



Sure Vent²®

Sure Vent 2™ Frequently Asked Questions

What kinds of compressed gas sources can be used with the SV2™?

Pressure regulated Oxygen, Medical air and Self Contained Breathing Apparatus (SCBA) air per SV2™ specifications.

Can any breathing gas from the hospital wall outlet or gas cylinder be used?

Yes

What can I do if I only have 15 LPM orifice type flow meters and my inspiratory flow may not be enough for my patient?

If the regulator to which the flow meter is attached has a regulated connection port between 35-75 PSI you may connect directly to this port. The flow rate from this type of connection will be between 30-40 LPM. Check the flow rate at the patient connection before connecting the SV2™ to the patient. If this is not an option then you must have variable rate flow meters providing 15-40 LPM.

What is the FiO₂ delivered to the patient?

100% O₂ when operated with pure oxygen. Spontaneous breathing will decrease the concentration of supplied O₂ as ambient air is entrained through the SV2™ ambient air entrainment ports. If using the optional entrainment O₂ inlet connector, FiO₂ is approximately 50% if the supply source is 100%.

May I connect any O₂ tubing with a DISS connector to the threaded inlet fitting on the Patient Safety T?

Yes, so long as the tubing and supply pressure comply with the SV2™ operating requirements.

How can I measure tidal volume when using the SV2™?

Refer to the tidal volume chart on each SV2™ label or by multiplying the flow rate in ml per second by the inspiration time in seconds.

PIP ranges are indicated on the shaft of the Pressure Control Knob, but where is the PEEP indicated?

PEEP is intrinsic to the SV2™ PIP setting and is equal to approximately 25% of PIP. Verify pressure settings with a manometer when available and possible.

How do I connect a pressure manometer to the SV2™?

A manometer comes installed on the SV2™. Otherwise a manometer can be installed between the Patient Safety T and the Control Modulator or the patient connection port and the HME flex tube connector.

Is it possible to override the pop-off valve (high pressure relief valve)?

No. The safety pop-off valve is totally enclosed to prevent accidental interference with its purpose and function. The safety pop-off valve automatically resets itself when pressure drops below 55 cmH₂O.

Can I deliver aerosol treatment while the patient is connected to the SV2™?

Yes. Always perform a functional check of the SV2™ before reconnecting the patient after aerosol treatment. Some aerosolized medications can cause sticking of the modulator valve.

Is the SV2™ MRI compatible?

Yes. The SV2™ comes standard with 3 meters of O₂ supply tubing which suffices for use with most MRI units. The SV2™ has no magnetic / ferrous parts. It may also be used via remote operation.

Can I use the SV2™ when performing CPR?

Yes. The SV2™ is ideal for use in CPR. Studies (by Otto Raabe, Ph.D. et. al) have shown SV2™ type devices are safer than pressure-cycled, time-controlled ventilators or manual resuscitation using a BVM. The SV2™ will not exceed the set peak inspiratory pressure and will automatically cycle at the end of each compression.

Is the SV2™ safe when used during CPR?

Yes. Because the SV2™ responds to thoracic pressure variations, the SV2™ should provide the maximum ventilation possible during closed chest compression and responds with a full inhalation at high flow rate (subject to LPM rate setting) as soon as the compression ends. Because of its audible and visual indications of inhalation and exhalation during cycling, elevated airway resistance or low tidal volume is readily observed by the rescuer. There is no contraindication associated with performing closed chest compression CPR while utilising the SV2™ as a ventilatory resuscitator.

Why should I use a SV2™ when I am comfortable using a BVM?

The SV2™ provides consistent and more efficient ventilation than a BVM. The SV2™ is a force multiplier, allowing the person who would normally be operating the BVM to provide other necessary care to the patient. The SV2™ is precise in its ventilation delivery and provides a level of safety not found when using a BVM. The SV2™ can be used during transport without interrupting ventilatory efforts to the patient. Unlike the BVM, SV2™ functions such as tidal volume, rate, and pressure can be adjusted to the needs of each patient. If used with a mask, the SV2™ allows the use of both hands to properly affix the mask with a good seal to the patient's face and maintain a proper clear airway with continuous ventilation and optimal gas exchange.