

PLEUR-EVAC® SAHARA

CHEST DRAINAGE SYSTEM

LOT



H196S1100A1T



458248

ONE SINGLE USE UNIT DO NOT RESTERILIZE

STERILE: Contents sterile unless package has been opened or damaged.**CAUTION:** Federal (USA) law restricts this device to sale by or on the order of a physician.**PRODUCT DESCRIPTION**

The Pleur-evac® Sahara™ Chest Drainage System is provided as a sterile, non-pyrogenic unit intended for single patient use. By attaching the Pleur-evac Sahara Autotransfusion Bag, the Pleur-evac Sahara Chest Drainage System serves as a collection/reinfusion system for autologous blood. These instructions will address the set-up and operation of the Pleur-evac Sahara Chest Drainage System and the Autotransfusion Bag.

INDICATIONS FOR USE

The Pleur-evac Sahara Chest Drainage System is indicated:

- To evacuate air and/or fluid from the chest cavity or mediastinum
- To help prevent air and/or fluid from reaccumulating in the chest cavity or mediastinum
- To help re-establish and maintain normal intrathoracic pressure gradients
- To facilitate complete lung re-expansion to restore normal breathing dynamics

WARNINGS

1. The collected contents of the Pleur-evac Sahara Chest Drainage System should not be used for reinfusion.
2. Chest tubes should not be clamped except when changing Pleur-evac Sahara System. In the event of an air leak, clamping chest tubes could lead to a tension pneumothorax.
3. Stripping of the thoracic tubing must be done with the thoracic tubing clamp open. Stripping with the clamps closed can result in the build-up of excessive positive pressure.

CAUTIONS

1. Keep the Pleur-evac Sahara System below the patient's chest level at all times.
2. Avoid loops in the patient tubing.
3. Caution should be used when the possibility exists for exposure to blood or body fluids. Follow hospital policy regarding the use of protective wear.
4. The clamp on the patient tube should be placed away from the patient, avoiding accidental closure.
5. Use only a standard luer slip tip syringe to fill the Air Leak Meter. **NO NEEDLE IS REQUIRED.**

DISPOSAL

The Pleur-evac Sahara Chest Drainage System should be handled and disposed of in accordance with all applicable local, state and federal regulations including, without limitation, those pertaining to human health and safety and the environment.

TO OPEN PACKAGE

1. Grasp the bottom edge of flap and pull up toward sterile opening.



2. Pull flap back pushing the wrapped unit out of bag. ORL. Completely remove the breather strip. Push the wrapped unit out of the bag using aseptic technique.

**SET UP INSTRUCTIONS**

If suction is prescribed, follow steps 1 through 5. If suction is not required, follow steps 1 and 2 only

1. CONNECT TO THE PATIENT THORACIC CATHETER

Connect the patient tube, which is the long tube from the collection chamber, to the patient's thoracic catheter. One way seal is now established for patient protection. (Figure 1)

NOTE: A CONNECTOR is provided at the end of the patient tube for easy connection to the thoracic catheter. This connector is capped to maintain good aseptic technique during set-up. **DISCARD** cap on patient tubing after set-up.

2. FOR AIR LEAK DIAGNOSTICS

Using a standard luer slip tip syringe, inject sterile water or saline into the Patient Air Leak Meter through the needleless injection site on the top of the unit. Fill to the 40cc "Fill" line. (Figure 1)

CAUTION: use only a standard luer slip tip syringe to fill the Air Leak Meter. **NO NEEDLE IS REQUIRED.**

3. CONNECT TO SUCTION SOURCE

Connect the suction source to the suction port. (Figure 1)

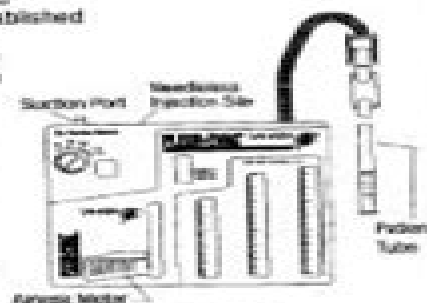


FIGURE 1

4. SUCTION CONTROL - A dial to set the suction control setting is located on the upper left side of the unit. **NO WATER IS NEEDED IN THE SUCTION CONTROL CHAMBER.** To set the suction control setting, rotate the dial until the red stripe appears in the semi-circular window at the prescribed suction level and clicks into place. Suction can be set at -10, -15, -20, -30 and -40cm of water. Figure 2 shows the suction control dial set at -20cm of water. The unit is set at -20cm of water when opened.

5. SUCTION SOURCE - Increase suction source until the orange float appears in the suction control indicator window. The setting of the suction control dial determines the approximate amount of suction imposed regardless of the amount of source suction - as long as the orange float appears in the indicator window. Figure 3 shows the suction control dial set at -20cm of water and the float valve in the indicator window.

NOTE: Source suction must be capable of delivering a minimum of 16 liters per minute (LPM) air flow.



FIGURE 2



FIGURE 3

Pleur Evac Operation Manual

Suresh K. Sharma



Pleur Evac Operation Manual:

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Nursing Procedures Manual United States. Naval Health Sciences Education and Training Command, 1980

Emergency Surgery Course (ESC®) Manual Abe Fingerhut, Ari Leppäniemi, Raul Coimbra, Andrew B. Peitzman, Thomas M. Scalea, Eric J. Voiglio, 2016-03-01 This manual explains how to make the right decisions on the timing and selection of investigations and surgical procedures in emergency and urgent surgical settings and describes the most widely used procedures step by step with the aid of high quality illustrations The goal is to address the situations that can arise in almost any emergency department throughout the world enabling the surgeon on call to acquire or sharpen the knowledge and skills needed to deal with acute surgical problems in the most appropriate way The reader will gain a sound understanding of the most efficient diagnostic modalities pre intra and postoperative decision making and surgical techniques and issues in particular circumstances The manual stems from an initiative by members of the European Society of Trauma and Emergency Surgery ESTES and the American Association for the Surgery of Trauma AAST to set up and formalize Emergency Surgery Courses to provide specific training in emergency and acute care surgery It represents a didactic accompaniment to the course that will guide the beginner and maintain a certain degree of standardization among the more experienced

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procedures Highlights of this edition include new information on radiofrequency ablation Each procedure includes indications contraindications preparation technique postprocedure management and prevention and management of complications Simple line drawings demonstrate relevant anatomy and procedures Coverage also includes risk management nursing management and drugs and dosages The outline format helps readers find information quickly and the compact pocket size enables residents and practitioners to carry all the information they need with them Adult Emergency Nursing Procedures Jean A. Proehl, 1993 Intended as a working manual with chapters following a uniform format for ease of use Assumes basic nursing knowledge e g history taking aseptic techniques documentation For each procedure describes indications contraindications and cautions equipment patient preparation procedural steps *Battlefield and Disaster Nursing Pocket Guide* ,2009 Written by military nurses the Battlefield and Disaster Nursing Pocket Guide is the premier quick reference guide for battlefield nurses on the front lines This pocket guide contains critical assessment and treatment information as well as translation guides to ensure accurate communication in the field The care of patients with injuries received on the battlefield or in a disaster is specialized Traumatic injuries may be more complex or unlike injuries seen in the hospital setting In addition the battlefield or disaster scene adds an additional level of complexity to medical care Designed to fit in the pocket of a uniform this unique pocket guide provides state of the art evidence based recommendations for providing nursing care under exceptional conditions The field guide was designed to fit in the pocket of a field uniform and to stand up to rigorous field conditions

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