

ORDERING INFORMATION

With O₂ Port

Size	Code	Box Qty
4.0mm	NF104	10
5.0mm	NF105	10
6.0mm	NF106	10
7.0mm	NF107	10
8.0mm	NF108	10
9.0mm	NF109	10



With O₂ Port, Respiratory Indicator and Filter

Size	Code	Box Qty
4.0mm	NF204	10
5.0mm	NF205	10
6.0mm	NF206	10
7.0mm	NF207	10
8.0mm	NF208	10
9.0mm	NF209	10



With Respiratory Indicator, without Filter

Size	Code	Box Qty
4.0mm	NF304	10
5.0mm	NF305	10
6.0mm	NF306	10
7.0mm	NF307	10
8.0mm	NF308	10
9.0mm	NF309	10



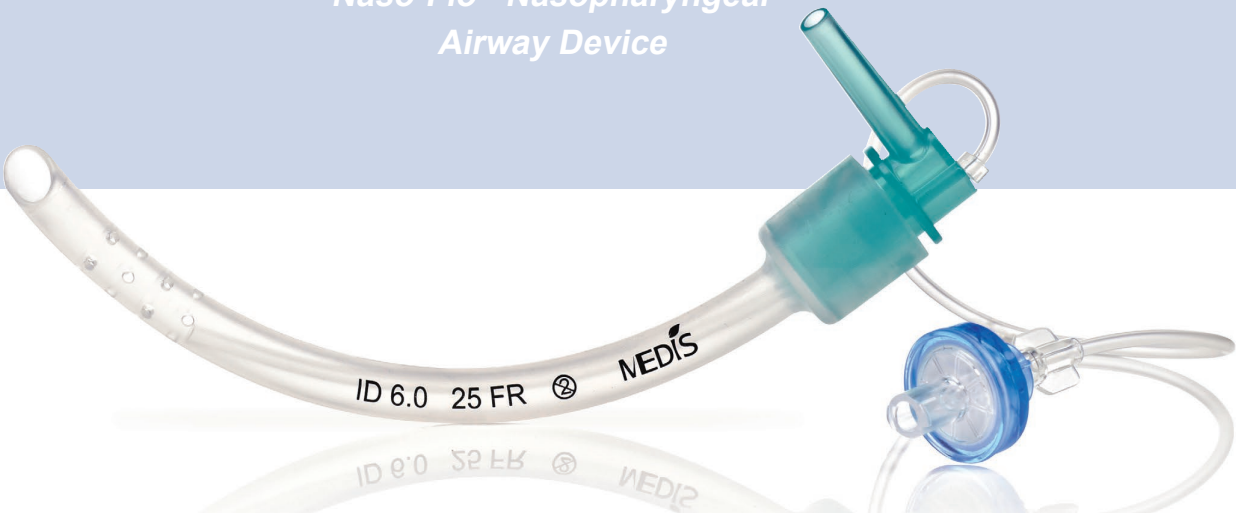
Ventilation adaptor

Size	Code	Box Qty
15mm	NF400	50



NASO-FLO[®]

Naso-Flo[®] Nasopharyngeal
Airway Device



The Naso-Flo[®] nasopharyngeal airway device allows for direct oxygen delivery, while humidification vents positioned towards the distal tip facilitate heat and moisture transfer. It can also be supplied with an optional respiratory indicator with or without hydrophobic filter.

- Manufactured from soft silicone **reducing the risk of trauma** during insertion
- **Colour-coded** connectors to aid correct size selection
- **Delivers oxygen directly into the pharynx**, reducing the anatomical dead space
- Once the patient's tidal volume has been exceeded, the **upper airway becomes a natural reservoir** for the remaining oxygen
- Available with or without a Respiratory Indicator, which **allows for detection of CO₂ from the distal tip**
- **Optional hydrophobic filter** (on versions with Respiratory Indicator), which reduces the risk of monitor contamination
- Suitable for a **wide range of clinical applications**
- **Humidification vents** and the physiological position improves the humidification of oxygen
- **Ventilation adaptor** available for connection between Naso-Flo[®] and breathing system
- **Cost effective** - Reduces the need for an oxygen mask with the additional benefit of improving the visibility of the patients oral cavity
- **MRI Compatible**
- **Single Use**
- **Latex Free**

FOR MORE INFORMATION ON OUR PRODUCTS AND SERVICES PHONE US ON +86-22-83963862

Medis Medical Tianjin Company Ltd specialises in the design, development, sales and marketing of unique anaesthesia and airway management devices worldwide. Led by a team of pioneering inventors, we have many years experience bringing new products to market that solve problems, improve patient safety and change lives.



CLINICAL APPLICATION

• **Securing intubation safety and enhancing post-extubation recovery in general anesthesia**

Nasopharyngeal airway is better for obesity patients during general anesthesia induction period, which also improves anesthesia safety level.

—Gong huaqu, et al, West China Medical Journal, 2015, 30(6): 1071-1073.

Nasopharyngeal airway could better maintain unobstructed upper airway in neurosurgery patients during the anesthesia recovery period with advantages such as small circulatory effect, good tolerance and fewer complications.

—Luo linli, et al, J Sichuan Univ (Med Sci Edi), 2013, 44(4): 689-692.

• **Oxygen delivery during regional anesthesia with sedation**

Ultrasound-guided lumbosacral plexus block combined with nasopharyngeal airway (NPA) produces reliable efficacy and fewer complications when applied to hip replacement and is suitable for elderly patients with pulmonary and lumbar diseases.

	Before block	15 min after completion of block	Before implantation of NPA	1 min after implantation of NPA
MAP (mmHg)	168±15	150±20	148±17	135±20
HR (beats/min)	70±5	68±3	75±5	71±3

Propofol (mg)	Sulfentanyl (μg)	NPA removal time (min)	Departure-bed activity time (d)	Hospitalization time (d)
110±12	10±3	4.1±1.0	2.2±0.7	5.3±0.8

(n=18)

—Chin J Anesthesiol, 2017, 37(7): 856-858.

• **Improvement and treatment of OSA (Obstructive Sleep Apnea)**

Meta-analysis shows that the mean apnoea index ± standard deviation, for 53 patients, decreased from 32.4±15.9 to 9.0±7.2 episodes per hour (*p*<0.00001). The mean apnoea–hypopnoea index, for 193 patients, decreased from 44.1± 18.9 to 22.7±19.3 episodes per hour (*p*<0.00001). The mean lowest oxygen saturation, for 193 patients, increased from 66.5±14.2 to 75.5±13.9 per cent (*p*<0.00001).

—A R Kumar, et al., The Journal of Laryngology & Otology (2015), 129,2-10.

CLINICAL APPLICATION

• **Oxygen delivery during non-intubation sedation and analgesia**

Routine use of the nasopharyngeal airway during endoscopic propofol-based sedation.

Reversible episodes of respiratory depression (SaO₂ <90%) were significantly more common in the control group than in the intervention group.

Parameter	Control group (without NPA) (n=111)	Intervention group(with NPA) (n=105)	P value
SaO ₂ ≤90%	15 (13%)	2 (2%)	0.002*
SBP<90 mm Hg	12 (11%)	5 (5%)	0.09
Heart rate < 40 beats/min	9 (8%)	6 (6%)	0.59

*Statistically signification *P* value.

Patients who underwent upper GI endoscopy showed more adverse events due to cardiorespiratory complications than patients who had a lower GI endoscopy.

	Control group (without NPA) (n=111)	Intervention group(with NPA) (n=105)	P value
Upper GI endoscopy (n=85)	21/46 (44%)	7/37 (19%)	0.016*
Lower GI endoscopy (n=131)	15/63 (11%)	6/68 (5%)	0.02*
P value	0.026*	0.13	

*Statistically signification *P* value.

—Michaela M, et al. Digestion, 2014, 89: 247-252.

• **Resuscitation of critically ill patients**

Infants with high upper airway obstruction (UAO) are managed with a variety of techniques to relieve their UAO. Among these techniques, the least invasive and safest is the nasopharyngeal tube (NPT).

—Chang AB, et al. Pediatr Pulmonol, 2000, 29(4): 299-306.

In terms of airway management the 2010 AHA Guidelines for CPR and ECC have a major new Class I recommendation for adults: use of quantitative waveform capnography for confirmation and monitoring of endotracheal tube placement. In addition, the use of supraglottic advanced airways continues to be supported as an alternative to endotracheal intubation for airway management during CPR.

—2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.