NUNASK® It's a matter of life and breath.

NuMask CPR Kit Training Presentation

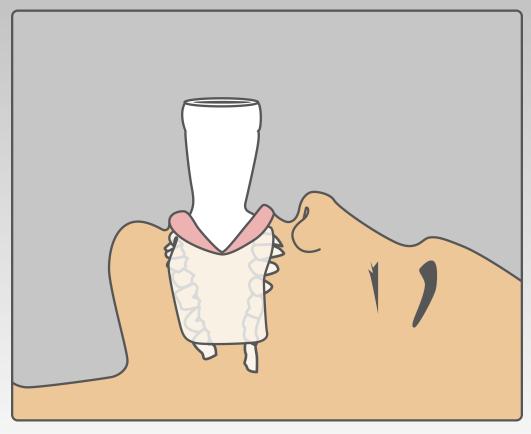
NuMask CPR Kit

NuMask offers two CPR kits:

A hard plastic case kit and an ultra-compact zippered case kit. Both kits include the same contents: CPR IntraOral Mask (IOM®) with one-way filtered valve, premium nitrile gloves, sterile wipe and instruction guide.

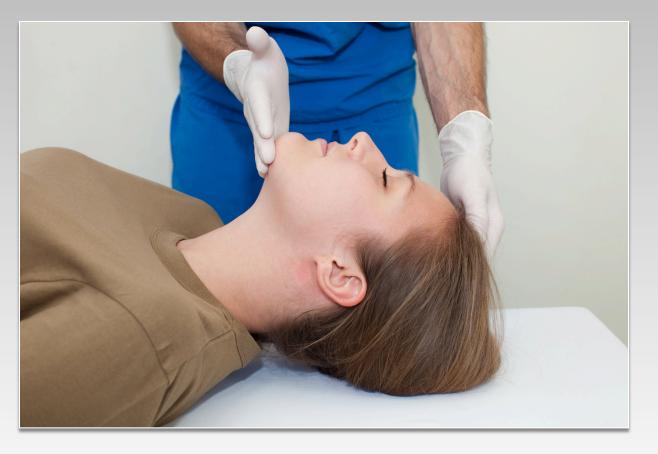


Hand Grip NuMask CPR IOM properly placed.



The IOM is placed in the mouth, behind the lips, but in front of the teeth.





If not contraindicated, the victim should be placed in a head tilt/chin lift position.





The IOM should be inserted with the deep frenulum notch and NuMask label facing up in most victims with a normal overbite. The mask may be inverted in victims with a severe underbite.

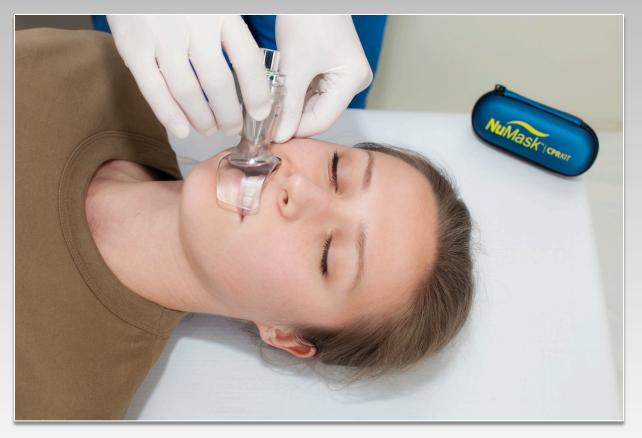
If dentures are present and secure, they should be left in place.





Elevate lateral edge of the lips and slide in one side of the IOM.





Initial side of IOM inserted and pushed to the side.

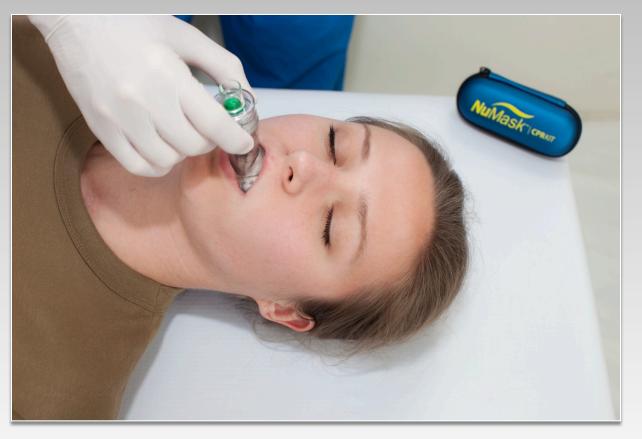


Grasp and elevate the other side of lips to insert remainder of IOM.



Alternative finger sweep technique available (recommended only for trained medical providers). See IOM/OPA instructions for full description.





Manipulation of IOM to improve seat (gently slide side-to-side / up and down).



CPR IOM Placement CPR IOM in place.









This grip is performed by cradling the victim's chin with the palm, applying light pressure over the lips, and pulling them into the stem of the mask by bringing the fingers together. The 5th finger of this hand may be placed under the jaw line for additional jaw thrust/control. The other hand is used to close the nose by pinching it between thumb and index fingers.

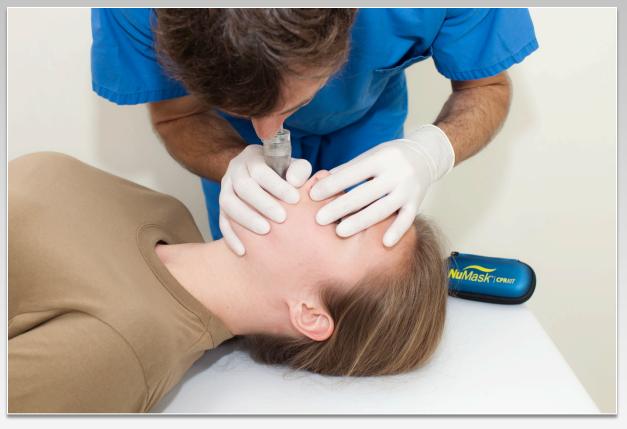






The action consists of pulling tissue from the lips and face into the mask stem, rather than applying downward pressure.





The process and positioning in this grip is quite similar to mouth-to-mouth breathing. This means it is easier to learn and remember.



Pediatric CPR Hand Grip



For pediatric and infant patients, simply place the IOM over the outside of the patient's lips with the patient's mouth open and apply the standard CPR grip.









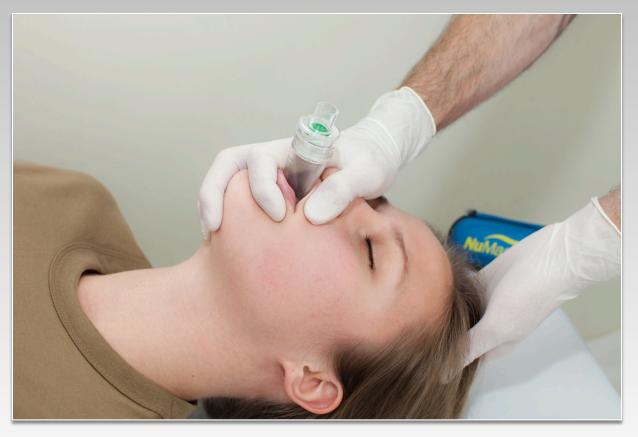
Lay the hand flat onto the face with the stem of the IOM and victim's nose positioned between the thumb and index finger. Then wrap the rest of the hand and fingers around the jaw. These fingers may be used to provide jaw thrust.





Gently squeeze the lips and mouth around the stem while applying gentle, symmetric, downward pressure to obtain seal.

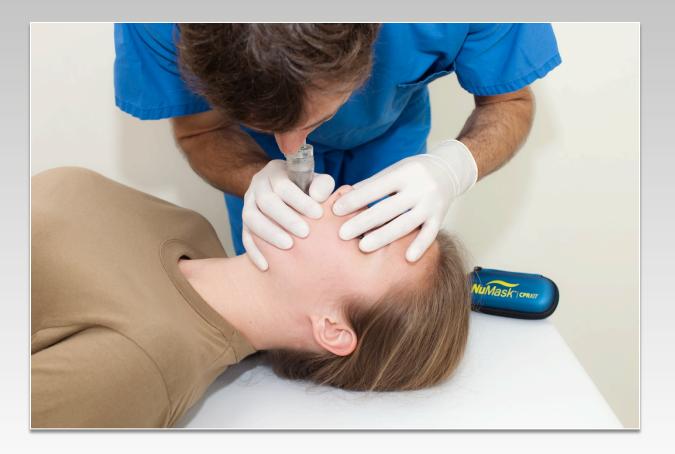




The nose is pinched between the base of the thumb and index finger as pictured.



Rescue Breaths (Rescuer at side of patient)



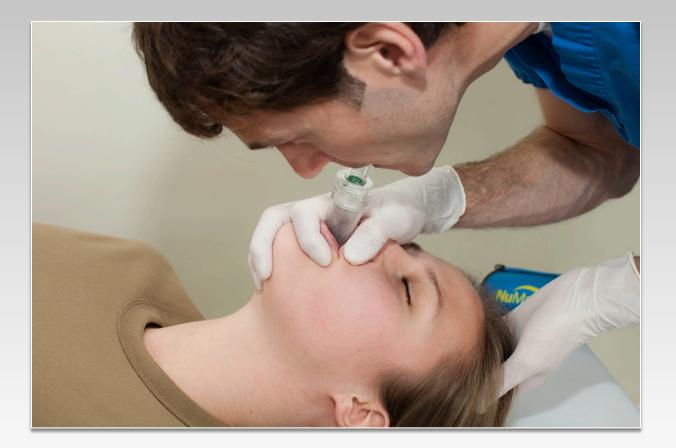


Rescue Breaths - Pediatric (Rescuer at side of patient)





Rescue Breaths Modified "CE" Grip - Rescuer at head of victim







The IOM should be left in place during compressions, allowing for a quick transition between rescue breathing and compression cycles.



What is the ideal single-rescuer position when using the CPR IOM?

For single-rescuer CPR, the side-of-victim position is ideal because there is no need to reposition between compressions and rescue breaths. The IOM should be left in place during compressions to further speed transition between compressions and rescue breaths.



What are the ideal 2-rescuer positions when using the CPR IOM?

For 2-rescuer CPR, the side-of-victim position is ideal for both rescuers (on opposite sides of victim) because there is no need to reposition when changing compressor role. The IOM should be left in place throughout CPR to further speed the transitions.



When using a hand grip, what do I do if the seal at the lips is leaking?

If the seal is leaking, relax your grip slightly by opening your hand.
 Then reapply the grip while pulling in a larger amount of the patient's lips and cheeks towards the mask. This may require closing the mouth a little if it's open too wide. This action increases the amount of tissue applied against the IOM flanges and stem to increase the sealing capability. The solution is not necessarily to increase the pressure applied.



Do I need to be in one particular position to ventilate with the CPR IOM?

No, the characteristics of the CPR IOM allow for ventilation in multiple rescuer and victim positions, including victims on their sides or upright. The previously mentioned grips allow the rescuer to be comfortably positioned at either the head of the victim or at the side, depending on the situation and grip used.

Can the CPR IOM be used with a bag valve resuscitator?

Yes, the standard bag valve resuscitator fitting will connect directly to either the CPR IOM valve, or to the IOM with valve removed.



When using the retention shield, what do I do if the seal is leaking?

- If leaking from the lips, using the Velcro fasteners, slightly increase equal tension on both straps.
- If leaking from the nose, confirm proper placement of the shield's notched upper edge, compressed up into the nostrils. Then, using the Velcro fastener, slightly increase tension on the upper strap. If the leak continues, apply the provided nose clip.



What do I do if my hand grip is slipping?

If the patient's face is slippery due to emesis/oil, use the finger/fingers under the jaw line to help anchor the grip, and apply a small amount of additional downward pressure over the lips and nose.

How do I detect secretions, emesis, or blood when using the IOM?

The IOM is transparent with a highly polished finish at the base of the stem to allow for easy visualization of the OPA and any secretions or bodily fluids. It should be promptly removed if there is any risk of aspiration.



What do I do if the patient vomits?

Remove the IOM, suction/clear emesis from the airway, wipe emesis from the patient's face, then replace the IOM and resume ventilation.
 If the face is slippery due to emesis, use the finger/fingers under the jaw line to help anchor the grip, and apply a small amount of additional downward pressure to the lips and nose.



Can I use the IOM and OPA in patients with no teeth or dentures?

 Yes, the IOM can still be used as effectively as in victims with teeth. The seal may be enhanced by pulling back gently on the IOM while applying the grip.

Can the IOM and OPA be used in those with dentures?

 Yes, it is best to leave them in place if they are securely affixed, and the IOM and OPA can be inserted as usual. If dentures are loose, they should be removed first.



Can the IOM be used in patients with latex allergies?

Yes, the product line does not contain latex.

Are the IOM and OPA reusable?

No, the IOM and OPA are one-time use disposable devices. They need to be properly disposed of after use or after being opened. The materials are NOT designed to tolerate an autoclave or chemical sterilization.



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