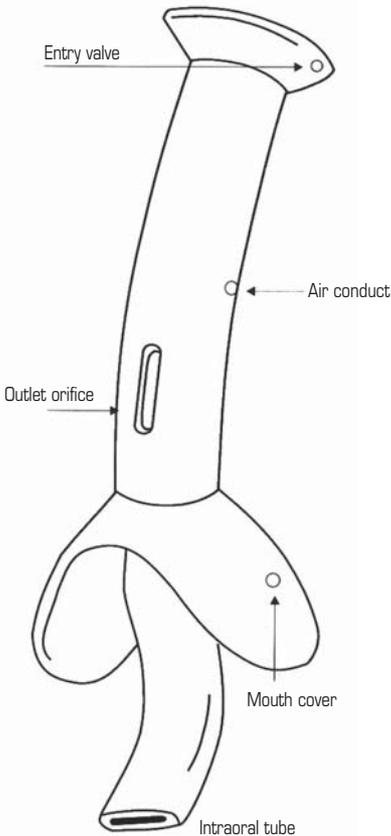


# SZ-01

## ARTIFICIAL RESPIRATION PIPETTE



### ADVISING TO

Not wait until you need it to read the instructions.

Store the air conduct in an appropriate place where it can be accessed and used quickly.

Keep the air conduct in the appropriate conditions for use.

You may use it to save your own life. Please read this right now.



### STEPS TO BE TAKEN WITH A VICTIM, AFTER HAVING BEEN RESUSCITATED

Once the victim has been resuscitated, do not allow him/her to move, keep the victim warm using any means available, do not subject their body to pressure or deprive them of air. Call a doctor and provide a detailed explanation of the events occurred since you took charge.

### STORING THE AIR CONDUCT

After being used, clean the air conduct using soap and water, dry it carefully and store in its case. Prior to storing, the case should contain a formalin tablet.

**DO NOT STERILIZE BY BOILING OR USING AN AUTOCLAVE.**

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# PUTTING THE “AIR CONDUCT” INTO SERVICE FOR PERFORMING ARTIFICIAL MOUTH-TO-MOUTH RESUSCITATION



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Assemble the intraoral tube onto the device as seen in the image.  
Verify the victim's situation according to the PRELIMINARY norms attached.



Place the victim horizontally and face-up, place a rolled-up jacket or blanket below the base of the victim's head. Push the chin upwards, so the victim's head is tilting backwards.



Open the victim's mouth and insert the AIR CONDUCT via the intraoral tube, which thanks to its shape helps to maintain the upper respiratory tract open.



Carefully move the air conduct to ensure an air-tight close between the mouth cover and the area surrounding the victim's mouth.  
With the tip of a finger from the same hand as the one holding the air conduct, cover the conduct's outlet orifice, and with the other hand, cover the victim's nose.



Rest the victim's lips on the entry valve, blow hard and progressively, see how the victim's chest rises (inhalation).  
Uncover the outlet orifice and allow the air which has previously been breathed to flow out (exhalation).

There is no need for you to remove your mouth from the air conduct, given that the valve it is fitted with prevents any air or vomit expelled from the victim from reaching you, and this way you will gain time and won't waste energy performing unnecessary manoeuvres.

From the time when you start blowing air until the patient starts to exhale it, this process should last for approximately FIVE seconds, repeating the entire process in FIVE second equal intervals (for children this will be repeated every THREE seconds).

**DO NOT STOP PERFORMING THE ARTIFICIAL RESPIRATION UNTIL THE VICTIM STARTS TO BREATHE**, this could take several hours.

## PRELIMINARY NORMS FOR PERFORMING ARTIFICIAL RESPIRATION



For cases involving asphyxia due to immersion, electrical discharge, chemical vapours, choking or any other cause, monitor the patient's chest. If the victim is not breathing, perform mouth-to-mouth artificial resuscitation. **ACT FAST!**

In the event of asphyxia due to electrical discharge, first ensure that the victim has been removed from the source causing the discharge, otherwise do so immediately. To do this, do not touch the victim directly, handle using insulating materials.

Free the victim from all restraints, mainly loosening any clothing which may restrain thoracic movement.

For cases involving gases or smoke, move the victim to an open-air space, or at least move to an environment with cleaner air. Do not allow people to gather around the victim. They consume oxygen.

For cases involving choking, remove the object causing the problem from the victim's mouth or throat. This operation shall be performed using our fingers or by turning the victim on his/her side and administering several hard blows between their shoulder blades.

When dealing with a small child, hold upside down from the feet for a few seconds and carefully hit them on their back.