Purpose

The purpose of the Neopuff™ Infant Resuscitator User Manual is to enable the user to set up, test, and use the Infant T-piece Resuscitator (900 series). The device is used in urgent situations; therefore, it is necessary for medical personnel to have previous training in order to have confidence in their ability to complete these tasks.

The device is designed to be used on infants with a maximum weight of **10kg**.

A Quick Set Up and Operation Card from the Appendix can be printed and laminated in anticipation of future use.

Users

If you are a respiratory therapist (RT) or medical doctor (MD), turn to page 1.

If you are a registered nurse (RN) or midwife, turn to page 9.
How this Manual is Organized

The key tasks for this user manual are divided into two sections based on specialized skills:

- RT/MD
- RN

The Troubleshooting section, Appendix, Glossary and Index are designed for both user groups. Refer to the Table of Contents on the next page for more details.

Warnings

Important: Warnings will be identified by this icon.

Please read and understand the instructions fully before using the Neopuff Infant Resuscitator and accessories. The device is only to be used by personnel trained in infant resuscitation. Refer to ILCOR/ERC/OHA/AC guidelines to determine suitability of the device. (See Glossary.)

The purchaser must ensure that all users of this device have been adequately trained in resuscitation techniques.

The Neopuff Infant Resuscitator must only be used after checking that correct pressures will be delivered to the baby.

Ensure no smoking, naked flames, or sources of ignition are present when the device is in use.

For connection to flow-regulated oxygen or oxygen/air mixture only. The allowable input gas flow rate is 5 to 15 L/min. but the recommended operating flow is 8 L/min. Never use a flow higher than 15 L/min.

Maximum Pressure Relief can be adjusted up to 80 cmH₂O in exceptional circumstances only. The factory setting is 40 cmH₂O.

Use with Fisher & Paykel Healthcare gas lines and accessories.

An alternative means of resuscitation must be available (bagging).

Neopuff™ is a trademark of Fisher & Paykel Healthcare.
# Table of Contents

<table>
<thead>
<tr>
<th>RT/MD</th>
<th>Setting up the Neopuff Infant Resuscitator</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gathering supplies</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Learning the device features</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Connecting the device to a gas supply</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Connecting the device to a T-piece circuit</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Adjusting pressure settings</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Testing the Neopuff Infant Resuscitator</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Operating the Neopuff Infant Resuscitator</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Fitting an infant mask</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Connecting the T-piece to a mask or ET tube</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Ventilating the infant</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RN</th>
<th>Setting up the Neopuff Infant Resuscitator</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gathering supplies</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Learning the device features</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Connecting the device to a gas supply</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Connecting the device to a T-piece circuit</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Operating the Neopuff Infant Resuscitator</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Fitting an infant mask</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Connecting the T-piece to a mask or ET tube</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Ventilating the infant</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Monitoring and documenting</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Troubleshooting</th>
<th>Achieving an effective mask seal</th>
<th>15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Cleaning procedures</th>
<th>18</th>
</tr>
</thead>
</table>
This chapter explains procedures for respiratory therapists and physicians.

The chapter includes procedures for setting up, testing, and operating the Neopuff™ Infant Resuscitator.

**Setting up the Neopuff Infant Resuscitator**

The set up procedure includes:

1. Gathering required supplies
2. Learning the device features
3. Connecting the device to a gas supply
4. Connecting the device to a T-piece circuit
5. Adjusting pressure settings

**Gathering supplies**

Ensure that you have the following supplies:

- Neopuff Infant Resuscitator
- Green Gas Supply Line and access to gas supply
- T-piece circuit
• Infant masks in a selection of different sizes
• Intubation kit (if required)

Learning the device features

The device has the following features:
• Manometer
• Max Pressure Cover protecting the Max Pressure Control Knob
• PIP Control Knob
• Gas Outlet Port
• Gas Inlet Port

Note the locations for the Gas Inlet and Outlet Ports for the next step in the sequence.
Connecting the device to a gas supply

Prior to every use, verify that the manometer reads zero with no gas flow. If it does not, the device requires recalibration by a biomedical technician. Contact the appropriate department in your hospital to have the device calibrated.

The manometer in Figure 1 shows a zero reading.

To connect the device to a gas supply:

1. Locate the Gas Inlet Port on the device.
2. Slide the connector on the gas supply line firmly over the port.
3. Attach the free end of the gas supply line to the source of oxygen or oxygen/air blend.

Connecting the device to a T-piece circuit

The Neopuff Infant Resuscitator can be used with Classic or Ergonomic styled T-pieces.

To connect the device to a T-piece circuit:

1. Locate the Gas Outlet Port on the device.
2. Connect the T-piece circuit to the port.
3. Leave the blue cap in place on the T-piece.

Adjusting pressure settings

Refer to Figure 1 for the locations of the Max Pressure Cover and the PIP Control Knob.

Adjust the gas supply to the required flow of 5 to 15 L/min.

Ensure the oxygen concentration of your gas supply is monitored by an oxygen analyzer or preset using oxygen/air flow rate graphs.

In order to adjust the pressure settings on the device, it is necessary to follow these steps in sequence:

1. Set the maximum pressure
2. Set the PIP (Peak Inspiratory Pressure)
3. Set the PEEP (Positive End Expiratory Pressure)
To set the Maximum Pressure:

**Step 1.** Ensure the gas supply is flowing at the desired rate.

**Step 2.** Locate the **PEEP Cap** on the free end of the T-piece circuit. The aperture can be adjusted by twisting the cap.

**Step 3.** Pull the **Max Pressure Cover** out and pivot the cover to the left. This will allow access to the **Max Pressure Control Knob**.

**Step 4.** Using your finger or thumb, occlude the PEEP cap.

**Step 5.** Turn the **PIP Control Knob** fully clockwise until the knob cannot turn anymore.

**Step 6.** Watch the manometer. Continue to occlude the PEEP Cap.

**Step 7.** Turn the Max Pressure Control Knob clockwise or counterclockwise to set the desired maximum pressure.

**Step 8.** Replace the Max Pressure Cover.

**Important:** The factory setting for Maximum Pressure Relief is 40 cmH$_2$O.

To set the PIP:

**Step 1.** Occlude the PEEP Cap with your finger or thumb.

**Step 2.** Turn the **PIP Control Knob** counterclockwise and, while monitoring the manometer, stop turning the knob when the desired peak inspiratory pressure is set.

The typical PIP setting for full-term neonates and infants is 30 cmH$_2$O. In preterm neonates, reduce the PIP to 20-24 cmH$_2$O to avoid lung injury.

To set the PEEP:

**Step 1.** Locate the PEEP Cap on the free end of the T-piece circuit.

**Step 2.** Ensure the PEEP Cap is **NOT** occluded.

**Step 3.** Turn the Cap clockwise or counterclockwise to adjust the aperture. Using the manometer to monitor the pressure, adjust the aperture.
smaller for a higher PEEP and larger for a lower PEEP.

**Step 4.** Turn off the gas supply if immediate use is not required.

A typical PEEP setting for neonates and infants is 5 cmH$_2$O.

**Testing the Neopuff Infant Resuscitator**

A test lung can be used to confirm the pressures obtained during the set up procedure.

Prior to 2012, the test lungs included with the device were black in colour and contained latex.

**Important:** Latex can cause severe allergic reactions in some people.

Newer test lungs are manufactured from silicon and contain no latex.

**To test the Neopuff Infant Resuscitator:**

**Step 1.** Ensure the gas supply is set to the desired flow rate.

**Step 2.** Ensure the test lung has no obvious signs of damage such as discolouration or holes.

**Step 3.** Remove the blue cap from the T-Piece.

**Step 4.** Slide the plastic connector of the test lung into the T-piece.

**Step 5.** Alternate occluding and unblocking the PEEP Cap with your thumb or finger. Mimic the rhythm of the inspiratory and expiratory phases of the respiratory cycle.

**Step 6.** Monitor the manometer to ensure you are achieving the desired PIP and PEEP. If not, adjust the settings according to the instructions on page 4 and 5.

**Step 7.** Turn off the gas flow when you are complete.

**Step 8.** Remove the test lung with plastic connector and replace the blue cap on the T-piece.

**Important:** Always remove the test lung when you are complete. Attempting to operate the device without doing so can cause unacceptable treatment delay.
Operating the Neopuff Infant Resuscitator

The Neopuff Infant Resuscitator can be used to resuscitate infants who are intubated or require noninvasive positive pressure ventilation.

Operating procedures include:

- Fitting an infant mask
- Connecting the T-piece to the mask or endotracheal tube
- Ventilating the infant

Fitting an infant mask

If your patient is intubated, skip to the next section.

Infant masks come in sizes ranging from 35 to 72mm in diameter. They are latex-free and designed for single patient use.

Select the most appropriate mask size to ensure the nose and mouth of the infant are fully covered. Avoid any gaps between the mask and the skin. This will help to create a complete seal during the resuscitation procedure.

Connecting the T-piece to a mask or ET tube

The T-piece of the circuit is designed to be compatible with either the infant mask or an endotracheal tube.

To connect the T-piece:

- **Step 1.** Ensure the gas is flowing at the desired rate.
- **Step 2.** Remove the blue cap from the T-piece.
- **Step 3.** Insert the mask connector into the T-piece by twisting, or, slide the T-piece firmly down onto the connector of the ET tube.

Ventilating the infant

The Neopuff Infant Resuscitator provides a system to provide optimal pressures and the ability to monitor those pressures during infant resuscitation. However, it does not provide automatic cycles of inspiratory and expiratory phases like other mechanical ventilators. The user
manually creates the cycle by alternately occluding and unblocking the PEEP Cap.

**To ventilate the infant:**

**Step 1.** Occlude the PEEP Cap with your finger or thumb to provide the inspiratory phase of the cycle.

**Step 2.** Unblock the PEEP Cap to provide the expiratory phase of the cycle.

If you are using an infant mask, you must hold the mask in position against the infant’s face while performing this procedure. If you are having difficulty achieving an effective mask seal, refer to page 16.

Infant respiratory rates normally vary from 30 to 60 per minute. This means completing the cycle of occluding and unblocking the PEEP cap every 1 to 2 seconds. The target rate for neonatal resuscitation is 40-60 respirations per minute. Room air (O₂ 21%) is the standard starting concentration for resuscitation of term or preterm neonates. Guidelines for very premature neonates are less clear. Pulse oximetry should be used to measure oxygenation in all neonates and infants, and guide the physician or respiratory therapist in adjusting the oxygen concentration.

Ensure you follow Neonatal Advanced Life Support (NALS) or Pediatric Advanced Life Support (PALS) guidelines to provide optimal ventilation.

The ventilation procedure must be continued until the resuscitation is complete or the infant’s respirations are maintained by a mechanical ventilator.
This chapter explains the following procedures for registered nurses and midwives:

- Setting up the Neopuff™ Infant Resuscitator
- Operating the Neopuff Infant Resuscitator

**Setting up the Neopuff Infant Resuscitator**

The set up procedure includes:

1. Gathering required supplies
2. Learning the device features
3. Connecting the device to a gas supply
4. Connecting the device to a T-piece circuit

**Gathering supplies**

Ensure that you have the following supplies:

- Neopuff Infant Resuscitator
- Green Gas Supply Line and access to gas supply
- T-piece circuit
- Infant masks in a selection of different sizes
Setting up the Neopuff Infant Resuscitator

- Intubation kit (if required)

Learning the device features

![Image of device features]

The device has the following features which are important to the set up procedure:

- Manometer
- Gas Inlet Port
- Gas Outlet Port

Connecting the device to a gas supply

Prior to every use, verify that the manometer reads zero with no gas flow. If it does not, the device requires recalibration by a biomedical technician. Contact the appropriate department in your hospital to have the device calibrated.

The manometer in Figure 2 shows a zero reading.
To connect the device to a gas supply:

**Step 1.** Locate the **Gas Inlet Port** on the device.
**Step 2.** Slide the connector on the gas supply line firmly over the port.
**Step 3.** Attach the free end of the gas supply line to the source of oxygen or oxygen/air blend.

Connecting the device to a T-piece circuit

The Neopuff Infant Resuscitator can be used with Classic or Ergonomic styled T-pieces as shown in Figure 3.

To connect the device to a T-piece circuit:

**Step 1.** Locate the **Gas Outlet Port** on the device.
**Step 2.** Connect the T-piece circuit to the port.
**Step 3.** Leave the blue cap in place on the T-piece.

The set up procedure is now complete. The device is ready for pressures to be adjusted and set by the respiratory therapist or physician.

If you are a nurse or midwife who works in a remote location without the support of a respiratory therapist, you may wish to review the RT/MD procedures on page 1. Ensure that you have current NRP (Neonatal Resuscitation Program) training and are comfortable with full set up and operation of the device.

Operating the Neopuff Infant Resuscitator

The Neopuff Infant Resuscitator can be used to resuscitate infants who are intubated or require noninvasive positive pressure ventilation.

Operating procedures include:

- Fitting an infant mask
- Connecting the T-piece to the mask or endotracheal tube
- Ventilating the infant

Fitting an infant mask

If your patient is **intubated**, skip to the **next section**.
Infant masks come in sizes ranging from 35 to 72mm in diameter. They are latex-free and designed for single patient use.

Select the most appropriate mask size to ensure the nose and mouth of the infant are fully covered. Avoid any gaps between the mask and the skin. This will help to create a complete seal during the resuscitation procedure.

Connecting the T-piece to a mask or ET tube

The T-piece of the circuit is designed to be compatible with either the infant mask or an endotracheal tube (ET).

To connect the T-piece:

Step 1. Ensure the gas is flowing at the desired rate.

Important: Allowable gas flow rate is 5 to 15 L/min. but the recommended rate is 8 L/min.

Step 2. Remove the blue cap from the T-piece.

Step 3. Insert the mask connector into the T-piece by twisting, or, slide the T-piece firmly down onto the connector of the ET tube.

Ventilating the infant

The Neopuff Infant Resuscitator provides a system to provide optimal pressures and the ability to monitor those pressures during infant resuscitation. However, it does not provide automatic cycles of inspiratory and expiratory phases like other mechanical ventilators. The user manually creates the cycle by alternately occluding and unblocking the PEEP Cap.

To ventilate the infant:

Step 1. Occlude the PEEP Cap with your finger or thumb to provide the inspiratory phase of the cycle.

Step 2. Unblock the PEEP Cap to provide the expiratory phase of the cycle.

If you are using an infant mask, you must hold the mask in position against the infant’s face while performing this
procedure. If you have difficulty achieving an effective mask seal, refer to page 16.

Infant **respiratory rates** normally vary from 30 to 60 per minute. This means completing the cycle of occluding and unblocking the PEEP cap every 1 to 2 seconds. The target rate for neonatal resuscitation is 40-60 respirations per minute.

Ensure you follow Neonatal Advanced Life Support (NALS) or Pediatric Advanced Life Support (PALS) guidelines to provide optimal ventilation.

The ventilation procedure must be continued until the resuscitation is complete or the infant’s respirations are maintained by a mechanical ventilator.

**Monitoring and documenting**

The **manometer** indicates the pressures achieved during the inspiratory and expiratory phases of the respiratory cycle.

Visually check the manometer to confirm these pressures. Ensure that you document these pressures in your clinical notes along with ventilation rate and other vital signs.

**Important:** During a resuscitation, look at the infant, not the manometer!

**Effective ventilation** is confirmed by three signs:

1. An increase in the heart rate above 100/minute.

2. A slight rise of the chest and upper abdomen with each inflation.

3. An improvement in oxygenation.

Clinical signs of improvement in the patient are more important than achieving a set PIP on the manometer.
Figure 4. Using the device to ventilate an infant
## Troubleshooting

### I am using the test lung:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
</table>
| I am unable to achieve the PIP and PEEP pressures that were obtained during the set up procedure. | Check that the gas flow rate is set to 8 – 10 L/min.  
Inspect the test lung for signs of damage.  
Ensure firm connections between the gas supply, device, and T-piece circuit.  
Ensure the test lung is firmly connected to the T-piece. |
| I am still unable to achieve the desired PIP & PEEP.                   | Confirm that the manometer registers zero with no gas flow.  
Check the maximum pressure relief is set correctly at 40 cm H₂O.         |
# I am ventilating the infant:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>The infant’s chest and upper abdomen are not rising during the inspiratory cycle.</td>
<td>Confirm a good seal between the mask and infant’s face has been achieved (look for a pressure of 5 cmH₂O after expiration and listen for a soft whistle of gas through the PEEP Cap).</td>
</tr>
<tr>
<td></td>
<td><strong>Achieving an effective mask seal:</strong></td>
</tr>
<tr>
<td></td>
<td>1. Position the infant’s head in a neutral position.</td>
</tr>
<tr>
<td></td>
<td>2. Place the third finger onto the chin tip (the “guide finger”).</td>
</tr>
<tr>
<td></td>
<td>3. Line up the outer edge of the mask into the groove between the guide finger and the chin tip.</td>
</tr>
<tr>
<td></td>
<td>4. Roll the mask onto the face from the chin upwards.</td>
</tr>
<tr>
<td></td>
<td>5. Holding the mask in place, use the thumb and index finger to place slight downward pressure on the mask (“two point top hold”).</td>
</tr>
<tr>
<td></td>
<td>6. Apply a jaw lift with the remaining fingers to create upward pressure.</td>
</tr>
<tr>
<td>I am still unable to achieve the set PIP</td>
<td>Reposition the infant’s head and apply the face mask again</td>
</tr>
<tr>
<td></td>
<td><strong>I continue to be unable to achieve the set PIP, or there are no clinical signs of improvement.</strong></td>
</tr>
<tr>
<td></td>
<td>Consider intubation if mask ventilation is unsuccessful</td>
</tr>
</tbody>
</table>

Appendix

Cleaning procedures:

Infant masks and T-piece circuits are designed for single patient use. Do not attempt to clean and reuse.

The exterior surface of the gas supply line can be wiped with isopropyl alcohol if required. If your facility reuses gas supply lines, they must be cleaned and sterilized between patients.

Clean external surfaces of the device with a damp cloth and mild soapy water. Rinse and dry. You may also wipe the external surfaces with isopropyl alcohol.

Ordering supplies:

A product catalogue is available at

https://www.fphcare.ca/CMSPages/GetFile.aspx?guid=21381be5-6425-4350-a47d-ee447f7af60e

Quick Set Up and Operation Card

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Connect gas supply line to source and Gas Inlet Port on device.</td>
<td>9.</td>
</tr>
<tr>
<td>2.</td>
<td>Connect T-piece circuit to Gas Outlet Port.</td>
<td>10.</td>
</tr>
<tr>
<td>3.</td>
<td>Ensure manometer has a zero reading.</td>
<td>11.</td>
</tr>
<tr>
<td>4.</td>
<td>Turn on gas supply (5 to 15 L/min.)</td>
<td>12.</td>
</tr>
<tr>
<td>5.</td>
<td>Open the Max Pressure Cover.</td>
<td>13.</td>
</tr>
<tr>
<td>6.</td>
<td>Occlude the PEEP Cap with your thumb.</td>
<td>14.</td>
</tr>
<tr>
<td>7.</td>
<td>Turn the PIP Control Knob clockwise until it won’t turn any more.</td>
<td>15.</td>
</tr>
<tr>
<td>8.</td>
<td>Adjust the Max Pressure Control Knob to the desired maximum pressure.</td>
<td>16.</td>
</tr>
</tbody>
</table>
## Specifications

<table>
<thead>
<tr>
<th>PERFORMANCE SPECIFICATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recommended Body Weight Range</strong></td>
<td>Up to 10 kg</td>
</tr>
<tr>
<td><strong>Manometer Range</strong></td>
<td>-10 to 80 cmH₂O [mbar]</td>
</tr>
<tr>
<td><strong>Peak Inspiratory Pressure (PIP)</strong></td>
<td></td>
</tr>
<tr>
<td>@ 5 L/min</td>
<td>approx. 2 to 70 cmH₂O [mbar]</td>
</tr>
<tr>
<td>@ 8 L/min</td>
<td>approx. 3 to 72 cmH₂O [mbar]</td>
</tr>
<tr>
<td>@ 10 L/min</td>
<td>approx. 4 to 73 cmH₂O [mbar]</td>
</tr>
<tr>
<td>@ 15 L/min</td>
<td>approx. 8 to 75 cmH₂O [mbar]</td>
</tr>
<tr>
<td><strong>Positive End Expiratory Pressure (PEEP)</strong></td>
<td></td>
</tr>
<tr>
<td>@ 5 L/min</td>
<td>approx. 1 to 6 cmH₂O [mbar]</td>
</tr>
<tr>
<td>@ 8 L/min</td>
<td>approx. 1 to 10 cmH₂O [mbar]</td>
</tr>
<tr>
<td>@ 10 L/min</td>
<td>approx. 2 to 15 cmH₂O [mbar]</td>
</tr>
<tr>
<td>@ 15 L/min</td>
<td>approx. 4 to 17 cmH₂O [mbar]</td>
</tr>
<tr>
<td><strong>Gas Inlet Flow Range</strong></td>
<td>5 L/min (min) to 15 L/min (max)</td>
</tr>
<tr>
<td><strong>Operating Time (400 L cylinder)</strong></td>
<td>50 minutes (typical value based on a gas flow rate of 8 L/min)</td>
</tr>
</tbody>
</table>

**NOTE:** All performance figures listed above are representative only. PEEP values stated are based on typical clinical PIP settings. Higher PEEP values can be achieved if higher PIP values are set.
Global Contacts

For more information, please contact your local Fisher & Paykel Healthcare representative.

Please visit our website at https://www.fphcare.ca
Glossary of Acronyms

AC: Accreditation Canada
CPS: Canadian Pediatric Society
ERC: European Resuscitation Council
ET: endotracheal (tube)
ILCOR: International Liaison Committee on Resuscitation
NALS: Neonatal Advanced Life Support
NRP: Neonatal Resuscitation Program
OHA: Ontario Hospital Association
PALS: Pediatric Advanced Life Support
PEEP: Positive End Expiratory Pressure
PIP: Peak Inspiratory Pressure
Glossary of Terms

circuit: tubing that connects the resuscitator to the patient

infant: human child from the time of birth to one year of age

manometer: an instrument for measuring the pressure of a gas

neonatal: pertaining to the first four weeks after birth

respiratory cycle: the full sequence of a single breath including the inspiratory phase, the expiratory phase, and pauses

resuscitation: administering emergency measures to sustain life

ventilation: providing inflation to the lungs to allow exchange of gases between the environment and the lung tissues
## Index

<table>
<thead>
<tr>
<th>A</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>adjusting pressure settings 3-5</td>
<td>infant</td>
</tr>
<tr>
<td>attaching. See connecting.</td>
<td>masks 6, 11</td>
</tr>
<tr>
<td></td>
<td>monitoring 13</td>
</tr>
<tr>
<td></td>
<td>ventilation 7, 12</td>
</tr>
<tr>
<td></td>
<td>intubation 16</td>
</tr>
<tr>
<td></td>
<td>Inlet Port, Gas 2, 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>calibrating. See recalibrating.</td>
<td>lung, test 5</td>
</tr>
<tr>
<td>circuit, T-piece 6, 11, 12</td>
<td></td>
</tr>
<tr>
<td>cleaning procedures 18</td>
<td></td>
</tr>
<tr>
<td>connecting</td>
<td></td>
</tr>
<tr>
<td>to gas supply 3, 10</td>
<td></td>
</tr>
<tr>
<td>to T-piece circuit 3, 11</td>
<td></td>
</tr>
<tr>
<td>contacts, global 20</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>documenting 13</td>
<td>manometer 2, 10</td>
</tr>
<tr>
<td></td>
<td>mask</td>
</tr>
<tr>
<td></td>
<td>sealing 16</td>
</tr>
<tr>
<td></td>
<td>sizes 6, 12</td>
</tr>
<tr>
<td></td>
<td>Max Pressure Cover 2, 4</td>
</tr>
<tr>
<td></td>
<td>maximum pressure setting 4</td>
</tr>
<tr>
<td></td>
<td>MD 1</td>
</tr>
<tr>
<td></td>
<td>midwives 9, 11</td>
</tr>
<tr>
<td></td>
<td>monitoring the infant 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F</th>
<th>O</th>
</tr>
</thead>
<tbody>
<tr>
<td>features of Neopuff 2, 10</td>
<td>operating the Neopuff 6, 11</td>
</tr>
<tr>
<td></td>
<td>ordering supplies 18</td>
</tr>
<tr>
<td></td>
<td>Outlet Port, Gas 2, 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas Inlet Port 2, 10</td>
<td>PEEP, adjusting 5</td>
</tr>
<tr>
<td>Gas Outlet Port 2, 10</td>
<td>PEEP Cap 4, 5, 12</td>
</tr>
<tr>
<td>global contacts 20</td>
<td>PIP, adjusting 4</td>
</tr>
<tr>
<td>glossary 22, 23</td>
<td>PIP Control Knob 2, 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Help. See Troubleshooting.</td>
<td></td>
</tr>
</tbody>
</table>
pressure settings
  maximum pressure 4
  peak inspiratory pressure 4
  post expiratory end pressure 5
procedures
  cleaning 18
  set up 1,9
  testing 5
product specifications 19

S

sealing, mask 16
sizes, mask 6, 12
set up procedure 1, 9
setting pressures 4, 5
specifications, product 19
suppliers. See global contacts.
supplies, ordering 18

Q

Quick Set Up and Operation Card 18

R

recalibrating 2, 10
respiratory rate 7, 13
resuscitation 23
RN 9
RT 1

T

test lung 5
testing procedure 5
T-piece circuit 6, 11, 12
troubleshooting 15
two-point top hold 16

V

ventilating the infant 7, 12
References


