



UNITS - 1 RX Only

CAUTION:

* Use of sterilization or cleaning solutions may leave this device nonfunctional.
* Store in a cool dry place.
* Packaged clean - not sterile

EC REP

MT Promedt Consulting GmbH Altenhofstr. 80 66386 St. Ingbert, Germany Patent Pending

Westmed 🛥

5580 S. Nogales Highway Tucson, Arizona 85706 USA Phone: 800-975-7987 Fax: 520-294-6061 www.westmedinc.com

U.S. Patent 5,287,847 Made In U.S.A LABEL PN 79523, Rev. 01



Mini-Heart® Lo-Flo Continuous Nebulizer

Neonatal Valved Tee, 7'

A. INSTRUCTIONS FOR CONTINUOUS NEBULIZ ATION

- 1. Remove Mini-HEART[®] Nebulizer from package.
- For Continuous Nebulization Therapy (CNT), connect an IV pump (optional) to luer fitting on Mini-HEART[®] (refer to Figure 1).
- 3. Fill Nebulizer with 15mL of Fluid.
- 4. Connect oxygen supply tubing to low-flow flowmeter (0-3 L/min).
- 5. Use low-flow oxygen blender if FiO2 setting is needed.
- 6. Connect other end of oxygen tubing to barb fitting of Mini-HEART®.
- Turn flowmeter to maximum to insure there are no leaks. NOTE: The Mini-HEART[®] If flowmeter indicates more than 3 L/min, check for leaks.
- Set flowmeter to flow rate of 2 L/min. Nebulizer Output is 8 mL/hour. NOTE: The listed flow rate and output are only intended as general guideline (±20%). This is not a substitute for the clinical judgment of qualified personnel. WARNING: Use auxiliary gas supply (i.e., nasal cannula) if patient's inspiratory flow is greater than Mini-HEART[®] flow.
- 9. Connect Aerosol outlet port to Aerosol Tee using 22 mm Corrugated Tubing.
- 10. Set IV pump to flow of 8 mL/hr.
- 11. Check output of Mini-HEART[®] q 1 hr. X 2 to determine approximate output of setup.
- Increase or decrease Nebulizer flow rate by a small increments to maintain Nebulizer reservoir at 15 mL Fluid level.

IMPORTANT: The output of the Mini-HEART[®] Nebulizer can be affected by several factors. It is important for users to follow a "user correctable" approach when utilizing (CNT). Output performance is based on 50 psi Pressure Source.

- 13. Connect to ventilator as described on Section B.
- 14. Replace Mini-HEART® Nebulizer every 24 hours.

B. INSTRUCTIONS FOR IN LINE USE WITH VENTIL ATORS

1. Perform steps 1 through 14 is Section A.

WARNING: Do not use in-line non-invasive monitors.

- 2. For optimal performance of Mini-HEART[®], connect to ventilator as follows:
- 3. If placement of Tee is at the wye, remove adapter from tee. Connect directly to the wye.
- 4. Interface with Volume Ventilation (refer to Figure 2).
 - \bullet Place charging volume tubing between Mini-HEART $^{\circ}\,$ tee and patient wye to achieve optimal delivery of aerosolized medicine.
 - Typical adult setup is one or to 6 inch length 22 mm tubing (between 60 to 12 mL).

WARNING: Use of excess charging volume may cause CO₂ retention.

CAUTION: Expiratory tidal volume on ventilator my read higher due to added flow from Mini-HEART $^{\circ}$.

5. Interface with Continuous Flow Ventilation (refer to Figure 3).

Place an AEROSOL CHARGING ADAPTOR (ACA) between ET tube and ET port adaptor of patient wye for optimal delivery or aerosolized medicine.

· Follow instructions for use AEROSOL CHARGING ADAPTOR.

 $\textbf{CAUTION}: \mbox{Adjust ventilator flow to accommodate added flow from Mini-HEART^{\circledast}$.

- Observe chamber of ACA for presence of aerosolized medicine.
- · Contact your distributor for more.
- Observe chamber of ACA for presence of aerosolized medicine.
- Contact your distributor for more information on the ACA.

©1996 - The protocol design and recommendations contained in this document are subject to change without notice (p. 2/2, 11/96). Mini-HEART® is the registered trademark.

WARNING: For single patient use only. Do not reuse.