

PORTABLE  
VENTILATOR  
USER'S MANUAL





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# Safety Guide

1. Before operating the ventilator, please read this manual thoroughly, and must strictly observe all the cautions and instructions in the manual.

2. To avoid any unexpected ill effects on patients in case the power is cut off suddenly, make sure the ventilator is equipped with a built-in backup battery before operation.

3. DO NOT operate the ventilator under circumstances that contain flammable, explosive or narcotic air, since the unit is not explosion proof. Do not let liquid enter the mechanism since the unit is not waterproof. If there is any liquid splashing on the unit, please wipe it immediately.

4. Before putting the ventilator into use, make sure it has been cleaned thoroughly and disinfected, and each function is in good order. NEVER continue to operate the ventilator which has been detected to be malfunctioning.

5. There must be qualified medical personnel guarding on the spot during the operation of the ventilator. Pay attention to the working status of ventilator, meanwhile, pay attention to the patient's Life Indicator and vigor analyzing data, and adjust the ventilator to the most appropriate status for the patient.

6. Although the ventilator is considered technically mature and highly reliable in design, any instruments have the possibility to malfunction unexpectedly. For the sake of the patient's safety, please do prepare a standby ventilator of good and reliable conditions.

7. The assembly, addition, commissioning, modification and maintenance of this equipment must be completed by professional engineers under the guidance of our customer service personnel, and the user's operation cannot exceed the scope of this manual.

8. The equipment should not be covered or placed in an environment with many obstacles during the working process, otherwise the equipment may be overheated due to the inability of the air's circulation; Otherwise, the

normal operation of the ventilator will be affected.

9. The equipment reaches the end of life, according to the requirements of the customer country to destroy.

10. Production date reference nameplate, Use period is 6 years from production date.

11. Dustproof and waterproof grade of this equipment: IP21.

## Guidance and Manufacturer's Declaration

Below cables information are provided for EMC reference.

Cable	Max. cable length, Shielded/unshielded		Number	Cable classification
AC Power Line	1.8m	Unshielded	1 Set	AC Power

Important information regarding Electro Magnetic Compatibility (EMC).

This electrical medical equipment needs special precautions regarding EMC and put into service according to the EMC information provided in the user manual; The equipment conforms to this IEC 60601-1-2:2014 standard for both immunity and emissions. Nevertheless, special precautions need to be observed.

The equipment with Following ESSENTIAL PERFORMANCE is intended used in Professional healthcare facility environment except for near active HF SURGICAL. EQUIPMENTESSENTIAL PERFORMANCE: During the noise immunity test, the product should be set as the following basic parameters: Respiratory rate (12 BPM), Permissible error $\pm$ 15%; Tidal volume (500ml), Permissible error $\pm$ 15%; no abnormal phenomena such as restart, etc. , and the above basic parameter measurement value should meet the product measurement accuracy requirements, no false alarm of equipment.

**WARNING:** Use of this equipment adjacent to or stacked with other equipment should be avoided because it could result in improper operation. If such use is necessary, this equipment and the other equipment should be observed to verify that they are operating normally”.

The use of accessories, transducers and cables other than those specified or provided by the manufacturer of this equipment could result in increased electromagnetic emissions or decreased electromagnetic immunity of this equipment and result in improper operation.

**WARNING:** Portable RF communications equipment (including

peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the product, including cables specified by the manufacturer. Otherwise, degradation of the performance of this equipment could result.”

EMI Compliance Table (Table 1)

Table 1 - Emission

Phenomenon	Compliance	Electromagnetic environment
RF emissions	CISPR 11 Group 1, Class B	Professional healthcare facility environment
Harmonic distortion	IEC 61000-3-2 Class A	Professional healthcare facility environment
Voltage fluctuations and flicker	IEC 61000-3-3 Compliance	Professional healthcare facility environment

EMS Compliance Table (Table 2-4)

Table 2 - Enclosure Port

Phenomenon	Basic EMC standard	Immunity test levels
		Professional healthcare facility environment
Electrostatic Discharge	IEC 61000-4-2	±8 kV contact ±2kV, ±4kV, ±8kV, ±15kV air
Radiated RF EM field	IEC 61000-4-3	3V/m 80MHz-2.7GHz 80% AM at 1kHz

Proximity fields from RF wireless communications equipment	IEC 61000-4-3	Refer to table 3
Rated power frequency magnetic fields	IEC 61000-4-8	30A/m 50Hz or 60Hz

Table 3 – Proximity fields from RF wireless communications equipment

Test frequency (MHz)	Band (MHz)	Immunity test levels	
		Professional facility environment	healthcare
385	380-390	Pulse modulation	18Hz, 27V/m
450	430-470	FM, ±5kHz deviation, sine,	1kHz, 28V/m
710	704-787	Pulse modulation	217Hz, 9V/m
745			
780			
810	800-960	Pulse modulation	18Hz, 28V/m
870			
930			
1720	1700-1990	Pulse modulation	217Hz, 28V/m
1845			
1970			
2450	2400-2570	Pulse modulation	217Hz, 28V/m
5240	5100-5800	Pulse modulation	217Hz, 9V/m
5500			

5785

Table 4 – Input a.c. power Port

Phenomenon	Basic EMC standard	Immunity test levels	
		Professional facility environment	healthcare
Electrical fast transients/burst	IEC 61000-4-4	±2 kV 100kHz repetition frequency	
Surges Line-to-line	IEC 61000-4-5	±0.5 kV, ±1 kV	
Surges Line-to-ground	IEC 61000-4-5	±0.5 kV, ±1 kV, ±2 kV	
Conducted disturbances induced by RF fields	IEC 61000-4-6	3V, 0.15MHz-80MHz 6V in ISM bands between 0.15MHz and 80MHz 80%AM at 1kHz	
Voltage dips	IEC 61000-4-11	0% UT; 0.5 cycle At 0°, 45°, 90°, 135°, 180°, 225°, 270° and 315°	
		0% UT; 1 cycle and 70% UT; 25/30 cycles Single phase: at 0°	
Voltage interruptions	IEC 61000-4-11	0% UT; 250/300 cycles	

## DIRECTORY

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# 1. Overview

This ventilator is a short-term use automatic ventilator that combines the three main functions of time control, volume regulation and pressure limitation.

This ventilator is suitable for patients weighing over 5 kg;

The ventilator is mainly suitable for the following situations:

To provide respiratory support to patients with sudden respiratory arrest in an emergency to maintain the patient's respiratory function;

Provide respiratory support to patients in longer-term emergencies.

You can use the ventilator while transporting patients;

## 2. Technical Data

### 2.1 Environmental Requirements

Normal working conditions:

-----Temperature: -10~40°C

-----Relative Humidity: ≤95%(No condensation)

-----Atmospheric Pressure: 86 kPa ~ 106kPa

-----Gas source: medical oxygen of 280 ~ 600kPa and a flow rate of 50L/min

-----Power: AC 100-240V, 50/60Hz, 30VA, with well ground protection.

-----Internal electrical power source:(Li-Ion Battery 12V/2200mAh) The fully recharged battery can support the operation of this ventilator for a duration of no less than 8 hours.

NOTICE: The alternating current power supply which the ventilator uses must have well protective ground, if can't make sure whether the protective ground is in good condition, has option but to use storage battery.

NOTICE: This ventilator is not explosion proof product, it can't use in some environments that have flammable, explosive or anesthesia gas.

## 2.2 Technical Data

-----Ventilation mode: CMV

-----Respiratory frequency (FREQ): 5~40 times/min(step value: 1 times/min),  $\pm 10\%$

----- Inspiration and expiration(I:E)ratio: 1:2,  $\pm 10\%$

----- Ventilation flow rate: 0->20L/min(adjustable)

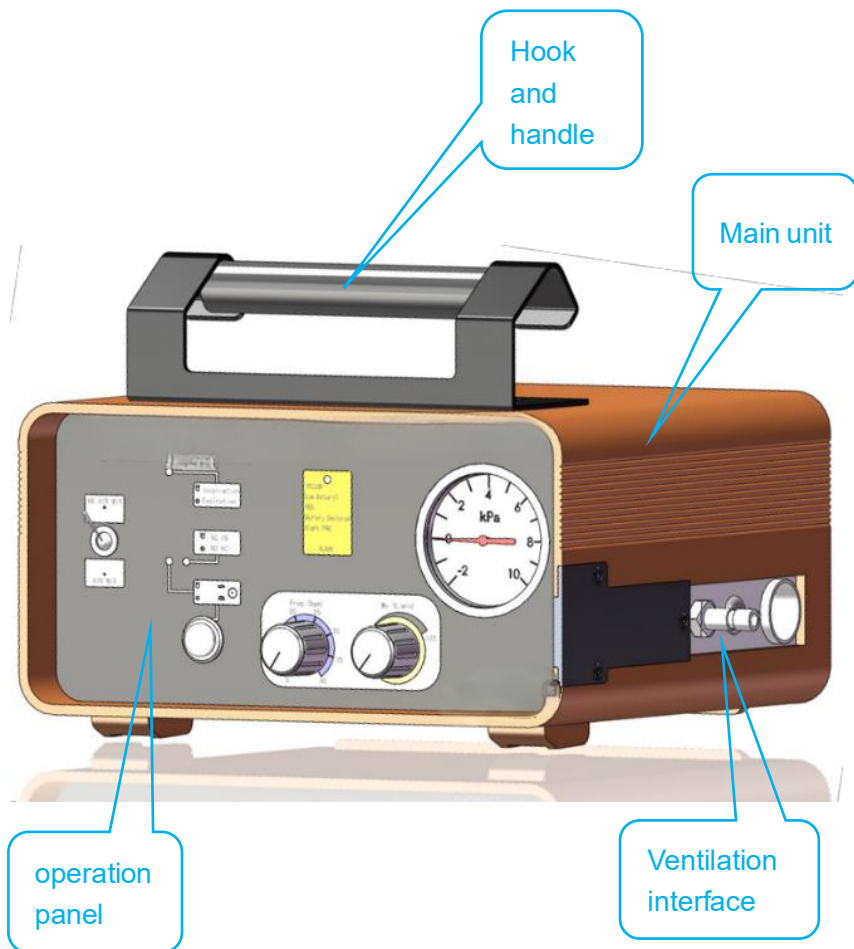
-----Oxygen concentration of output gas (FiO<sub>2</sub>): Air Mix (50%-80%)or No Air Mix (90%-100%) ,  $\pm 3\%$

-----Maximum Safety Pressure:  $\leq 6.0\text{kPa}$

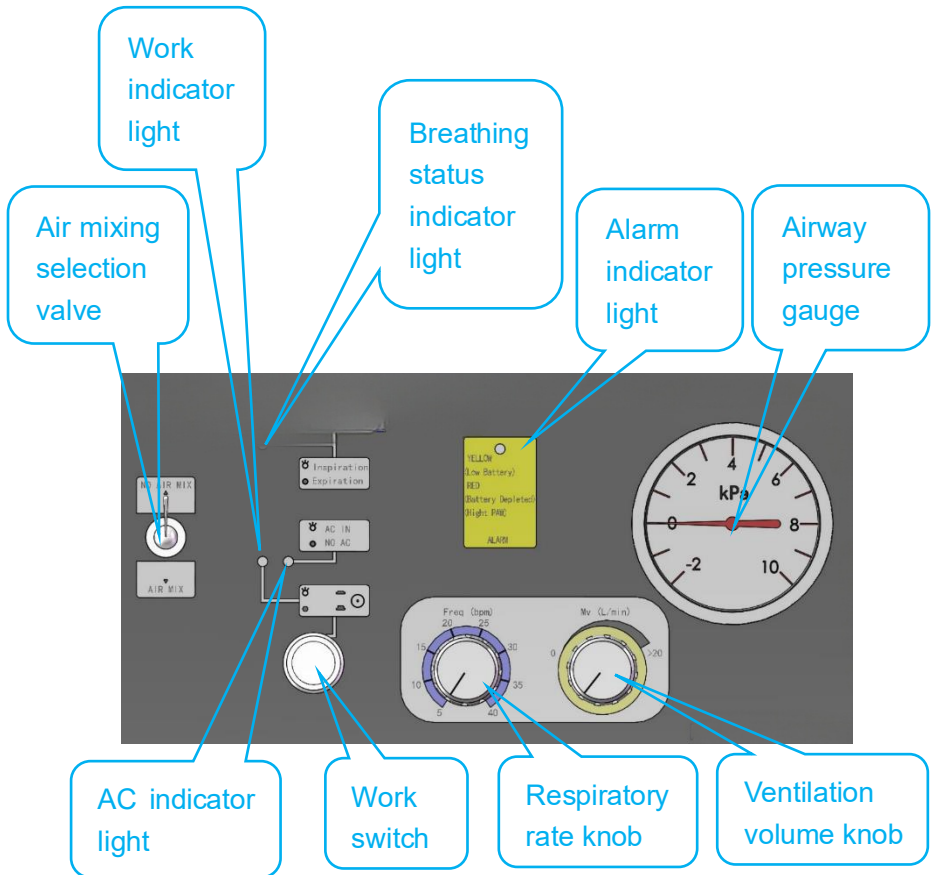
-----Continuous operation duration: The ventilator can operate continuously on a 24-hour basis on an AC utility main; and the ventilator can operation battery for 8 hours.

### 3. illustration

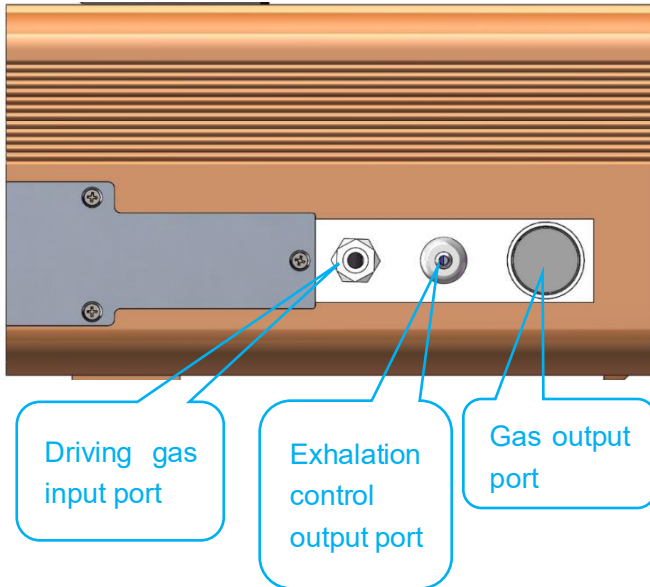
#### 3.1 Complete machine diagram



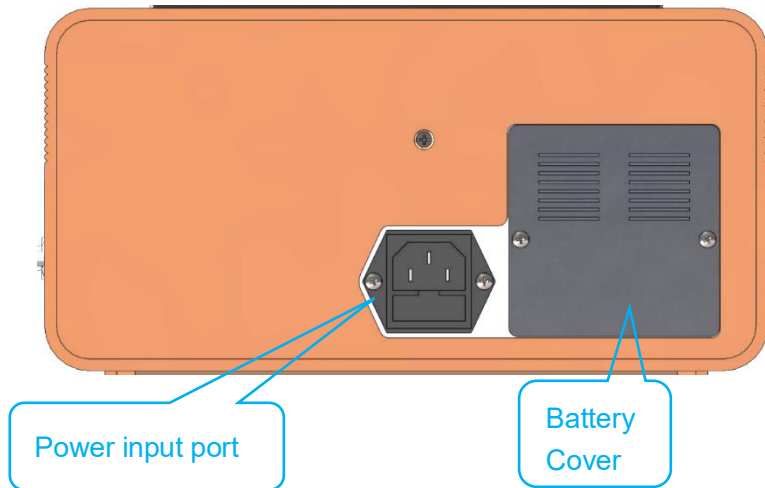
## 3.2 Panel diagram



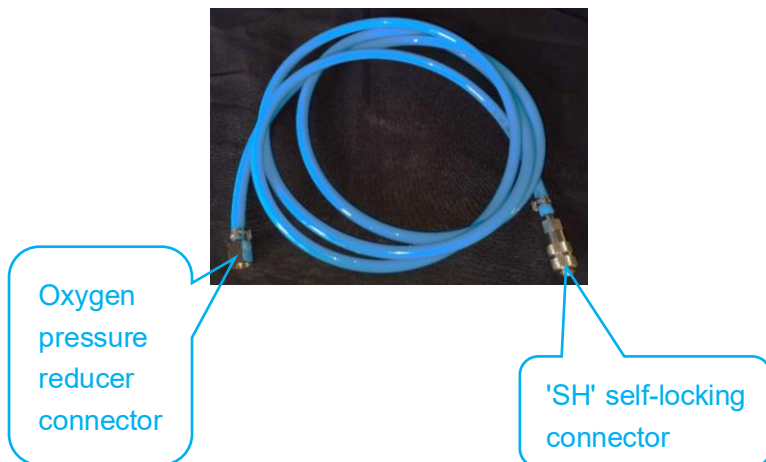
### 3.3 Ventilation interface



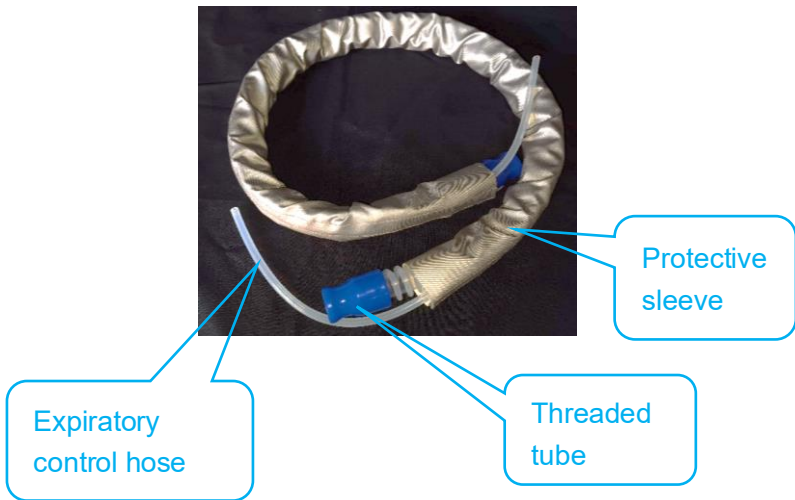
### 3.4 Back side



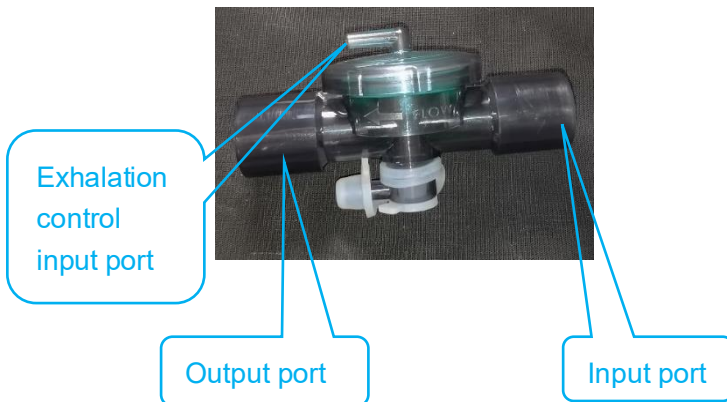
### 3.5 Oxygen delivery hose



### 3.6 Patient breathing hose



### 3.7 Exhalation valve



### 3.8 Mask

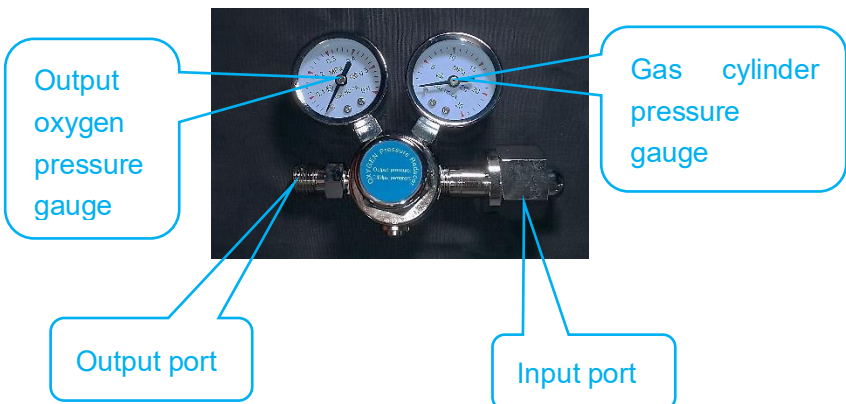


Connect to the exhalation valve

### 3.9 Standard connection pipe



### 3.10 Oxygen pressure reducing valve



Output oxygen pressure gauge

Gas cylinder pressure gauge

Output port

Input port

## 4. Operating instructions

### 4.1 Connection between components and main unit

#### 4.1.1 Install standard connecting pipe



Insert one end of the standard connecting tube into the gas output port of the ventilator.



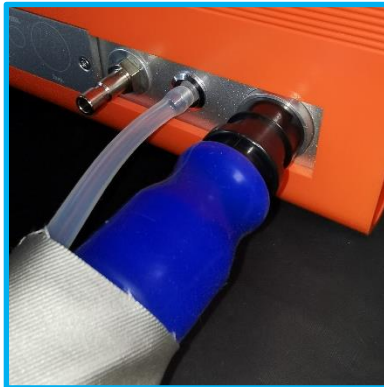
## 4.1.2 Connection between patient breathing hose and main unite



Connect the exhalation control hose at one end of the patient breathing hose to the exhalation control port.



The threaded tube at the same end of the patient breathing hose is connected to the gas output port.



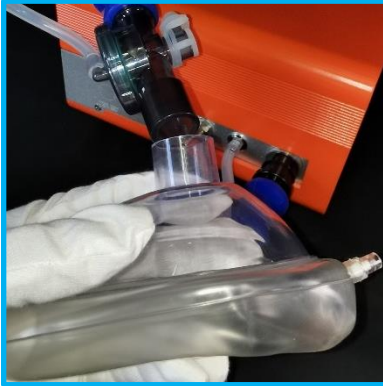


Connect the exhalation control hose at the other end of the patient's breathing hose to the exhalation control input port of the exhalation valve.



The threaded hose at the other end of the patient breathing hose is connected to the intake end of the exhalation valve.

### 4.1.3 Connect the breathing mask



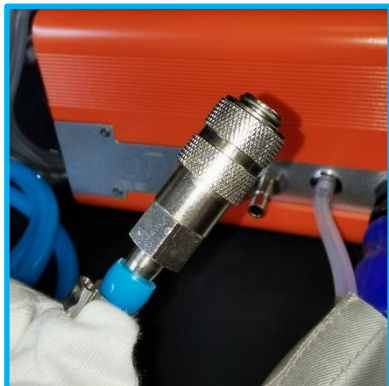
Connect the breathing mask to the outlet end of the exhalation valve.

### Attention!

According to clinical needs, different specifications of masks or tracheal intubation components can be used.

When connecting the exhalation valve, the inlet and outlet ends of the exhalation valve can be interchanged freely, without causing danger to the patient!

#### 4.1.4 Connect the oxygen delivery hose



Insert the "SH" self-locking connector of the oxygen delivery hose into the driving gas input port of the ventilator.



## 4.1.5 Connect the oxygen pressure reducer

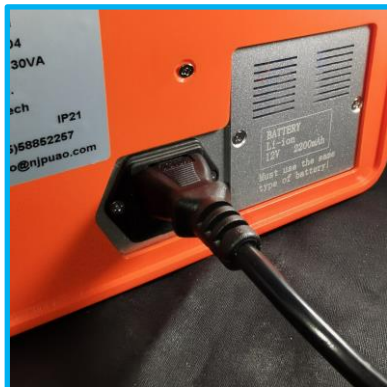


Connect the oxygen pressure reducer connector of the oxygen delivery hose firmly to the pressure reducer.

## 4.1.6 Connecting the power cord



Connect the power cord to the power input port.



4.1.7 All attachment connections have been completed



After all attachment connections have been completed, the breathing parameters of the ventilator can be pre adjusted.

## 4.2 Use of ventilators

Before using the ventilator, it is necessary to confirm that the power and oxygen sources used meet the normal working conditions of the product.

### 4.2.1 AC Mains Supply

AC 100-240V, 50/60Hz, 30VA, with well ground protection;

Understand the local AC power grid specifications, or use a multimeter to measure the grid voltage.

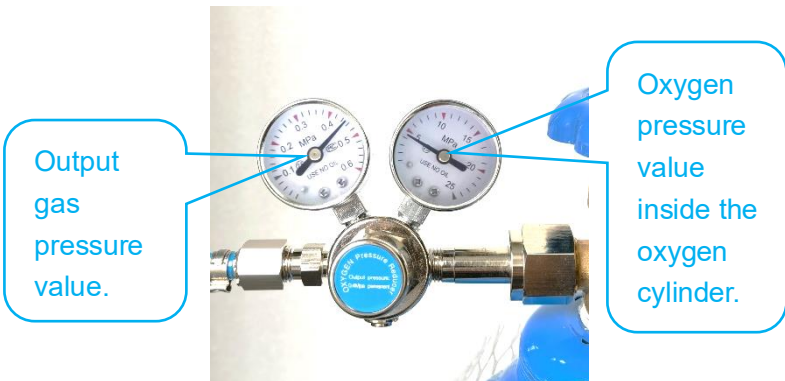
### 4.2.2 Oxygen sources

Medical oxygen of 280~600kPa and a flow rate of 50L/min;

After connecting the oxygen pressure reducer to the oxygen cylinder, open the cylinder valve and observe the air pressure inside the cylinder.



Open the oxygen cylinder valve and observe the pressure reducer reading.

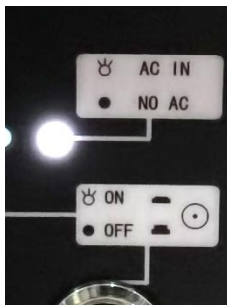


## 4.3 Parameter settings

### 4.3.1 Connect AC power supply

After the power cord of the ventilator is connected to AC power, the "AC indicator light" on the panel lights up, this indicator light is white.

The indicator light on indicates that the AC power has been connected, while not on indicates that the AC power has not been connected properly



### 4.3.2 Start the ventilator

Press the work switch, the work indicator light will light up, this indicator light is green.

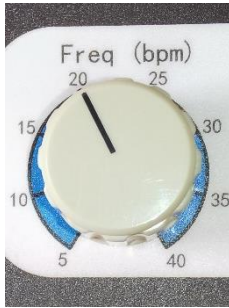
After turning on, the work indicator light will light up.



The machine will be initialized during startup, the suction indicator light will flash, and the buzzer will sound. After about 5 seconds, the ventilator will enter normal working mode.

### 4.3.3 Set respiratory rate

By adjusting the respiratory rate knob, the patient's desired respiratory rate value can be set.

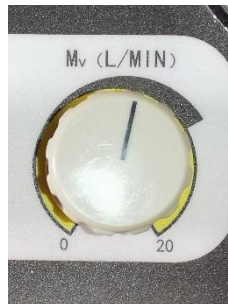


The patient's respiratory rate value can be set from 5bpm to 40bpm.

### 4.3.4 Set ventilation volume

By adjusting the ventilation volume knob, the patient's required ventilation volume can be adjusted. The adjustment range of this knob is approximately 400 degrees. Rotate counterclockwise to the end, and the ventilation rate will be close to 0 L/min. Rotate clockwise to the end, and the ventilation rate will be greater than 20L/min.

The patient's ventilation value can be set from 0 L/min to 20 L/min.



### 4.3.5 Airway pressure indication

This ventilator is a basic portable ventilator without displaying the patient's tidal volume. During use, close attention should be paid to the patient's airway pressure value. Experienced physicians can determine

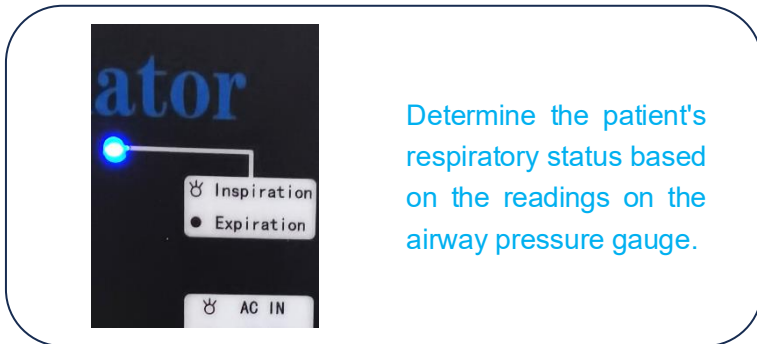
whether the patient's ventilation volume is appropriate based on the airway pressure value. If you want to know the accurate tidal volume value of a patient, you need to equip a respiratory parameter tester during use.



Determine the patient's respiratory status based on the readings on the airway pressure gauge.

### 4.3.6 Breathing status indicator light

This indicator light is blue. When the indicator light is on, it indicates that the current state is inhalation. The internal valve of the ventilator is open to supply air to the patient. When the indicator light is off, the ventilator stops supplying air to the patient, and the patient naturally exhales based on chest pressure.



Determine the patient's respiratory status based on the readings on the airway pressure gauge.

### 4.3.7 Air mixing selection valve

This switch has two states. When the switch is turned upwards, it is in a state of no air mixing. At this time, the oxygen concentration of the gas

supplied by the ventilator to the patient is consistent with the gas source; When the switch is turned downwards, it is in the state of air mixing, and the gas supplied by the ventilator to the patient will be mixed into the environment.

If the gas source is pure oxygen, then in the "no air mix" state, the oxygen concentration of the gas supplied to the patient by the ventilator is 100%; In the state of "air mix", the oxygen concentration of the gas provided by the ventilator to the patient varies depending on the flow rate, typically ranging from 50% to 80%.

By using this switch, the oxygen content of the patient's inhaled gas can be changed.



#### 4.3.8 Alarm signal

The ventilator has both visual and auditory alarms. The alarm levels are divided into medium priority alarms and high priority alarms. When a medium priority alarm occurs, the indicator light emits a yellow flashing signal, and the buzzer emits an auditory alarm with a "C-A-F" tone; When a high priority alarm is generated, the indicator light emits a red flashing signal, and the buzzer emits an audible alarm with a "C-A-F---A-F" tone.

When the ventilator generates a medium priority alarm signal, it indicates that the internal battery level is low. At this time, the ventilator should be connected to AC power in a timely manner, otherwise the ventilator will automatically shut down after about 1 hour due to battery depletion.

When the ventilator generates a high priority alarm signal, there are two

situations. One indicates that the internal battery level is low. At this time, the ventilator should be immediately connected to AC power, otherwise the ventilator will automatically shut down after 5-10 minutes due to battery depletion; Another situation is that the airway pressure is too high, and the cause of the high pressure should be immediately checked and the fault should be eliminated.



## 5. Safety Protection and Treatment

After turning on the machine, adjust the respiratory rate to 10-20bpm, turn the flow rate adjustment knob counterclockwise to "0", block the patient's suction port, gradually increase the flow rate clockwise, and observe the airway pressure gauge. When the airway pressure reaches 5.5kPa, the ventilator should emit a high priority alarm of "high airway pressure"; Continue to increase the flow rate, when the airway pressure reaches 6.0kPa, the ventilator should immediately switch from the inspiratory phase to the expiratory phase, with a delay of 5 seconds.

If it is found that the airway pressure cannot rise, or if the device does not sound an alarm when the airway pressure rises to the alarm value, the connection of each component of the device should be gradually checked for normal operation and the fault should be eliminated. Only after the device is working properly can it be connected to the patient for use.

Fuse tube specification:  $\Phi 5 \times 20$  T1AL 250VAC.

## **6. Maintenance**

### **6.1 Washing and Disinfection of Ventilator**

#### **6.1.1 Washing and Disinfection Procedures**

The ventilator in use must undergo daily disinfection, that is, using new or disinfected catheters instead of exhalation tubes. If conditions permit, use two ventilation fans alternately.

After each patient finishes using the ventilator, it is recommended to thoroughly clean and disinfect the ventilator after each patient's end of use for future use.

Clean and disinfect a ventilator before use if the ventilator has been left unused for a relatively long period of time.

Keep a record of cleaning and disinfections.

#### **6.1.2 Important Points of Washing and Disinfection**

The key point of cleaning and disinfection is the exhalation pipe of the ventilator, including the threaded ventilation pipe and other components.

#### **6.1.3 Washing Method**

1)Corrugated tubing, mask: wash the inside wall of the tubes with soft detergent, especially pay attention to the cleaning of phlegm, blood, oil, and other remains, and then clean them with water.

2)Cleanness of the ventilator: Wipe the shell and the shelf with a soft cloth moistened with warm water or soft detergent, and dry them with dry soft cloth.

## **WARNING:**

Do not let any liquid enter the inside of ventilator, the waste water produced by cleaning the ventilator is likely to infect diseases and pollute the environment. The treatment of these wastes must strictly comply with the "management measures for medical waste of medical and health institutions" issued by the Ministry of health and the relevant specifications and requirements of the government environmental protection institutions.

### **6.1.4 Disinfection Methods**

Method 1: Leave the cleaned inspiratory tube, mask and the other parts soaking in disinfectant for 30~60 minutes (Note: Silica gel goods is damageable for being over-soaked). After soaking, flush the inside and outside of the tubes with sterile water or distilled water, and hang them to dry.

Method 2: Put the cleaned inspiratory tube, mask and the other parts into disinfectant tank of ethylene oxide for regular disinfection.

## **6.2 Maintenance**

### **6.2.1 Maintenance of Ventilator**

Never use defective devices. Make sure that all the reparatory services are furnished by us. Ensure that each function complies with the descriptions of this manual after repair.

The ventilator must undergo a thorough cleaning, disinfection and maintenance every 6 months, which must be completed by specialized personnel. Keep a record of maintenance. Take a complete pre-use test when re-operate a ventilator after leaving it unused for over 6 months.

This manual provides methods to resolve basic problems. If trouble still cannot be resolved under the manual's guidance or the trouble appears again and again, please contact us in time.

## 6.2.2 Maintenance of Battery

The type of battery used in the ventilator is a lithium-ion battery pack, and the specifications and parameters of the battery are shown in 2.1.

Proper use and maintenance of batteries can ensure that their lifespan is not less than 1000 complete charges and discharges.

After using battery, should charge in time and the time interval should no more than 12 hours.

If the ventilator does not work for 6 consecutive months, complete charging and discharging maintenance should be carried out: turn on the ventilator's working switch, so that the ventilator only relies on the battery to maintain operation (without connecting the air source), until the ventilator automatically loses power due to battery depletion. This process will require different times, depending on the initial battery level. A fully charged battery usually takes 8-9 hours. Before the ventilator is powered off, there will be alarms of "low battery" and "the battery is about to run out". After the ventilator automatically powers off, turn off the ventilator's working switch, connect the AC power supply, and ensure that the charging time is not less than 6 hours.

When replacing the battery, it should be ensured that the specification and model of the battery are the same as the original battery, and the connector model and wire sequence must be consistent with the original battery used, otherwise the ventilator will be damaged. To ensure safety, please contact us and we will provide you with reliable battery accessories.

The battery should not be close to heat sources such as heat sinks, nor should it be directly exposed to strong sunlight, nor should any objects be covered on the battery cover to prevent damage to the battery due to excessive temperature. When using a respirator, the battery cover should not be removed arbitrarily unless the battery needs to be replaced.

During transportation and use, ensure that the battery cover is properly installed. It is strictly prohibited to remove the battery cover during transportation and comply with local regulations.

**WARNING:**

Abandoned battery will pollute environment, so don't dispose it at will. You must strictly abide by relative criterion and requirements of the government environment protection agency.

## 7. Troubleshooting

Trouble Description	Possible Causes	Solutions
After turning on the device, there is no indication.	No AC input, insufficient capacity of battery.	Provide normal AC input.
	The fuse is blown out.	Replace the fuse.
	Power supply or control system inside the ventilator is broken.	Contact us
Alarm bell rings or blinks.	The battery level is low.	Provide normal AC input.
	The ventilation flow rate is too high, resulting in high respiratory pressure.	Adjust the flow regulating valve counterclockwise to appropriately reduce the ventilation flow.
	A certain part of the respiratory tract may be blocked.	Check the respiratory tract and clean any blockages.
	The internal control board of the ventilator is faulty.	Contact us.

<b>Trouble Description</b>	<b>Possible Causes</b>	<b>Solutions</b>
<p>After turning on, the breathing indicator light works normally and there is a sound of electromagnetic valve switching, but there is no gas output.</p>	<p>The oxygen supply is not properly connected or the pressure of the supply is too low.</p>	<p>Please connect the oxygen source correctly according to the instructions.</p>
	<p>The flow rate regulating valve is not open.</p>	<p>Adjust the flow regulating valve clockwise and increase the ventilation flow appropriately.</p>
	<p>Internal gas channel failure.</p>	<p>Contact us</p>
<p>The ventilator operates normally at the set frequency, but the ventilation capacity is insufficient.</p>	<p>The oxygen supply pressure is too low.</p>	<p>Please connect the oxygen source correctly according to the instructions.</p>
	<p>The flow rate regulating valve is not open.</p>	<p>Adjust the flow regulating valve clockwise and increase the ventilation flow appropriately.</p>
	<p>Internal gas channel failure.</p>	<p>Contact us</p>

<b>Trouble Description</b>	<b>Possible Causes</b>	<b>Solutions</b>
Airway pressure shows too high	The patient's respiration collides with the ventilator because they are not synchronous.	The patient has the ability to breathe autonomously and can consider removing the ventilator after being evaluated by a doctor.
	Tracheal spasm or secretion of the patient that make gas-resistance goes up.	Suck out phlegm or use detergent that can wipe off phlegm
After connecting to AC power, the AC indicator light does not light up.	AC power failure.	Have professional personnel troubleshoot AC power supply issues.
	The fuse is blown out.	Replace the fuse.
	Power supply inside the ventilator is broken.	Contact us.

## **8. Transportation and Storage**

### **8.1 Transportation Condition**

8.1.1 Use original package and anti-shock pad.

8.1.2 Transport or store according to the requirements on the packaging box or in the product manual.

Usually includes the following requirements:

- Vertical upward;
- Fragile products;
- Keep dry;
- Avoid direct sunlight;
- Stay away from radiation;
- Prohibit hand hooks;
- Stacking restrictions;

8.1.3 When transporting in the open air, ensure that the outer packaging is intact to avoid sunlight, rain, and strong vibrations. During loading and unloading, do not invert or throw the packaging violently.

## 8.2 Storage Condition

-----Temperature: -15~50 °C

-----Relative humidity: ≤95%

----- Atmospheric pressure: 70kPa~110kPa

-----Store it indoors with good ventilation and without corrosive gases.

## 9. Manufacturer related information

Accessories such as oxygen cylinders and power conversion components are not standard modules for this ventilators. Users can purchase according to their needs.

You're welcome to contact us, if necessary, we'll provide you with further technical information.



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