content in the lungs.

 - Interpreting color change before 6 complete breaths may lead to a false result.
 - Single use only, discard after use.

1.5 Cautions:

carbon dioxide rebreathing and should also be of immediate concern. the purple-beige color does not appear during a breathing cycle, this may indicate a significant degree of beige color indicates a lack of exhaled carbon dioxide, the cause of which requires immediate attention. If Periodic color changes reflect the breathing pattern of the patient. However, a permanent purple to purple

- Read the entire contents of this operating manual before using the FLOCAP.
- For use with air and oxygen only; chemical interactions will affect device accuracy.
 - \bigcirc DO NOT use the FLOCAP for a duration of more than 24 hours. epinephrine, trichloroethylene, chloroform.
- DO NOT use in the presence of the following agents: atropine, infasurt, naloxone, intratracheal
- DO NOT use the FLOCAP with devices that elevate humidity such as nebulizers or heated humidifiers.
- DO NOT use on patients with body weight less than 15kg (33lbs) due to the potential for rebreathing DO NOT use if you have blue-yellow color blindness.

1.4 Warnings:

evidenced by an increase in end-tidal CO2. When low pulmonary perfusion coincides with accidental esophageal intubation, colorimetric CO2 indication cannot be properly interpreted. However, if proper tube placement is ascertained by independent means, then the FLOCAP may be used to help assess the progress of positive pressure ventilation as

- Standard clinical assessment must be used.
- DO NOT use the FLOCAP to detect propharyngeal tube placement.
 - O NOT use the FLOCAP during mouth to tube ventilation.
- O NOT use the FLOCAP for the detection of main-stem bronchial intubation.
 - DO NOT use the FLOCAP for the detection of Hypercapnia/Hypercarbia.

1.3 Contraindications:

. 4.0 MECHANICAL SPECIFICATIONS:

Internal Volume:	< 25 ml
Pressure Drop according to ISO 9360-1:	
at 30 LPM	0.7 cmH2O
at 60 LPM	2.7 cmH2O
at 90 LPM	5.7 cmH2O
Leak rate according to ISO 9360-1:	0.0 ml/min
Compliance according to ISO 9360-1:	0.44 ml/kPa
Device Weight:	23 grams
Connector ports according to ISO 5356-1:	
Patient end	15mm I.D./22mm O.D.
Ventilator end	15mm O.D.

• 5.0 SYMBOL GUIDE:

ederal law (USA) restricts is device to sale on or by the order of a physician Rx ONLY

Rx ONLY

Manufactured with Natural Rubber Latex

Consult instructions for use



























DO NOT











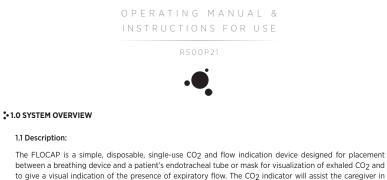


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between a breathing device and a patient's endotracheal tube or mask for visualization of exhaled CO2 and to give a visual indication of the presence of expiratory flow. The CO₂ indicator will assist the caregiver in verifying proper ET tube placement. A lack of color change may indicate improper intubation. Exhaled gas passes through the device and indicates a range of end-tidal CO₂. The flow indicator allows the caregiver to visually detect if the patient is still exhaling.

: FLOCAP™

1.2 Indications for use:

The FLOCAP is used to provide a semi-quantitative visualization of the CO2 in the patient airway. It is ar adjunct in patient assessment, to be used in conjunction with other methods to determine clinical signs and symptoms by or on the order of a physician.

The FLOCAP has a visual indicator to visually detect the end of exhalation

For use up to 24 hours.

For patients greater than 15 kg (33 lbs.)

Environment of use - hospital, sub-acute, pre-hospital, transport