IFU

Naso-Flo® Nasopharyngeal Airway

DESCRIPTION

Nasopharyngeal Airways allows oxygen to be delivered directly into the pharynx. It can be used to support and maintain the airway in a wide range of clinical settings. A lubricated Nasopharyngeal Airway should be inserted into the Oropharynx via the nasal cavity & post nasal space.

MODEL AND SIZE

Model Code	Model description	Size(ID)
NF10	Nasopharyngeal Airway with O_2 Port, Soft Tip and 15mm Connector	3.0、3.5、4.0、4.5、5.0、5.5、6.0、6.5、7.0、7.5、8.0、8.5、9.0
NF20	Nasopharyngeal Airway with O_2 Port, Respiratory Indicator, Filter, Soft Tip and 15mm Connector	
NF30	Nasopharyngeal Airway with O_2 Port, Respiratory Indicator - without Filter, Soft Tip and 15mm Connector	
NF40	Nasopharyngeal Airway with O_2 Port, Respiratory Indicator, Filter, Orange connector, Soft Tip and 15mm Connector	
NF11	Nasopharyngeal Airway with O_2 Port, Adjustable, Soft Tip and 15mm Connector	4.0、5.0、6.0、7.0、8.0、9.0
NF21	Nasopharyngeal Airway with O_2 Port, Respiratory Indicator, Filter, Adjustable, Soft Tip and 15mm Connector	
NF31	Nasopharyngeal Airway with O_2 Port and Respiratory Indicator - without Filter, Adjustable, Soft Tip and 15mm Connector	
NF41	Nasopharyngeal Airway with O_2 Port, Respiratory Indicator, Filter, Orange connector, Adjustable, Soft Tip and 15mm Connector	

INTENDED USE

It is used for medical departments to maintain upper respiratory tract ventilation during clinical anesthesia or first aid. Single-use only.

PATIENT GROUPS

It is suitable for adults and children, except infants.

INTENDED USERS

Clinicians and nurses

INDICATIONS

It is suitable for patients with incomplete respiratory tract obstruction caused by glossoptosis, patients with dyspnea who inhale oxygen through nasopharyngeal airway, patients with weak expectoration who need to suck through upper respiratory tract, and patients teeth set who cannot suck sputum through mouth.

CONTRAINDICATIONS

Patients with nasal polyps, nasal hemorrhage or bleeding tendency, nasal trauma, nasal deformity, nasal inflammation, obvious nasal septum deviation, nasal bone fracture, skull base injury, abnormal coagulation mechanism, complete obstruction of bilateral nasal airways, intranasal surgery, cerebrospinal fluid otorhinorrhea.

COMBINATIONS

Medical devices used with devices include oxygen tube and Expiratory Terminal CO_2 monitor.

WARNING/PRECAUTIONS

a. If O_2 ports are used for oxygen supply, it is recommended that the oxygen supply flow rate should be 2-3L/min. To ensure the accuracy of carbon dioxide monitor, the oxygen flow rate should not exceed 8L/min in sedative state and 3L/min in awake state. If the recommended set range is exceeded, it is possible that carbon dioxide will not be detected, and clinicians should observe the patient's vital signs by other methods.

b. Sterile product. Sterilized by Ethylene Oxide.

c. Single-use only. Do not reuse.

d. Operators should wear sterile gloves or other protective devices to prevent infection during intubation.

e. Check the patient's condition regularly after intubation. If there is abnormal reaction, please contact the doctor in time for treatment.

f. It is suitable for adult and children patients (except for infants). Clinicians should select appropriate sizes of Nasopharyngeal airway according to the patient's age, gender and other

specific conditions.

g. Periodically remove secretions and foreign bodies according to the specific conditions of clinical patients: remove the indicator line, clean up the secretions prior to insertion, and clean up the secretions in the airway tube to prevent the unsteady wave of Expiratory Terminal CO2 in the monitoring process.

h. Only used by intended users.

i. Products that exceed expiring date, package damaged and after-used should be completely scrapped, and put into the disposable product waste designated by the hospital, and be disposed by the hospital in accordance with local laws and regulations.

j. Do not use a laser near the Disposable Nasopharyngeal Airway as this may cause combustion and injury. (Note: Contact of the beam or electrode with the Nasopharyngeal airway, especially in the presence of oxygen-enriched or nitrous oxide containing mixtures could result in the rapid combustion of the tube with harmful thermal effects and with emission of corrosive and toxic combustion products including hydrochloric acid (HCI).

PRE-USE CHECKS:

a. Do not use this product unless these checks are fully satisfactory.

b. Check the expiration date. Products exceeding expiration date, packaging damage or packaging containing foreign matter are strictly prohibited to use.

c. Check that there is no blockage or occlusion in the airway.

d. In the unlikely event of pre-use check failure, do not use but return to supplier for inspection.

DIRECTION FOR USE

These directions are general guidelines intended for use by qualified medical personnel. Any instructions, indications and contraindications given are not exhaustive and it is the clinician’s responsibility to ensure the safe, correct use of this product.

a. Carefully check the patient's nasal cavity before insertion, assess its size and shape, and confirm whether there are nasal polyps or obvious nasal septum deviation.

b. Select a Nasopharyngeal airway with suitable references and sizes, the length of which is about equivalent to the distance from the external nasal aperture to the mandibular angle. After insertion, the most suitable position of the front end of the Nasopharyngeal airway

should be located 0.5 cm above the glottis.

c. Apply lubricant to Nasopharyngeal airway (water-based lubricant is recommended); If necessary, the nasal mucosal surface can be sprayed with vasoconstrictor drugs and local anesthetics, such as furan mixture or ephedrine diluent, lidocaine, etc.

d. Put the curved side of Nasopharyngeal airway into the nasal cavity facing the hard palate, and push it down along the palatal bone plane. When inserting, it must be inserted along the lower nasal passage, and ensure that the insertion direction is completely perpendicular to the face. It is strictly forbidden to insert it in the direction of the top of the nose to avoid injury and bleeding. The process of push should be slow and gentle, with left-right rotation slowly to push it to an appropriate depth. When the nasopharyngeal airway is inserted to a sufficient depth, it should be receded 1-2 cm if the patient coughs or resists.

e. If oxygen delivery is needed, fix the oxygen delivery tube with the O_2 port. If breathing indication is required, connect the monitoring device with the Luer fitting (with respiratory indicator) or filter (with respiratory indicator and filter) at the end of the indicator line tightly.

f. Nasopharyngeal airway with adjustable positioning ring which has the depth marker on the surface of airway tube. Please move and fix the adjustable positioning ring according to the required insertion depth.

g. If any blockage or occlusion occurs, it should be stopped immediately.

h. Clean nasal and oral secretions before withdraw the Nasopharyngeal airway, and pull them out during expiratory to avoid aspiration. If there's resistance in the process of pulling out, please suspend. Apply lubricant or water to moisturize the tube, rotate repeatedly until it’s loose, then pull it out and scrap.

SHELF LIFE

5 years

DURATION

Less than 24 hours

STORAGE CONDITIONS

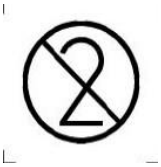
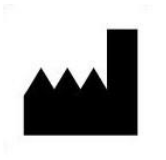
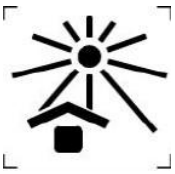
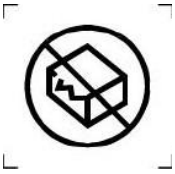
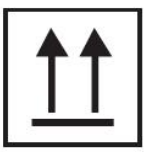
Store product inside containers or outer boxes in a clean, dry area.

Storage should be within a temperature range of 10–30ºC.

Do not expose to direct sunlight or UV light.

Made in China

MEANING OF SYMBOLS ON PACKAGE

	Do not re-use		Manufacturer
	Use-by date		Date of manufacture
	Batch code		Authorized representative in the European Community
	Sterilized using ethylene oxide		Keep away from sunlight
	Do not use if package is damaged		Keep dry
	Consult instructions for use		Catalogue number
	Caution		Doesn't contain DEHP
	CE marking of conformity		Latex free
	This way up		Fragile, Handle with care

MR Safe

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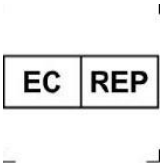

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Revision: 10009202310R01