

# OXI-saver™

## Closed Circuit Oxygen Resuscitator Soft Bag – Model RS-7500-SB

# OPERATING MANUAL



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# OXI-saver™ Closed Circuit Oxygen Resuscitator Soft Bag – Model RS-7500-SB

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*Medical Developments International Limited reserves the right to alter specifications without notice*

## 1 Warnings and Precautions



1. The OXI-saver™ is an advanced self contained resuscitation system and should only be used by an individual who has received advanced training in first aid and in the use of this resuscitator.
2. As per the Australian Standard AS 2488-1995, the closed breathing circuit is not recommended for use on patients less than 10 Kg weight.
3. If used to treat a symptomatic diver after an uncontrolled ascent, the patient will require 100% oxygen.

If the patient is conscious, unconscious or in an altered conscious state and BREATHING, give 100% oxygen, with exhaust valve fully OPEN – bag is automatically maintained filled sufficiently, but without added pressure. If the patient is exhibiting the signs and symptoms of a tension pneumothorax, this can be exacerbated with positive pressure.

4. Positive pressure will only occur when using the OXI-saver™;
  - if the breathing bag is squeezed too hard whilst the patient has the mask on their face,
  - if the flush button is pushed with the mask on the patients face, and the bag is allowed to over-fill.

Ensure that the exhaust valve is adjusted to release excess pressure, whilst still allowing gentle ventilation.

5. The operating instructions should only be used to assist the operator and not replace any of their training. Medical Developments International Limited accepts no responsibility for incorrect operation of the equipment or incorrect management of patients.

## 2 Introduction

### **OXI-saver™ Closed Circuit Oxygen Resuscitator**

The **OXI-saver™** is a self-contained portable apparatus providing facilities for simultaneous resuscitation, oxygen therapy and suction for both breathing and non-breathing patients.

It features the closed circuit resuscitation system with a soft breathing bag, providing the operator with an immediate diagnosis of the pattern of respiration so that a simple, safe and logical approach to management replaces the guess work and dangers of many resuscitation systems.

The **KDK Autovalve™** is the crux of the system. It is an advanced regulator/ flowmeter with (3) three outlets which can operate independently or simultaneously with each other.

- 1) Flowmeter outlet, directed to the closed circuit resuscitation system.
- 2) Self Seal Outlet/Inlet Valve outlet
  - (i) Outlet for oxygen therapy, nebuliser or incubator.
  - (ii) Inlet for oxygen into the **KDK Autovalve™** from an external 400kPa source in lieu of the supply from the high pressure cylinder.
- 3) OXI-vac. Venturi Suction System

The **OXI-saver™** is a fresh approach to resuscitation and is based on principles routinely used by anaesthetists. Attention to the guidelines that follow will allow a meaningful approach to the usually daunting subject of resuscitation.

It is manufactured in Australia by Medical Developments Australia Pty Ltd to comply with Australian & New Zealand Standards AS 2488-1995, AS/NZS 2496:1995.

### **The Concept Is Basic and Simple**

At rest an adult uses about 250mL/min of oxygen to produce energy for body metabolism and about 200mL/min of carbon dioxide is produced and exhaled.

In the **OXI-saver™** oxygen is introduced at a minimum flow rate of 500 ml/min (0.5L/min) which is about double that required for basal metabolism; flow settings between 0.5 to 8.0 L/min are available.

Carbon Dioxide is removed chemically by "Soda Lime" granules in the new **KAB™** Circular Carbon Dioxide Absorber.

Diagnosis of the breathing pattern is made by observation of the soft breathing bag.

### 3 General Description

#### 3.1 Oxygen Supply

##### 3.1.1 Cylinder

The OXI-saver™ resuscitator accommodates either 'B', 'CS' or 'C' size cylinders. The 270 litre and 320 litre cylinders are fitted with a valve incorporating the ON/OFF control as an integral part. The 440 litre cylinder may require a key wheel which is permanently attached to the resuscitator by a 200mm chain.

The 'B', 'CS' and 'C' size cylinders are rented from a gas supplier.

**Note: An important unique feature of the OXI-saver™ is the continuation of oxygen supply to the patient during cylinder change over.**

##### 3.1.2 Hoseline fitted to 400kPa supply

Oxygen can also be introduced from a 400kPa outside source through the Self-Seal Outlet/Inlet Valve. A low pressure colour coded white hose line (optional) introduces oxygen at 400kPa from either a wall outlet or a large cylinder fitted with a regulator. In this case the oxygen cylinder on the machine is turned OFF.

#### 3.2 KDK Autovalve™

A combined regulator/flowmeter reducing the cylinder pressure to 400kPa and providing controlled flows in the range 0.5 to 8 L/min with an **OXYGEN FLUSH** at all flow settings. The KDK Autovalve™ operates irrespective of the position of the machine. (Ball and tube flowmeters only retain their nominal accuracy when truly vertical).

The cylinder contents gauge is calibrated to 25000kPa and is clearly marked REFILL, 1/4, 1/2, 3/4 and FULL.



**Note: As a safety feature, the KDK Autovalve™ cannot be used to turn the oxygen supply OFF.**

#### 3.3 Closed Circuit Resuscitation System

The KDK Autovalve™ automatically operates at any flow dial setting when the oxygen cylinder is turned ON. After the mask is fitted to the patient's face the circuit is rapidly filled by depressing the 'OXYGEN FLUSH' cap and releasing it when the bag is about 3/4 full.

Alternatively the patient can exhale into the system to fill the breathing bag. Initially set the flowrate to 2L/min for 2-3 minutes and then maintain the minimal setting between 0.5-8L/min to keep the breathing bag about 2/3 full. The flow range of 0.5-8L/min is provided to allow for varying leaks around the face mask and can be instantly further increased by the rapid fill 'OXYGEN FLUSH'. When the mask is correctly applied and leakage is minimal the flow can usually be reduced to the minimum setting of 0.5L/min. Movements (if any) of the breathing bag reflect the nature and extent of the patient's breathing. The carbon dioxide in the patient's expirations is removed by the soda lime granules in the absorber.

#### 3.4 KAB™ Carbon Dioxide Absorber (Disposable)

Four Australian Design Registrations. US Patent No. 5,566,669. Australian Patent No. 694208. Circular design and polycarbonate construction for strength. The exhaust (APL) valve and coloured silicone unidirectional valves are integrated. The larger than usual diameter of the unidirectional valves reduces resistance to breathing. The exhaust valve incorporates a 30mm scavenging outlet port.



The full range of the exhaust valve operates smoothly over approximately one full turn. DO NOT FORCE in either direction. The valve closes by turning CLOCKWISE. In the open position, (one turn ANTICLOCKWISE) the central spindle has a free movement so that excess gas in the breathing circuit is *automatically* vented. The spindle in the exhaust valve settles gently on the seat and *automatically* keeps the breathing bag inflated over the complete range of flowrates between 0.5-8L/min; this is particularly important in spontaneously breathing patients.

The KAB™ Absorber is pre-filled with 400g of soda lime. The duration of action is in excess of 2½ hours at low flow rates. Higher flow rates (3L/min or more) extend this time to 4 hours or more.

Two lightweight single patient use breathing hoses fit onto the two 22mm male taper openings at the top front of the KAB™ Absorber. A polycarbonate Y-Piece joins the hoses at the other end.

**Note: An alternative *disposable* Universal ‘F’ circuit, which is a hose in hose assembly is available.**

The 22mm female taper breathing bag port is situated at the lower right front of the KAB™ Absorber.

During operation the soda lime becomes warm and the indicator in the soda lime changes colour from pink to white.

There is a tapered blind opening at the rear for attachment to the mounting peg.

### 3.5 Oxygen Connector

Oxygen enters the breathing circuit through the inlet nipple at rear of the KAB™ Absorber breathing circuit with a white oxygen hose fitted with a 15mm metal connector.

### 3.6 Face Masks

A disposable face mask #5 is supplied as standard. Other masks facemasks are available on request.

See Pack List

### 3.8 Self-Seal Valve

The Self-Seal Valve is activated automatically by screwing the nipple restrictor handwheel into place to provide 8L/min\* flowrate (‘8’ marked on handwheel). The green therapy tubing can be connected to a disposable therapy mask, nasal catheter, incubator or nebulizer.

**Note: \*3L/min restrictor available on request.**

### 3.9 Suction

#### OXI-vac™ Venturi Suction

Includes a polycarbonate 250mL reservoir bottle marked at 200mL, secured in a pouch on the side wall.

The narrow neck reduces the likelihood of spillage when removing a used bottle. A spare suction bottle with blue cap is included for rapid changeover.



To remove used bottle, hold the OXI-vac™ vertically and carefully unscrew. Screw on the blue cap from the stand-by bottle and set aside\*.

Screw the new bottle in place and mount in pouch.

\* After emptying the contents from the used bottle, clean and sterilise (also can be autoclaved) for future use.

## 4 Specifications

Soft Bag:	Cordura; Multiple Pockets
Length:	590mm
Width:	260mm
Height:	230mm
Weight:	4.5Kg without cylinder 8.5Kg with cylinder

### Australian/New Zealand Standards

AS 2488-1995: *Resuscitators intended for use with humans*

AS/NZS 2496:1995: *Breathing attachments for anaesthetic purposes for human use*

### KDK Autovalve™

- Pin-indexed for oxygen
- Combined regulator and flow-meter
- Safety valve
- Cylinder contents gauge 0-25000kPa
- Operating Pressure 0-17500kPa
- Reduced pressure 400kPa
- Flowrate range 0.5 to 8L/min. Click settings at 0.5, 1, 2, 3, 4, 6, 8L/min
- **Oxygen FLUSH** 40L/min at all flowrates
- Two 400kPa outlets for OXI-vac and spare Self-Seal Outlet/Inlet Valve

### Oxygen Cylinder

Accepts B, CS and C size cylinder. A key wheel, with a chain attached, is included.

### Operating Duration

Approximately 3 hours with a full 270 litre cylinder, 4 hours with a full 320 litre cylinder or 6 hours with full 400 litre cylinder. Duration is reduced by frequent use of the suction system or the OXYGEN FLUSH.

### Breathing Circuit

**Single patient use:** and Twin Hose assembly including latex free 2L breathing bag or Universal 'F' Circuit including latex free 2L breathing bag (optional). Both include extension hose for breathing bag.

### OXI-vac™ Suction

Displaces 250mls of water within 4 seconds. Static vacuum: -40 kPa in one second, -60 kPa within four seconds. Reservoir capacity 250mls.

**Caution:** The venturi system uses approximately 20L/min of oxygen. To prevent depletion of the oxygen cylinder use for brief periods only.

### Oxygen Therapy

The restrictor delivers 8L/min when connected to the Self-Seal Valve. (3L/min restrictor available on request). The 8L/min restrictor provides approximately 60% inspired oxygen with a Oxygen Therapy type mask. The 8 L/min restrictor may also be used to drive a nebulizer for the treatment of asthma.

### KAB™ Carbon Dioxide Absorber

Circular polycarbonate construction for strength. Resistance (filled with soda lime) 2-3cm water at 60L/min. Soda lime charge 400g. Unidirectional coloured silicone valves. Exhaust valve fitted with scavenging port.

### Fittings and Adaptors

International 22/15mm tapers.

## 5 Accessories

### Standard

- Set of four airways.
- Nipple restrictor kit (3 or 8L/min)
- Disposable therapy mask with a reservoir bag.

For the full range of options, see the Pack List

## 6 Operating Instructions

### 6.1 Precautions

- a) The OXI-saver™ is an advanced self contained resuscitation system and should only be used by an individual who has received advanced training in first aid and in the use of this resuscitator.
- b) The operating instructions should only be used to assist the operator and not replace any of their training. Medical Developments International Limited accepts no responsibility for incorrect operation of the equipment or incorrect management of patients.
- c) As per the Australian Standard AS 2488-1995, the closed breathing circuit is not recommended for use on patients less than 10 Kg weight.
- d) If used to treat a symptomatic diver after an uncontrolled ascent, the patient will require 100% oxygen
- e) If the patient are conscious, unconscious or in an altered conscious state and **BREATHING**, give 100% oxygen, with exhaust valve fully OPEN – bag is automatically maintained filled sufficiently, but without added pressure.
- f) Positive pressure will only occur when using the OXI-saver™;
  - if the breathing bag is squeezed too hard whilst the patient has the mask on their face,
  - if the flush button is pushed with the mask on the patients face, and the bag is allowed to over-fill.

Ensure that the exhaust valve is adjusted to release excess pressure, whilst still allowing gentle ventilation.

- g) DO NOT put oil or grease on oxygen connections.
- h) Naked flames must not be permitted in the vicinity of oxygen apparatus.
- i) Turn the oxygen cylinder off after use.

**Note: As a safety feature, the KDK Autovalve™ does NOT turn the oxygen supply OFF.**

### 6.2 Equipment Check

1. Tighten any loose connections with a twisting action.
2. Turn oxygen cylinder ON (Anticlockwise).
3. Check circuit: close the exhaust (APL) valve, place a thumb over outlet and depress the **OXYGEN FLUSH** cap to rapidly fill breathing bag. Squeeze breathing bag firmly to check for leaks.
4. Ensure the exhaust valve is closed by rotating knob (only about one turn) in a **CLOCKWISE** direction.

### 6.3 Resuscitation Techniques

1. Assess Patient: DRABC
2. Position the face mask over the mouth and nose **with the narrow part between the patient's eyes**.
3. Set KDK Autovalve™ to 2L/min. Use higher flowrates if difficult to maintain an adequate face seal, for example in the elderly and/or edentulous patients.

**Note: After 2-3 minutes the flow rate can be reduced to 0.5L/min to conserve oxygen.**

4. Depress the **OXYGEN FLUSH** cap of the KDK Autovalve™ to rapidly fill the breathing bag until about 3/4 full then release. Observe the breathing bag.



**Suspected tension pneumothorax** - care must be taken when ventilating a non-breathing patient. If positive pressure is introduced to a patient with a tension pneumothorax, there is the possibility of exacerbating this condition. However, ventilation is essential if patient is not breathing.

**4.1 IF THE BREATHING BAG RHYTHMICALLY FILLS AND EMPTIES** the patient is breathing. Open the exhaust valve, maintain patient's head position and monitor the breathing bag until oxygen is no longer required.

**4.2 IF THE BREATHING BAG DOES NOT MOVE RHYTHMICALLY** ensure the exhaust valve is closed and squeeze the breathing bag. There are only 3 possibilities which are immediately diagnosed:

- (i) **If the bag will not compress easily** the patient's airway is **obstructed** (partially or completely).
- Check head tilt
  - Check airway is clear
  - Reposition the facemask

Depress **OXYGEN FLUSH** cap to fill the bag and try again (this provides positive pressure).

- (ii) **If the bag collapses** there is a leak probably because of an inadequate seal of the facemask. Reposition the facemask and push the **OXYGEN FLUSH** cap to refill the breathing bag; if necessary increase the flowrate to compensate for minor leaks.

- (iii) **If the bag compresses readily & refills** on release of the pressure, **the patient is not breathing**. Compress the bag rhythmically as per National Resuscitation Guidelines.

**Note: If the bag over-fills, release excess by opening the exhaust valve one turn anti-clockwise; alternatively, lift the mask from the patient's face intermittently and reapply.**

5. If **NOT BREATHING**, ventilate gently by squeezing breathing bag, exhaust valve **CLOSED ENOUGH** to enable chest to be just lifted with each breath. Follow current national resuscitation guidelines. Do **NOT** over-ventilate, or apply more pressure than is need to just lift the chest.

6. If external cardiac compression (ECC) is necessary compress the bag as per National Resuscitation Guidelines. **DO NOT GIVE UP UNTIL A DOCTOR ARRIVES.**

**NOTE: ECC must continue uninterrupted.**

7. If necessary the patient may be intubated by a doctor or specially trained personnel. The Y-piece attaches directly to the 15mm connection in the endotracheal tube; an endotracheal adapter may be interposed if preferred. Alternatively a laryngeal mask may be inserted into the patient; it also attaches directly to the Y piece.
8. If required a head harness may be used to hold the face mask in position on the patient's face.

**Note: If a head harness is used the operator must be particularly attentive to the patient's breathing pattern by continuously monitoring the movements of the soft breathing bag.**

9. After resuscitation procedures are completed turn the oxygen cylinder **OFF (CLOCKWISE)**.

#### **6.4 Smoke or Toxic Gas Inhalation**

1. In suffocation from smoke inhalation or in toxic atmospheres, flush the system intermittently by pressing the **OXYGEN FLUSH** cap and/or increasing the flow rate to 8L/min. Excess gas may be exhausted by rotating the exhaust knob anti-clockwise or by tilting the face mask. The system should be purged after 5 minutes, and every 15 minutes thereafter.

### 6.5 Oxygen Therapy

- 1 Screw the appropriate nipple restrictor handwheel onto the Self Seal Outlet/Inlet Valve. This automatically activates the valve and provides a constant 3 or 8L/min oxygen flowrate. The green therapy tubing can be attached to an appropriate therapy mask, nasal catheter, nebulizer, infant incubator or PENTHROX™ Inhaler.
- 2 For administration of bronchodilator aerosols to patients suffering from asthma, use the 8L/min nipple restrictor and connect to the nebulizer.

## 7 OXI-vac™ Suction System

### Precautions:

- a) Turn the oxygen cylinder valve on slowly. Naked flames must not be used in the vicinity of the apparatus. Do not put oil or grease on any oxygen connections.
  - b) This equipment should only be used after a training program on resuscitation has been completed
  - c) Clean the equipment after each use. Use a cloth moistened with chlorhexidine ('Hibitaine') in alcohol to wipe over the components or Vircon
  - d) Turn the oxygen supply cylinder OFF after use. Ensure a spare full oxygen cylinder is available and situated adjacent to the machine
- 1 Attach one end of the silicone suction tubing to the outlet of the OXI-vac™ system and the other end to a Y-suction catheter.



- 2 Push the control knob to the ON position. Occluding the opening near the base of the suction catheter controls suction.

- 3 The suction control must be turned OFF IMMEDIATELY after use to avoid wastage of oxygen.



**WARNING:** *The OXI-vac™ operates on a venturi principal: a vacuum is created by a high oxygen flow through a narrow jet. The oxygen cylinder can be rapidly depleted if the suction control is left on inadvertently.*

- 4 After use, remove the suction tubing, lift the OXI-vac™ from the bottle base, unscrew the bottle, fit the blue cap (from the spare bottle) and discard. Then screw the clean bottle onto the OXI-vac™ and replace the assembly in the bottle base.

## 8 General Maintenance

As with all life-saving equipment, regular care, training and maintenance is essential to ensure the machine is operational when required and that all concerned can use it effectively. It is suggested that the following CHECKLIST be carried out regularly.

### Important Notes:

- 1 The ball type flowmeters used with the wall outlets and regulating valves etc. are designed to measure flows at 400 kPa and are NOT suitable for checking the flows from the KDK Autovalve™ or the nipple restrictors.
- 2 To comply with Australian Standards oxygen cylinders must be submitted to an approved test station for hydrostatic test and service within ten (10) years from date of last test. The month/year of last test is normally stamped on the shoulder of the cylinder with other markings.

- 3 The contents gauge of the KDK Autovalve™ will NOT register if hospital wall outlets or other 400kPa supply lines are used to supply the machine.
- 4 Never allow OIL OR GREASE to come into contact with oxygen equipment. Smoking or other sources of ignition should not be permitted in the vicinity.

### 8.1 Oxygen Supply

Check oxygen contents gauge and refill/replace cylinder if less than ½ full.

Close oxygen cylinder valve immediately after use to prevent wastage of gas. The KDK Autovalve™ DOES NOT TURN OFF THE OXYGEN SUPPLY.

A full cylinder should always be on hand to replace the depleted in-use cylinder. Before fitting the replacement cylinder, 'crack' the cylinder valve by opening and closing rapidly to blow out any dust, and also to ensure the cylinder is not empty.

To change cylinders: close the cylinder valve and remove the empty cylinder from the stirrup. Ensuring the Bodok seal on the sealing face inside the stirrup is in place, insert a full cylinder and tighten the stirrup screw. Slightly open the cylinder valve, pause until the contents gauge needle stops moving, then open slowly at least one full turn.

The empty cylinder should be returned to your medical gas supplier for refill or replacement. Alternatively if you own the cylinder it may be readily refilled on site by using the HANDICANT™ decanting tool.

**Note: Always check the replacement cylinder is full - do not assume it is full**

### 8.2 Oxygen Flow

To check that oxygen is flowing: Turn the oxygen cylinder ON and turn the KDK Autovalve™ flow setting to 2L/min; close outlet of Y-piece with thumb and observe filling of breathing bag. Then return the flow setting to 0.5L/min. Briefly depress the OXYGEN FLUSH cap and ensure the breathing bag fills rapidly.

### 8.3 Testing for leaks

To check the breathing circuit for leaks:

- a) Turn the oxygen cylinder on.
- b) Tighten loose fittings with a twisting action.
- c) Close exhaust valve (turn clockwise).
- d) Place thumb over outlet of Y-piece.
- e) Depress OXYGEN FLUSH to fill breathing bag.
- f) Squeeze bag firmly: If bag collapses check for leaks and rectify. If bag bounces back after release with no obvious reduction in tension, the system is satisfactory.

### 8.4 KAB™ Absorber

Unused soda lime granules remain active in the absorber for about 12 months (depending on climatic conditions). Replace after 2½ hours of continuous use during resuscitation or sooner if absorber does not become warm. Colour change of granules is not as reliable as temperature change. Check whether the coloured silicone valves are operating rhythmically and are lying flat. Check smooth rotation of exhaust valve knob and that in the OPEN position the spindle moves freely in the valve channel. Return knob to closed position (clockwise) ready for use.

**Note: The two hose ports are 22mm male and the breathing port is 22mm female, both comply with AS 2488 1995 and AS/NZS 2496-1995.**

### 8.5 Suction System

Ensure all suction tubing is firmly attached to respective metal connections. Discard loose tubing. Check bottle top sealing gasket is in position and screw cap securely into place. Locate suction bottle in holder.

Test the suction by connecting the silicone suction tubing to the outlet of the suction bottle, immerse the free end in a beaker containing approximately 250mls of water. Turn the suction on - the water should be aspirated within 4 seconds. Alternatively place a thumb over the open end of the suction tubing and turn the suction on; the tubing should adhere to the thumb.

### **8.6 Self Seal Outlet/Inlet Valve**

Screw the hand wheel of the nipple restrictor assembly onto the self-seal valve and listen for oxygen flow.

### **8.7 Perishable Items**

Periodically examine hoses, breathing bag and facemask for signs of deterioration - replace as necessary. Ensure a spare 2 litre breathing bag is available.

### **8.8 Accessories**

Check all standard accessories are present.

### **8.9 Cleaning and Sterilisation**

The face mask, KAB Absorber and breathing circuit are all single patient use only. Discard after use.

The suction tubing and fittings may be cleansed using the normal suction procedure to aspirate the detergent followed by clean water. All items can be then be autoclaved. After sterilisation, dry and reassemble, ensuring all fittings are firmly attached with a twisting action.

### **8.10 Training**

A training and drill program is highly desirable for operators to become familiar with these procedures. Special training courses in oxygen administration are available.

## 9 References

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## 10 Warranty

Medical Developments International Limited (MDI) warrants to the original purchaser that any part or parts, which on examination by MDI, prove to be defective within 24 months from the date of delivery to the original purchaser, will be replaced free of charge. This warranty does not include freight costs, consumables, plastic and perishable items. MDI will not be responsible for labour or transportation charges incidental to the replacement of any part or parts. This warranty is in lieu of all other warranties, obligations or liabilities expressed or implied. MDI neither assume nor authorize any other person to assume liability in connection with the sale. This warranty will not apply to any product that has been subject to accident, abuse or misuse. The warranty is not applicable when unauthorized repairs or modifications have been attempted, or when entire units or parts are damaged by accident, misuse or improper handling procedures

When returning the product under warranty, please include the following details:

Manufactured by: **MEDICAL DEVELOPMENTS INTERNATIONAL LIMITED**  
ABN 14 106 340 667  
**Factory 7, 56 Smith Road Springvale, Victoria 3171 Australia**  
**Tel: +61 3 9547 1888 Fax: +61 3 9547 0262**  
**Web: www.medicaldev.com Email: mdi@medicaldev.com**

Purchaser:.....

Address: .....

Post Code: ..... Country: .....

Model:..... Serial No: ..... Date of Purchase: .....

Invoice No:..... Supplier: .....

## Appendix 1

### 1 Re-Order Parts

SS-7595-33	Restrictor Nipple Assembly 3L/min
SS-7595-38	Restrictor Nipple Assembly 8L/min
S-OV-00	OXI-vac™ Suction System
S-OV-10	OXI-vac™ Suction Top Assembly
S-OV-20	OXI-vac™ Suction Bottle
S-7595-47	Suction Tubing 1.1m
CI-FM-S025	Silicone Mask. #2
CI-FM-S035	Silicone Mask. #3
CI-FM-S045	Silicone Mask. #4
CI-FM-S055	Silicone Mask. #5
CI-FM-1025	Single Patient Use Cushion mask #2
CI-FM-1035	Single Patient Use Cushion mask #3
CI-FM-1045	Single Patient Use Cushion mask #4
CI-FM-1055	Single Patient Use Cushion mask #5
CI-7595-17	Oxygen Therapy Mask with reservoir bag
CI-7595-41	Oral Airway Set of 4
CI-KAB-NFH	Universal 'F' Hose in Hose breathing circuit. Single patient use. Set of 5. (Optional)
CY-7550-80	Oxygen Keywheel
AB-KAB-ELB	Elbow 22mm/22mm Male/Male
CY-7590-03	Oxygen Cylinder 320 Litre with integrated On-Off Key (Optional)
ST-NDS\149	Bodok seal
DC-C100330	HANDICANT decanting tool
H-7595-48	Oxygen Hoseline. White. 6m with white hand wheels at each end
CI-KAB-DNIP	KAB Absorber, Twin Hose Breathing Circuit

## Appendix 2

### 2 Packing List

#### OXI-saver™ Soft Bag

Model: RS-7500-SB

- KDK Autovalve™ with Oxygen Flush. Variable flow (0.5-8L/min)
- Twin Hose Breathing Circuit. *Disposable*
- Latex-free breathing bag assembly fitted with 22/22mm male/male straight connector. *Disposable*
- Oxygen hose line (white) fitted with 15mm male metal adapter to fit rear of KAB
- Aluminium plate (internal) fitted with support KAB-DIK
- OXI-vac™ Suction System
- Self-seal valve
- Tough cordura soft bag with multiple pockets for accessories
- Accessories supplied:
  - (a) Guedel airways (set of 4)
  - (b) Face Mask Size 5, Disposable
  - (c) Oxygen therapy nipple restrictor (8L/min)
  - (d) Silicone suction tubing 1.5m
  - (e) Pocket Mask
  - (f) Resuscitator Manual
- Accessories (Optional):
  - (a) Universal 'F' Breathing Circuit. Disposable
  - (b) Silicon Face Mask. Re-usable. Autoclavable. Sizes 2, 3, 4 and 5
  - (c) 320L Oxygen cylinder with integrated cylinder control knob
  - (d) Handicant" oxygen decanter
  - (e) Tourniquet