F&P Neopuff™

Infant T-Piece Resuscitator - 900 Series

Operating Instructions

Fisher&Paykel HEALTHCARE

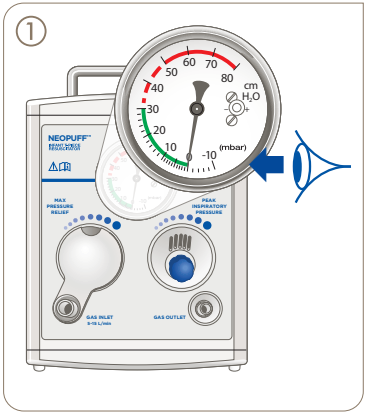
Intended Use

The Fisher & Paykel Healthcare 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.

Symbol	Definition
	Attention: Consult the Operating Instructions.

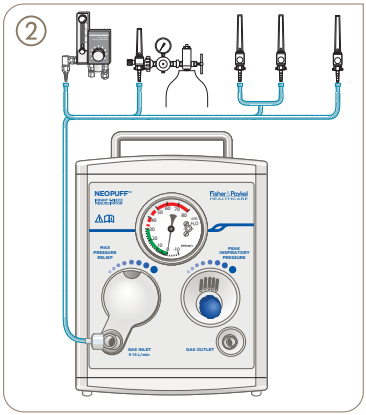
Warnings:

- 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 recommended that users refer to ILCOR/AHA/ERC guidelines to determine the suitability of different types of resuscitator for use.
- It is the responsibility of the purchaser to ensure that all users of this device have been adequately trained in resuscitation techniques.
- The Neopuff Infant Resuscitator must 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.
- Input gas flow rate 5 to 15 L/min. Recommended operating gas flow rate 8 L/min. Do not attempt to use a higher flow than 15 L/min. Input flow ranges are circuit specific, refer to circuit User Instructions.
- The Max Pressure Relief can be adjusted up to a nominal 80 cmH_2O [mbar], and should only be done in exceptional circumstances by persons trained in infant resuscitation. Do not attempt to set the Max Pressure Relief above 80 cmH_2O [mbar].
- Use only recommended Fisher & Paykel Healthcare Infant Resuscitator accessories.
- Use only a Fisher & Paykel Healthcare Gas Supply Line or approved equivalent.
- 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.
- The black Test Lung contains natural rubber latex which may cause allergic reactions.
- US Federal law restricts this device to sale by or on the order of a licensed physician.
- An alternative means of resuscitation must be available.

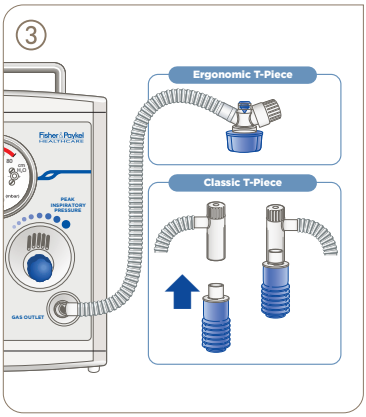


The following procedure should be carried out prior to every use of the Neopuff™ to ensure that the device is functioning correctly.

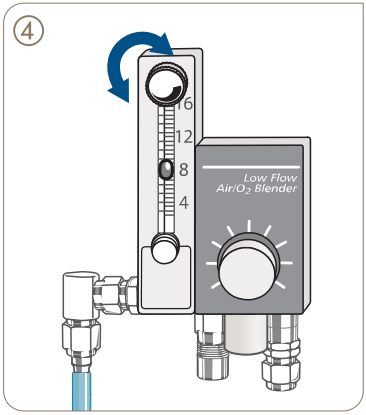
1. Check manometer reads zero with no gas flow If not, the manometer requires calibration (refer to section 3.3.4 of the Technical Manual).



2. **Connect Gas Supply**
   Connect an oxygen or blended oxygen/air supply to the gas inlet port using the Gas Supply Line.



3. **Connect T-Piece Circuit**
- Connect the T-Piece Circuit to the gas outlet port.
- Leave blue cap in place on the T-Piece Circuit or connect Test Lung to T-Piece Circuit (before use, inspect Test Lung for signs of damage such as discoloration).

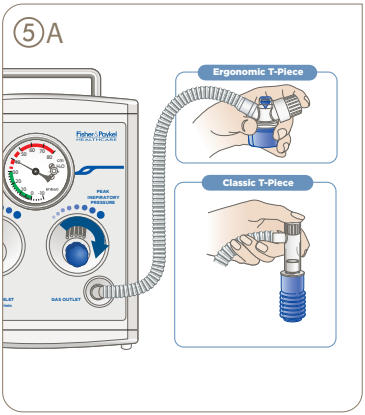


4. Check Settings

Adjust the gas supply to desired flow rate between 5 and 15 L/min.

Note:

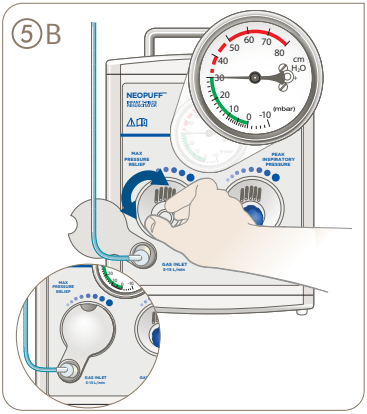
Ensure the oxygen concentration of an oxygen/air supply is either monitored using an oxygen analyzer or preset using oxygen/air flow rate graphs.



5A. To Check Max Pressure

Occlude PEEP[1] cap and turn PIP[2] control fully clockwise, until the knob doesn't turn anymore.

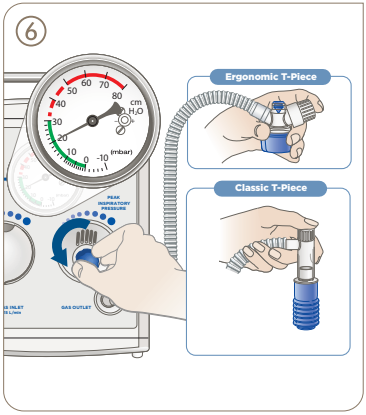
1. Positive End Expiratory Pressure 2. Peak Inspiratory Pressure



5B. Adjust max pressure control knob clockwise or counterclockwise to set desired max pressure.

Note:

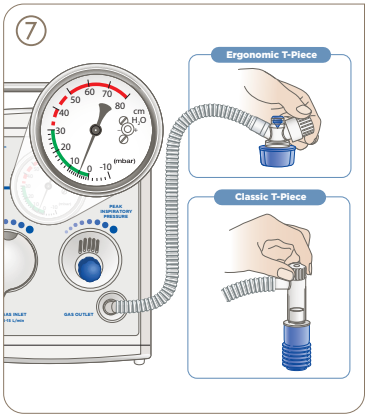
- The factory setting of the Max Pressure Relief is 40 cmH_2O [mbar].
- The Max Pressure Relief valve acts as an overall limit on the achievable circuit pressure. Resuscitation above 40 cmH_2O [mbar] cannot be achieved unless the Max Pressure Relief valve is adjusted.



6. To Set PIP*

While still occluding the PEEP cap, turn PIP control knob counterclockwise until the desired peak inspiratory pressure is set.

**Neopuff™ units manufactured from June 2010 have a faster PIP adjustment.*

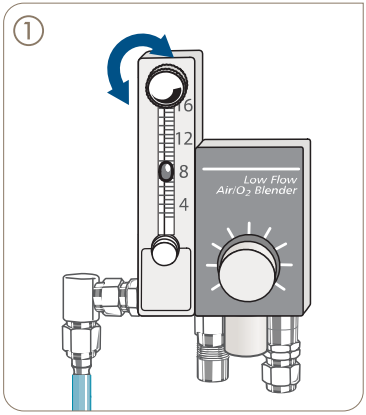


7. To Set PEEP

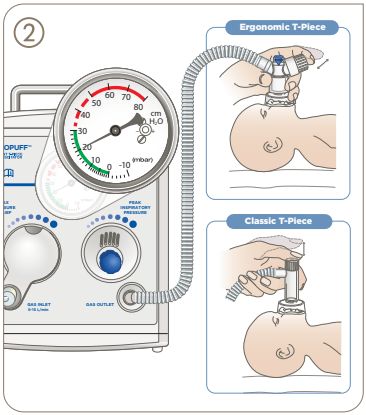
Adjust PEEP cap to the desired PEEP level.

Turn off gas supply and remove Test Lung from T-Piece. Ensure that the rigid plastic connector of the Test Lung is also removed from the T-Piece before attempting to connect a mask or endotracheal tube. Failing to do so may cause unacceptable delays during patient resuscitation.

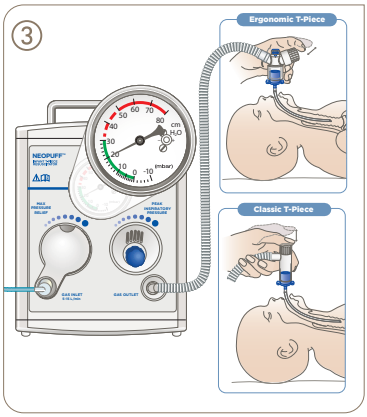
TO RESUSCITATE



1. Adjust gas supply to the desired flow rate.



2. Fit T-Piece to neonatal resuscitation mask and place over the baby's mouth and nose.



OR Fit T-Piece to the endotracheal tube.

3. Resuscitate by placing and removing thumb over the PEEP[1] cap to allow inspiration and expiration.

1. Positive End Expiratory Pressure

CLEANING AND SERVICING

- Clean external surfaces of the Neopuff™ Infant Resuscitator and Gas Supply Line 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.
- For more information on cleaning and maintenance of the Neopuff Infant Resuscitator, Test Lung and other accessories, please refer to the Technical Manual (Part No. 185041597).

PERFORMANCE SPECIFICATIONS

Recommended Body Weight Range	Up to 10 kg
Manometer Range	-10 to 80 cmH_2O [mbar]
Peak Inspiratory Pressure (PIP)	@ 5 L/min approx. 2 to 70 cmH_2O [mbar]
	@ 8 L/min approx. 3 to 72 cmH_2O [mbar]
	@ 10 L/min approx. 4 to 73 cmH_2O [mbar]
	@ 15 L/min approx. 8 to 75 cmH_2O [mbar]
Positive End Expiratory Pressure (PEEP)	@ 5 L/min approx. 1 to 6 cmH_2O [mbar]
	@ 8 L/min approx. 1 to 10 cmH_2O [mbar]
	@ 10 L/min approx. 2 to 15 cmH_2O [mbar]
	@ 15 L/min approx. 4 to 17 cmH_2O [mbar]
Gas Inlet Flow Range	5 L/min (min) to 15 L/min (max)
Operating Time (400 L cylinder)	50 minutes (typical value based on a gas flow rate of 8 L/min)

NOTE: All performance figures listed above are representative only.
PEEP values stated are based on typical clinical PIP settings.
Higher PEEP values can be achieved if higher PIP values are set.

For more information please contact your local Fisher & Paykel Healthcare representative

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