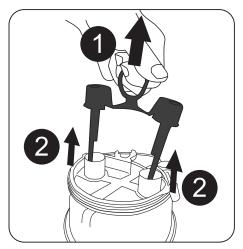
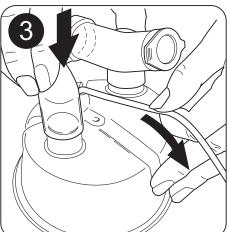
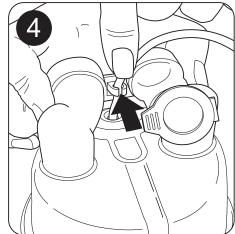


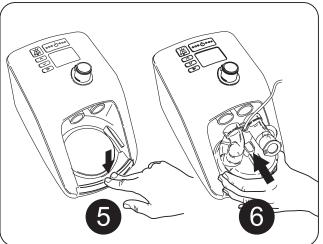
F&P AIRVO™2 Tube and Chamber Kit

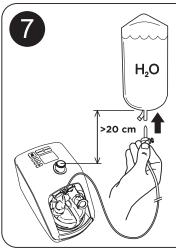
(with nebulizer adapter) 900PT563

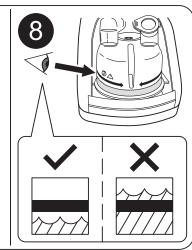


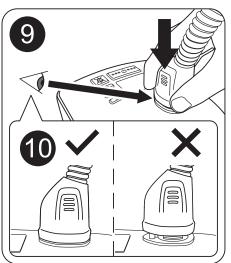


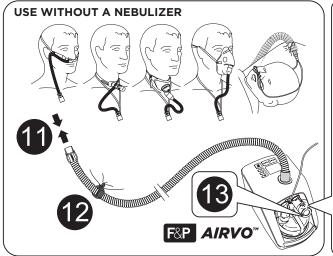
















Rx only

For patent information, see www.fphcare.com/ip Fisher & Paykel

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Airvo™ Tube and Chamber Kit with nebulizer adapter - 900PT563

(en)

Indications for use - Airvo nebulizer adapter:

When used with a nebulizer:

When used with a nebulizer:
The nebulizer adapter is a medical device accessory for single-patient use to facilitate aerosolization of Albuterol sulfate for inhalation to adult patients receiving high-flow humidified breathing gases via tracheostomy patient interface. Intended for use by healthcare professionals in hospitals or long-term care facilities.

When used without a nebulizer:

which used without a neounizer: For use in hospitals and long-term care facilities, for the delivery of humidified respiratory gases to patients via nasal, tracheostomy and mask interfaces.

System Specifications: Circuit Length: 1.8 m (6 ft) + interface.

Use WITHOUT a nebulizer

- If never used with a nebulizer, the 900PT563 kit must be disposed of after a maximum of 14
- days' use. Do not soak, wash or sterilize.

Setup:

Airvo 2 humidifier ("Airvo") on a flat surface.
 For use at flows from 2 to 60 L/min depending on the patient interface.
 OPT3I6/OPT3I8/OPT942/OPT944/OPT1042/OPT1044/OPT1046 nasal interfaces OR OPT970 tracheostomy interface OR OPT980 mask adapter interface WARNING:
 Use of a non-approved accessory could impair performance or compromise safety.

Steps 1 - 7: Step 8:

Assemble and connect water chamber.

Ensure water level is rising but not going over the maximum water level.



Incorrect water level Replace MR290 chamber



Correct water level in the MR290 chamber

Use USP sterile/distilled water for inhalation, or equivalent.

Step 9:

Connect breathing tube to Airvo.

Step 10:

Make sure blue connector is fully located into place

Step 11:

Connect breathing tube to patient interface once the system has warmed up. Position breathing tube below patient interface so that condensate flows away from the patient.

Step 12:

Connect breathing tube clip to patient clothing or bedding. Note: connecting to patient clothing may not be suitable for all patient groups.

Step 13:

In the absence of a nebulizer, make sure the nebulizer port plug is firmly in place.

• <u>WARNING:</u> Loss of therapy may occur if the nebulizer port plug is not in place.

Use WITH a nebulizer

If used with a nebulizer at any time, the 900PT563 kit must be disposed of after a maximum of 7 days' use, whether nebulization is continuous or intermittent during this time.
 Do not soak, wash or sterilize.
 CAUTION: Using the kit with a nebulizer for longer than 7 days may cause damage to the kit, particularly the water chamber, and eventually the Airvo itself.

Setup:

<u>WARNING:</u> Nasal delivery of nebulized drugs for lung deposition is not approved by FDA.

WARNING: Use of a non-approved accessory could impair performance or compromise

- Safety.
 Airvo 2 humidifier ("Airvo") on a flat surface.
 For use at flows from 10 to 30 L/min using the OPT970 patient interface.
 OPT970 tracheostomy interface
 Aerogen Solo nebulizer

Compatible medications:

- This kit is compatible with the following medications only:

 Albuterol sulfate

 Refer to drug manufacturers' instructions for correct usage and restrictions.
- Neter to drug manufacturers' instructions for correct usage and restrictions.

 WARNING: Do not nebulize the following medications, as they are incompatible with Airvo and its consumables and may cause patient harm:

 Alcohol-based medications

 Significantly acidic or basic medications eg. epoprostenol (Flolan)

 Saline

Step 14 (Nebulizer use):

- - Follow Steps 1-13.

 Remove the nebulizer port plug from the nebulizer port and connect the nebulizer in

 - its place.

 CAUTIONS:

 Refer to the nebulizer manufacturer's instructions for setup and usage information.

 Do not add oxygen or other gases through the nebulizer port or use a flow-generating nebulizer (eg. jet nebulizer) as this will cause discrepancies in humidity, flow and oxygen outputs.

 Ensure the Airvo is switched on with humidified gas flowing before the nebulizer is used.

 - used. The medication delivery efficiency decreases as the Airvo flow increases. Ensure that the patient receives adequate flow at all times when adjusting flow during nebulization. Titrate medication delivery as required. Nebulized medications can form residue and cause cosmetic discoloration of the breathing tube and chamber during normal operation. Nebulization may cause increased levels of condensate in the breathing tube and chamber.

 Avoid skin contact with condensate as it may contain nebulized medication.

20 L/min 30 L/min Albuterol sulphate (1 mg/mL, 2.5 mL) 10 L/min Total delivered dose (µg)* 1362.9 - 2087.7 548.6 - 1938 383.3 - 1461.8 Total respirable dose (µg, 1-5µm)* 1035.9 - 1550.3 470.7 - 1428.2 387.9 - 837.3 Respirable fraction (%) 63 - 87.1 59.3 - 93.8 31.3 - 100 Coarse particle dose (µg, >4.7µm) 206.6 - 528.2 0 - 507.80 - 531.9Coarse particle fraction (>4.7µm) 14.9 - 27.6 4.7 - 32.4 0 - 47.2 448.5 - 987.4 1111.3 - 1604.5 519 - 1500.8 Fine particle dose (µg, <4.7µm)* Fine particle fraction (<4.7µm) 72.4 - 85.1 67.6 - 95.4 52.8 - 100 Mass-Median Aerosol Diameter 2.67 - 2.94 2.41 - 3.05 2.08 - 3.00 (MMAD) (µm)* Geometric Standard Deviation (GSD) 1.56 - 2.30 1.18 - 2.58 0.1 - 4.91 (µm)*

* 95% confidence intervals

Testing carried out with one Aerogen Solo nebulizer, three sets of Airvo 2, 900PT563 kit and OPT970 interface and three tests per set. Cascade impactor testing conducted at 15 L/ min using NGI.

WARNINGS:

Performance:

- For single patient use only. Reuse may result in transmission of infectious substances. Attempting to reprocess will result in degradation of materials and render the product

defective. Using the breathing tube for longer than the specified time can result in serious injury, including infection. Do not use the auto-fill MR290 chamber if it has been dropped or been allowed to run dry as this could lead to the chamber over-filling. Do not use the MR290 chamber if the water level rises above the maximum water level line as this may lead to water entering the patient's airway. Never operate the unit if the breathing tube has been damaged with holes, tears or kinks. Do not block the flow of air through the unit and breathing tube. California residents please be advised of the following, pursuant to Proposition 65: This product contains chemicals known to the State of California to cause cancer, birth defects and other reproductive harm. For more information, please visit: www.fphcare.com/prop65

To avoid burns: Do not allow the breathing tube to remain in direct contact with skin for prolonged periods of time.

- of time.

 Do not use in the presence of a naked flame, to avoid fires.

 Do not add heat to any part of the breathing tube e.g. covering with a blanket, or heating it in an incubator or overhead heater for a neonate, as this could result in serious injury.

- Avoid product contact with chemicals, cleaning agents, or hand sanitizers.
 Use only USP sterile/distilled water for inhalation, or equivalent.
 Nebulized medications may be emitted into the surrounding area.
 Condensate containing nebulized medication may be present after use. Wear appropriate personal protective equipment such as gloves.

To prevent condensation:

- Use in a room warmer than 18 °C (64 °F). Remove/minimize the impact of anything that may cool the heated breathing tube, e.g. a fan, air conditioning, open window.

To manage excessive condensation:

- Place the Airvo below patient head height.
 Drain condensate back into the water chamber. At higher target flow settings it may be necessary to first reduce the target flow setting to 30 L/min, to ensure that the condensate drains safely and effectively.
 Disconnect the patient interface from the heated breathing tube.
 Lift the patient end of the heated breathing tube, allowing the condensate to run into the water chamber.