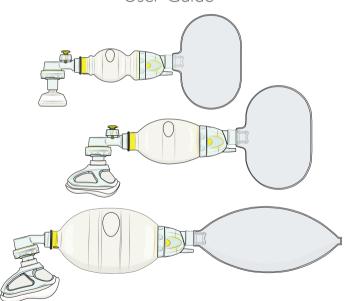


# Laerdal Silicone Resuscitators

User Guide



www.laerdal.com













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#### Device Description

The Laerdal Silicone Resuscitator (LSR) is a self-inflating manual resuscitator that is intended for patients requiring total or intermittent ventilatory support.

#### Indication for Use

The Laerdal Silicone Resuscitator (LSR) is intended for patients requiring total or intermittent ventilatory support. Ventilation is possible with or without supplemental oxygen.

#### Intended Use

The Laerdal Silicone Resuscitator (LSR) provides positive pressure ventilation and allows spontaneous breathing with a face mask or an artificial airway.

The Laerdal Silicone Resuscitator is available in three sizes:

- The Adult model is intended for patients over 25 kg (44 lb).
- The Paediatric model is intended for patients from 2.5 kg (5.5 lb) to 25 kg (44 lb).
- The Preterm model is intended for patients below 2.5 kg (5.5 lb).

This User Guide applies to all three models of the Laerdal Silicone Resuscitator. For the Masks, refer to the Laerdal Silicone Mask User Guide.









#### Intended Users

The LSR is intended to be used by healthcare professionals trained in delivering ventilatory support and in the use of manual resuscitators.

#### Clinical Benefits

Positive impact on clinical outcome, by respiratory support that reduces probability of adverse outcomes, such as morbidity and mortality caused by hypoxia.

#### Clinical Outcome

Desired outcome of ventilation is oxygenation of the patient, often evaluated using SpO<sub>2</sub>, EtCO<sub>2</sub>, blood gas analysis or other method of analysis.

Known Side Effects Gastric Insufflation Oxygen Toxicity

#### Contraindications

No known contraindications for use.









#### Important Information

Read this User Guide and become familiar with the operation of the product prior to use. Use the product only as described in this User Guide



A Warning states a condition, hazard, or unsafe practice that can result in serious personal injury or death.

A Caution states a condition, hazard, or unsafe practice that can result in minor personal injury or damage to the manikin.

Notes

Important information about the product or its operation.

# **Marnings**

- Care should be taken when using the LSR on patients with severe anomalies or when applying other medical devices which may conflict with the mask as mask leakage may occur. If mask face sealing is not possible to achieve consider using alternative airway device.
- Care should be taken when using the LSR on patients with severe
  pulmonary disease or severely immature lungs. Applied pressure
  should be adjusted and monitored according to the patient's
  condition. Note that a manometer is not supplied by Laerdal for use
  with the LSR, but a manometer is possible to connect to the patient
  port with an appropriate adapter compatible with a ISO 5356-1
  connector.
- Care should be taken when applying pressure to the mask to avoid facial damage, especially in the case of pediatric patients, infants, pre-terms, patients with severe osteoporosis and geriatric patients.
- · Care should be taken when using the LSR on patients with











severely congested airways. Consider removing congestion from the oropharyngeal airway. Use of the LSR on patients with severely congested airways may result in a reduction in expected oxygenation.

## ↑ Cautions

- The LSR and masks should only be used by persons who have received adequate training in the use of resuscitators.
- Resuscitators should not be used with supplemental oxygen where smoking is permitted or when fire, flame, oil or grease is in close proximity.
- Resuscitators should not be used in toxic or hazardous atmospheres.
- The use of third party products (such as filters and demand valves) with the Laerdal Silicone Resuscitator may affect performance.
   Please consult with the manufacturer of the third party products to verify compatability with the LSR and obtain information on possible performance changes.
- An oxygen blender is recommended if more precise oxygen concentrations are required, for example for pre-terms.
- The use of a PEEP valve (not provided by Laerdal) is recommended in the case that PEEP is indicated for the patient. Note that it is necessary to use the Expiration diverter to attach a PEEP valve.
- The LSR and masks are not intended for use in delivery of medications, such as anaesthetic gases.

#### Note

Should any serious malfunction, undesirable incident with, or deterioration in the functionality or performance of the device occur, contact Laerdal promptly. The competent authority where the incident took place and/or the device was used should also be notified.







#### Items Included



Use of non-Laerdal parts may affect safety and/or performance.

Adult Model (Cat. No. 87xxxx)



Patient Valve



Silicone Mask (Adult 4-5+) with Multi-Function Mask Cover \*



Adult Ventilation Bag (1600 ml)



Intake Reservoir Valve



Reusable Oxygen Reservoir Bag (2600 ml)



<sup>\*</sup> Some configurations do not include the masks.







Patient Valve with Pressure Relief Valve



Paediatric Ventilation Bag (500 ml)



Reusable Oxygen Reservoir Bag (600 ml)



Silicone Mask (Child 3-4) with Multi-Function Mask Cover \*



Intake Reservoir Valve





Patient Valve with Pressure Relief Valve



Preterm Ventilation Bag (240 ml)



Reusable Oxygen Reservoir Bag (600 ml)



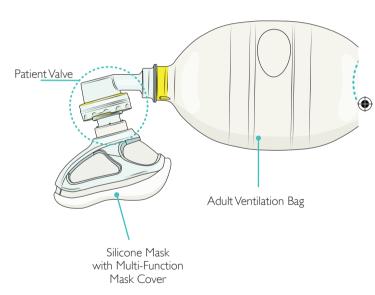
Silicone Mask \* (Size 00, 0/1, 2)



Intake Reservoir Valve



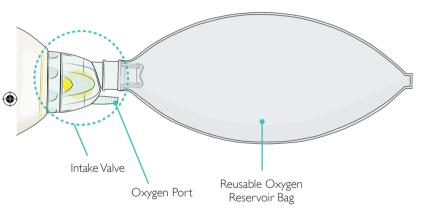














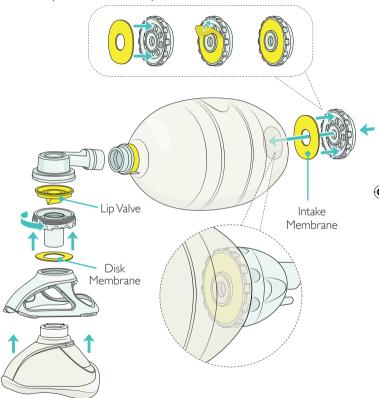




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### Adult Model - Overview

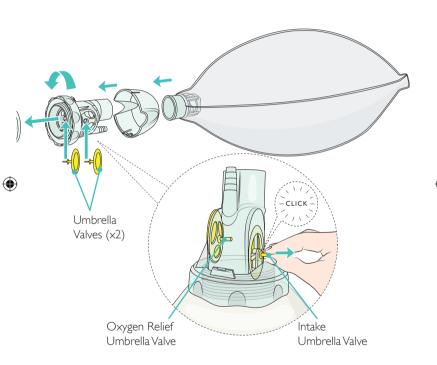
### Assembly and Disassembly











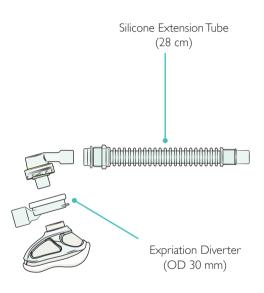
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Improper assembly may affect performance. Ensure use of one lip valve. Misassembly with two lip valves may prevent proper patient exhalation.





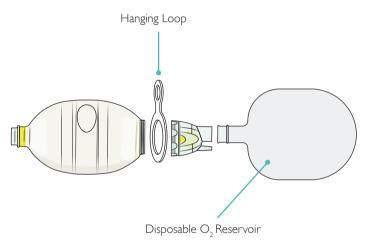
#### Accessories









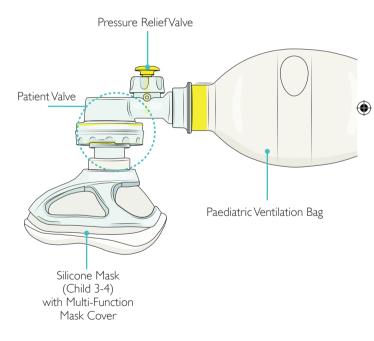








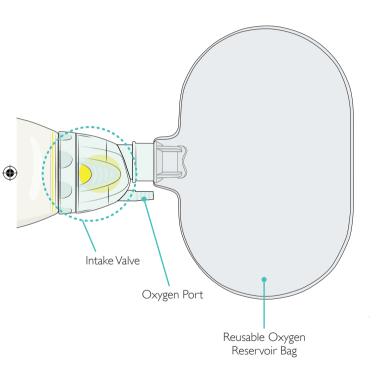






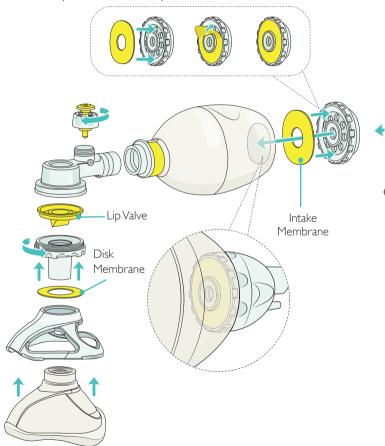




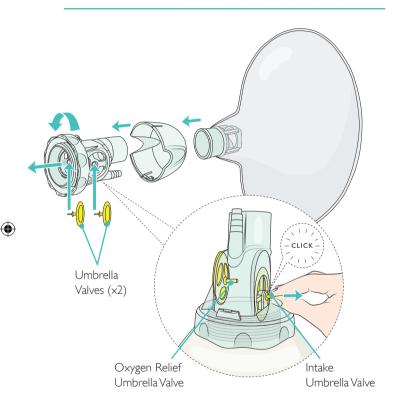




### Assembly and Disassembly



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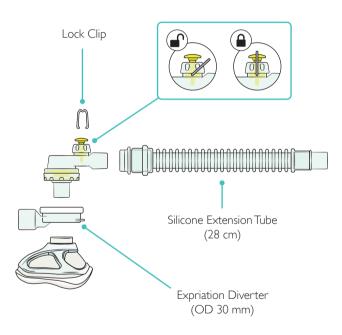
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Improper assembly may affect performance. Ensure use of one lip valve. Misassembly with two lip valves may prevent proper patient exhalation.





#### Accessories



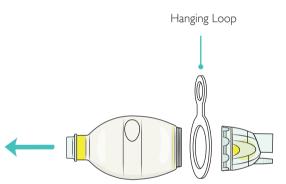








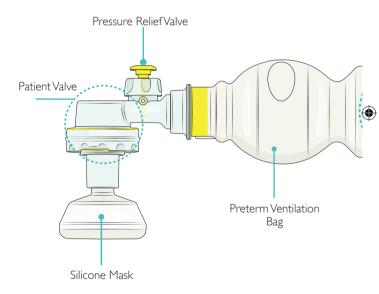








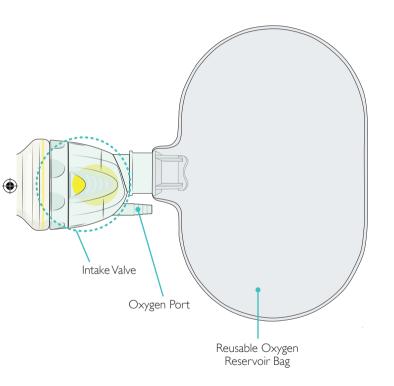








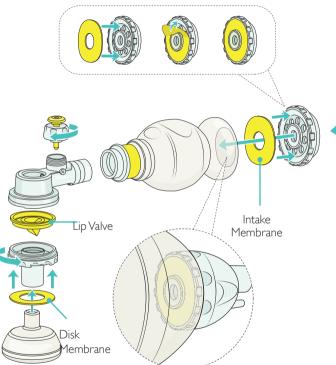






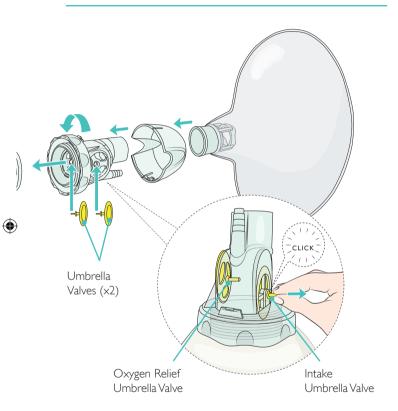


## Assembly and Disassembly









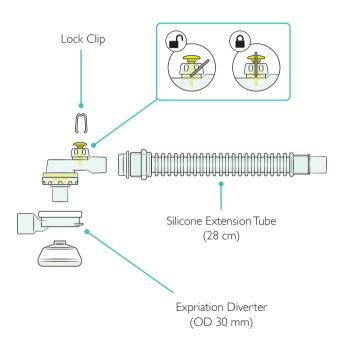
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Improper assembly may affect performance. Ensure use of one lip valve. Misassembly with two lip valves may prevent proper patient exhalation.





#### Accessories

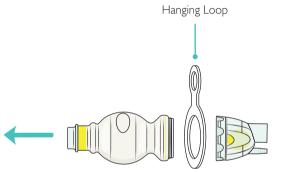










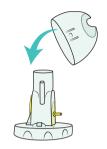






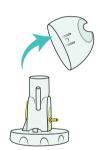


# Intake Valve Assembly/Disassembly









! Intake valve caps produced prior to 2015 are not compatible with LSRs produced after 2015.





Post 2015 cap







Inspect and test valve function to ensure proper operation of the Laerdal Silicone Resuscitator prior to patient use.

To ensure proper operation, test valve functions after cleaning, disinfection and reassembly.



If a Laerdal Silicone Resuscitator fails function tests it is to be removed from service and not used. Inspect all parts for damage. Replace any damaged parts if necessary and retest.

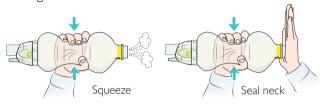




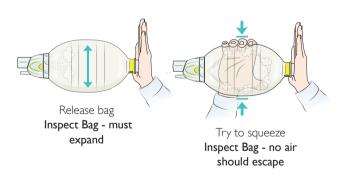




#### Testing the Intake Valve



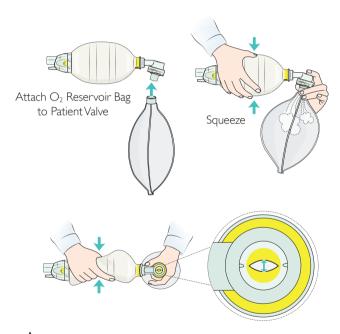








#### Testing the Patient Valve





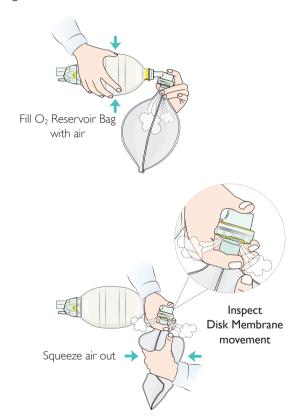
Ensure that a single Lip Valve has been installed in the Patient Valve.







#### Testing the Patient Valve Disk Membrane



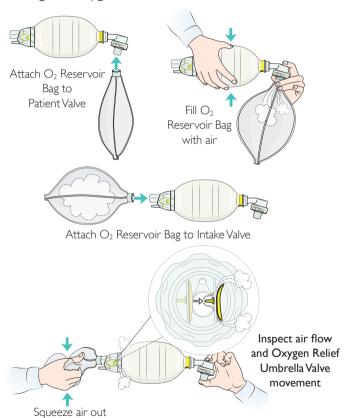








#### Testing the Oxygen Relief Umbrella Valve

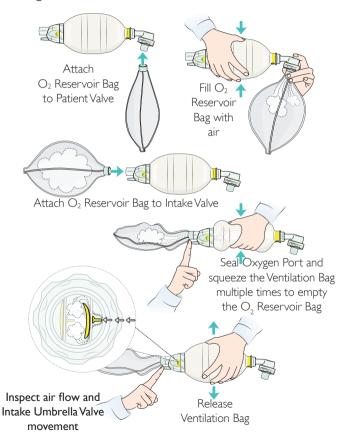








#### Testing the Intake Umbrella Valve





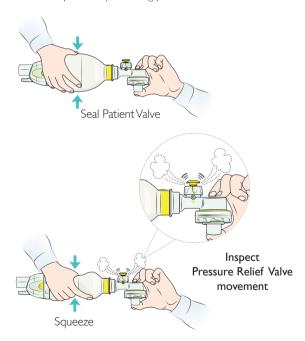




Testing the Pressure Relief Valve Applies to Preterm and Paediatric models.

^ Caution

Ensure Pressure Relief Valve is functioning prior to use.











#### Clinical Use

# Operating the Laerdal Silicone Resuscitator with face mask:

- 1. Connect a suitable face mask.
- 2. Connect to external O<sub>2</sub> source, if applicable.
- 3. Place mask over face and check for seal.
- 4. Squeeze the Ventilation Bag in accordance to clinical protocol.
- 5. Observe patient chest rise during ventilation.
- 6. Allow patient to exhale.
- 7. Stop ventilation as required by clinical protocol.

# Operating the Laerdal Silicone Resuscitator with advanced airway:

- 1. Connect to external  $O_2$  source, if applicable.
- 2. Connect to advanced airway of intubated patients.
- 3. Squeeze the Ventilation Bag in accordance to clinical protocol.
- 4. Observe patient chest rise during ventilation.
- 5. Allow patient to exhale.
- 6. Stop ventilation as required by clinical protocol.





# **Marning**

Incorrect operation of the resuscitator can be hazardous.

## Notes

- An oxygen tube is not provided with the LSR. The oxygen connector
  fits oxygen tubes which comply with ISO 13544-2. Fit should be
  checked prior to use. The oxygen source should be able to be
  adjusted to provide a flow relevant to the LSR. See tables on pages
  46-47 regarding achievable oxygen concentration at varying flows
  for more information.
- Contamination: If the Patient Valve becomes contaminated with vomit during ventilation, disconnect the resuscitator from the patient and clear the Patient Valve as follows:
  - Tap the Patient Valve with the patient port against your gloved hand to shake free any contaminant and squeeze the silicone bag to deliver several sharp breaths through the Patient Valve to expel the contaminant.
  - If contaminant does not clear; disassemble the Patient Valve and rinse







## **△** Cautions

- The resuscitator is not provided sterile. The resuscitator and mask must be cleaned and disinfected prior to initial use.
- It is recommended that the highest level of disinfection/sterilization
  possible is used for patients that may have compromised immune
  defense, such as a pre-term baby or in the case of outbreaks of
  highly transmissible pathogens.
- If LSR is stored as back-up in an area with potentially high levels of airborne pathogens, it should be considered to store the LSR in an air-tight container to avoid contamination.

To reduce the risk of cross-contamination, follow these instructions after each use.

## Inspection

Carefully inspect all parts for signs of wear or damage. Worn or damaged components must be discarded and replaced with new components.

#### Disassembly

Disassemble the LSR into individual parts as shown in Assembly and Disassembly section prior to cleaning and disinfecting.

- · Separate the Expiration Diverter (if used) into its three parts
- Separate the Patient Valve into its four main parts
- Separate the Intake Reservoir Valve into its six parts
- Do not disassemble the connectors from the Ventilation Bag or the O<sub>2</sub> Reservoir Bag. Do not disassemble the connectors from the Extension Tube. if used.







 Unscrew the Pressure Relief Valve (Preterm and Paediatric models), but do not disassemble any further.

## Washing and Rinsing

The LSR and Masks must be cleaned before high-level disinfection or sterilisation.

The LSR and Masks can be manually cleaned, or cleaned in an automatic washer/disinfector.

#### Manual Cleaning

Rinse parts under cold running water.

Submerge parts in water at 30 - 40 °C (86 - 104 °F). Ensure that all surfaces are submerged for at least 2 minutes.

Submerge all parts in water at 60 - 70 °C (140 - 158 °F) which contains dish washing detergent.

Thoroughly clean all surfaces using a brush as necessary.

Rinse all components in detergent-free water at 30 - 40 °C (86 - 104 °F).

Dry the components thoroughly. Inspect all components to confirm that they are clean and dry. If parts are worn or damaged, discard them.

**Automatic Cleaning** (applies to all parts except  $O_2$  Reservoir Bags)

#### Washer/Disinfector

Place parts in wire baskets.

Cycle 1:90 - 95 °C (194 - 203 °F) for more than 12 seconds.

Total process time: approx. 52 min.

Cycle 2: Use a Non-enzymatic alkaline detergent containing 2 - 5% NaOH.



Caution

Do not use rinsing and drying agents.







To obtain high-level disinfection/sterilisation of the LSR and Masks, follow one of these methods.

Sterilisation/High-level Disinfection				
Method	Process Param	Process Parameters		
	Temperature / Exposure Concentration time			
<b>Sterilisation</b> (applies to do not withstand high to		e O <sub>2</sub> Reser	rvoir Bags which	
Steam Autoclaving (prevacuum-pulse)	Autoclave at 134 - 137 °C (273 - 279 °F) 3 min (+30s)		Allow parts to cool and dry	
High-level Disinfection	n (applies to all par	ts)		
Cidex OPA (orthophtalaldehyde)	0.55% solution	60 min	Remove traces of disinfectant by rinsing in warm	
Sodium Hypochlorite	0.5% solution	20 min	tap water; 30 - 40 °C (86 - 104 °F), for at least 2 mins. Dry the components thoroughly.	

## Reassembly

Reassemble LSR as shown in Assembly/Disassembly section.



Perform function test after assembly and before patient use.





## 

Disposable Oxygen Reservoir Bag (870702)

Designed for single patient use only. Do not reuse. Reuse will lead to risk of cross contamination. Laerdal is not responsible for any consequences of reuse.

## ⚠ Cautions

- The resuscitator components must be cleaned and disinfected before next patient use.
- The use of cleaning and disinfection procedures not described in this section may have adverse effects on the LSR material and/or performance and may not be effective for disinfecting the LSR.
- The hard plastic components of the resuscitator and the mask cover are incompatible with polar solvents such as ethanol and isopropyl alcohol.
- Improper assembly of the LSR after reprocessing may affect performance.
- Accessories used for storing the LSR are not compatible with sodium hypochlorite.









## Regulatory Information

Laerdal Silicone Resuscitator meets the following Standards:

- EN 1789:2020
- ISO 10651-4:2002

When used in accordance with ISO 10651-4 the following resuscitator size recommendation applies: Adult for patients over 20 kg (44 lb), Paediatric for patients from 2.5 kg (5.5 lb) to 20 kg (44 lb) and Preterm for patients below 2.5 kg (5.5 lb).

When used to deliver tidal volumes as recommended by the AHA Guidelines 2010, the following applies: Adult for patients over 25 kg (55 lb), Paediatric for patients from 2.5 kg (5.5 lb) to 25 kg (55 lb) and Preterm for patients below 2.5 kg (5.5 lb).









# Regulatory Information

Symbol Glossary				
MD	Medical Device			
<b>(</b> € <sub>2460</sub>	This medical device complies with the general safety and performance requirements of Regulation (EU) 2017/745 for medical devices.			
RONLY	Caution: Federal law restricts this device to sale by, or on the order of a physician (US).			
LATEX	Not made with natural rubber latex			
2	Single-use symbol			











# Specifications

Conditions	
Operating Conditions	Temperature: -18 °C to 60 °C (0 °F to 140 °F) Humidity: 15% to 95% rH
Storage Conditions	Temperature: -40 °C to 70 °C (-40 °F to 158 °F) Humidity: 15% to 95% rH
Lifetime Parameters	
Shelf-life	5 years
Expected Service Life	100 cycles of reprocessing
Resistance	
Expiratory resistance	Approximately 2.6 cm $\rm H_2O$ Measured with airflow of 50 lpm
Inspiratory resistance	With $O_2$ Reservoir: approx. 4.2 cm $H_2O$ Without $O_2$ Reservoir: approx. 3.1 cm $H_2O$ Measured with airflow of 50 lpm
Attainable delivery volume	
Adult	Approximately 800 ml
Paediatric	Approximately 320 ml
Preterm	Approximately 150 ml
Test conditions	Compliance 0.02 I/cm H <sub>2</sub> O, Resistance 20 cm H <sub>2</sub> O/I/s
No leakage	Pressure ReliefValve overridden
Dead space of Patient Valve	Approximately 7 ml for all models









# Specifications

## Material Chart

Resus	citator	Accessories		
Parts	Materials	Parts	Materials	
Mask	PSU, Silicone	Expiration Diverter	PSU, Silicone	
Patient Valve (w/ Pressure Relief Valve)	PSU, Silicone (PPSU, Steel)	Silicone Extension Tube	PSU, Silicone, Viton	
Ventilation Bag	PSU, Silicone, Viton	Hanging loop	Silicone	
Intake Valve	PSU, Silicone	Wall Bracket	POM	
Oxygen Reservoir	PC, PTFE, PVC	Wall Mount	ABS	
		Display Case	ABS, PA, PP, Steel	
		Disposable Oxygen Reservoir	PVC, PC	









## Specifications

#### Adult Model

Ventilation Bag volume: 1600 ml. Reservoir Bag volume: 2600 ml Weight: Approximately 370 g

Dimensions: Approximately 370 mm x 132 mm x 132 mm

Dimension Display Case:W 291/326 mm  $\times$  L 362 mm  $\times$  H 136 mm Dimension Compact Case:W 163/189 mm  $\times$  L 237 mm  $\times$  H 150 mm

#### Delivered O<sub>2</sub> concentrations under various test conditions

O <sub>2</sub> flow (lpm)	Tidal volume (ml) x bag cycling rate per minute. O <sub>2</sub> -concentrations (%) using $O_2$ Reservoir (without $O_2$ Reservoir)					
	400 × 12	400 × 24	600 × 12	600 × 24	1000×12	1000×24
3	74 (38)	51 (39)	58 (34)	40 (34)	44 (33)	33 (30)
8	100 (44)	100 (44)	100 (40)	68 (40)	78 (38)	51 (34)
15	100 (51)	100 (50)	100 (47)	100 (47)	100 (42)	75 (36)

### Paediatric Model

Ventilation Bag volume: 500 ml. Reservoir Bag volume: 600 ml

Weight: Approximately 230 g

Dimensions: Approximately 300 mm × 88 mm × 93 mm Dimension Display Case: W 291/326 mm × L 362 mm × H 110 mm

Dimension Display Case: W 291/326 mm × L 362 mm × H 110 mm Dimension Compact Case: W 163/189 mm × L 237 mm × H 150 mm

Delivered O<sub>2</sub> concentrations under various test conditions

O <sub>2</sub> flow (lpm)	Tidal volume (ml) x bag cycling rate per minute. $O_2$ -concentrations (%) using $O_2$ Reservoir (without $O_2$ Reservoir)					
	20 × 40	20 × 60	150 × 20	150 × 30	300 × 12	300 × 24
3	100 (97)	100 (97)	98 (56)	78 (57)	85 (48)	56 (46)







8	100 (100)	100 (100)	100 (70)	100 (70)	100 (58)	100 (57)
15	100 (100)	100 (100)	100 (82)	100 (83)	100 (71)	100 (70)

#### Preterm Model

Ventilation Bag volume: 240 ml.

Reservoir Bag volume: 600 ml

Weight: Approximately 200 g

Dimensions: Approximately 280 mm x 72 mm x 85 mm

Dimension Display Case: W 291/326 mm x L 362 mm x H 110 mm Dimension Compact Case: W 163/189 mm x L 237 mm x H 150 mm

Delivered O<sub>2</sub> concentrations under various test conditions

O <sub>2</sub> flow (lpm)	Tidal volume (ml) x bag cycling rate per minute. $O_2$ -concentrations (%) using $O_2$ Reservoir (without $O_2$ Reservoir)					
	20 × 40	20 × 60				
3	100 (98)	100 (97)				
8	100 (100)	100 (100)				
15	100 (100)	100 (100)				







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# Spare Parts and Accessories

#### Accessories

Catalogue #	Description
511700	LSR Wall Bracket
521100	Wall Mount for Paediatric and Preterm Display Case
572000	Wall Mount for Adult Display Case
850500	Expiration Diverter (OD 30 mm)
860300	Display Case, Paediatric
870120	LSR Hanging Loop
870600	LSR Display Case Complete Adult
870702	Disposable O <sub>2</sub> Reservoir
871000	Silicone Extension Tube

## Spare Parts

Catalogue #	Description
510103	Cap for LSR Intake Valve, pack of 3
510404	LSR Intake Membranes, pack of 10
531901	LSR O <sub>2</sub> Reservoir 2.6 I
531906	LSR O <sub>2</sub> Reservoir 2.6 I
540103	LSR Lip Valve
540105	LSR Disk Membranes, pack of 10
551901	LSR O <sub>2</sub> Reservoir, 0.6 I





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# Spare Parts and Accessories

551906	Oxygen Reservior Bag 0.6 I, pack of 50
560200	LSR Patient Valve
850150	Preterm Bag, 240ml
851103	LSR Lock Clips, pack of 10
851250	Patient Valve with 35cm H <sub>2</sub> O Pressure Relief Valve
851252	Pressure Relief Valve 35 cm H <sub>2</sub> O
851350	Patient Valve with 35cm H <sub>2</sub> O with Pressure Relief Valve and Lock Clip
860150	Paediatric Bag 500ml
870150	Adult Bag 1600ml
871950	Umbrella Valves, pack of 2
875400xx	Intake ReservoirValve

### Masks - Main Products

Catalogue #	Description
851500xx	LSR Silicone Mask no. 00
851600xx	LSR Silicone Mask no. 0/1
851700××	LSR Silicone Mask no. 2
860220xx	Child Silicone Mask 3-4 with Multi Function Mask Cover
860221	Child Silicone Mask 3-4 without Multi Function Mask Cover
870220xx	Adult Silicone Mask 4-5+ with Multi Function Mask Cover







## Spare Parts and Accessories

870221	Adult Silicone Mask 4-5+ without Multi Function Mask Cover
872220	Adult & Child Silicone Mask with Multi Function Mask Covers



Catalog numbers ending with xx denotes local language configurations

### Masks - Spare Parts/Accessories

Catalogue #	Description
865200	Multi Function Mask Cover for Mask 3-4
875200	Multi Function Mask Cover for Mask 4-5+

For latest version of Spare Parts and Accessories, visit www.laerdal.com.

#### Warranty

Refer to the Laerdal Global Warranty for terms and conditions. For more information visit www.laerdal.com.











**(** 



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