

Definition of symbols:



Caution, consult accompanying documents



Consult instructions for use



Authorized representative in the European Community



Use by YYYY-MM-DD or YYYY-MM



Batch code



Manufacturer



Quantity



Catalog number



Do not reuse



Serial number



Sterilized using irradiation



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Protected by one or more of the following US patents.
Other patents pending. Patent No. 6,575,946

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CE 0297



337020 Rev G

RES-Q-VAC®

Hand Held Medical Suction

Description:

RES-Q-VAC® is a portable, non-electric, non-battery operated, hand-held, hand-powered emergency suctioning device that consists of the following:

- Reusable vacuum pump handle
- 300ml graduated canister
- Canister cap and patient label
- Variety of sterile or non-sterile whistle tipped catheters
- Optional Full Stop Protection® (FSP®) filter
- Optional LED light attachment
- Optional carry bag
- Optional endotracheal adapter

Indications for Use:

RES-Q-VAC is used to suction fluids from the oropharyngeal and nasopharyngeal cavities.

Caution:

- Do not use if vacuum pump handle is cracked or broken.
- Do not use if large umbrella valve is missing, torn or folded.
- Do not autoclave vacuum pump handle or its components. Autoclaving may result in device failure.
- Before use, make sure the canister cap is tightly screwed on to the canister.
- When attaching the soft yankauer to the cap fitting ensure that the catheters tip is at a 45-degree angle.
- When suctioning with FSP avoid using in the upside down position. When possible maintain a semi-vertical position to minimize premature blocking of the filter.
- Do not reuse the FSP filter. The FSP filter is intended for single use and should be discarded after use.
- Do not overfill a non-FSP canister. It will leak through the pump and overflow onto the pump handle causing contamination. To eliminate this problem use the FSP filter.
- Trapped fluid may leak through the catheter when disconnected from the pump handle.
- The endotracheal adapter should only be used by persons with training in suction techniques and endotracheal intubation.

Specifications: (Vacuum Pump Handle)

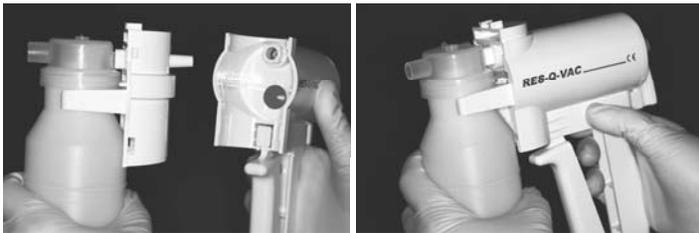
Dimensions: 4.49" (114mm) x 7.10" (180mm) x 2.15" (55mm)
Weight: 5oz
Volume per Stroke: 30ml
Vacuum: >625mmHg
Peak airflow: 20L

Full Stop Protection® (FSP®) Filter:

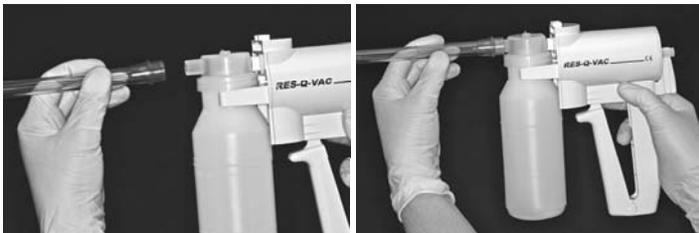
This patented filter is equivalent to a 0.22 micron filter that protects both the caregiver and the general public against airborne pathogens, bacteria, viruses and highly infectious diseases including HIV/AIDS, tuberculosis, hepatitis, SARS and the Asian bird flu. FSP also blocks all fluids from exiting the canister, as well as, prevents the vacuum pump handle from both contamination and overflow even when the canister is filled to capacity.

Directions for use:

Test the RES-Q-VAC before each use to ensure that the unit produces a vacuum. To do this, place your index finger over the vacuum port and squeeze the handle. As the handle is squeezed, a vacuum should be felt and the handle should become difficult to squeeze. Also, ensure that the large umbrella valve is in place.



Step 1



Step 2

1. Insert the canister and adapter assembly into the vacuum pump handle by snapping the adapter nozzle into the vacuum port.
2. Determine the size of the patient and attach the appropriate size catheter to the canister cap by gently pushing the catheter luer onto the cap fitting.
3. Introduce the catheter into the patient's airway and squeeze handle to suction. Preferred technique is to suction while withdrawing the catheter, but always refer to your facilities protocol when suctioning.
4. After use, disconnect the canister and adapter assembly by grasping hold of the adapter's arms and gently remove from the pump handle. Discard the canister and adapter assembly and any used catheters. Do not dispose of the reusable vacuum pump handle.

Attaching the LED light source:



1. Insert the clip of the LED light source into the back opening of the adapter assembly and push forward until the narrow portion of the light slides into the top channel of the adapter assembly. Make sure the front lip of the light is resting under the two brackets on the top of the adapter assembly.
2. To turn the light on, push the top switch forward. Bend/adjust as needed.

Troubleshooting:

- **No vacuum or suction:** Make sure the large umbrella valve is seated properly within the pump housing. If not, take your index finger and adjust it until it lies flat and completely covers the umbrella port. Also, make sure that the plug on the top of the canister cap is fully inserted into the canister cap.
- **Handle is difficult to pull:** This means an obstruction may have occurred. To clear the obstruction, first break the vacuum by removing the canister from the pump, then remove the catheter from patient. This will help clear the blockage at the catheter tip. When the tip is clear, reattach the canister. If the inside of the catheter becomes obstructed, it may be cleared by repeatedly squeezing the pump handle to move the obstruction through the catheter into the canister. If you are using FSP, the filter may be blocked off. Make sure that the filter is brand new and that you are not reusing a filter. Also make sure that the filter has not been prematurely blocked off by using in an improper technique. It is recommended to always have a spare canister on hand when using FSP.

Maintenance:

- Any surface disinfectant can be used to clean the vacuum pump handle, such as sodium hyperchlorite or hydrogen peroxide. Avoid the use of alcohol, or alcohol containing compounds; these tend to make ABS plastic brittle.
- Do not autoclave. The use of high pressure or high heat will melt the ABS plastic. The pump may be ETO sterilized for use in a sterile field.
- Filters, canisters, adapter assemblies and catheters are single use and should be discarded after use.