

Quick step guide

1 Inspection and cleaning

1. Check the APA™ Video Laryngoscope before first use and between each patient use for any visible signs of damage. If damaged, do not use and inform the local distributor.
2. The video laryngoscope is supplied in a non-sterile, reusable state. It will be necessary to clean it before use.

2 Assembling the device and checking the light operation

As a laryngoscope

1. Attach the appropriate Camera Module (c) and clip it to the Handle (a). An audible 'click' should be heard when the device is fitted correctly.
2. Ensure that the Camera Module rotates smoothly and locks in the 'OFF', 'BLADE REMOVAL' and 'ON' positions.
3. Check that the Camera Module illuminates when in the 'ON' position. A bright light should appear at the tip of the Camera Module.

CAUTION: If the Camera Module does not illuminate, check or replace the AA Battery (d) in the Handle, see Section 5.

As a video laryngoscope

1. Attach the Video Viewer (b) to the top of the Handle by matching the convex and concave points, firmly pressing downwards into place.
2. Rotate the Camera Module into the 'ON' position and check that the screen turns on.

CAUTION: If the GREEN light located on the top of the Video Viewer is FLASHING then there is NOT SUFFICIENT battery to use the device safely. See Section 5 for charging instructions.

3 Fitting a new blade

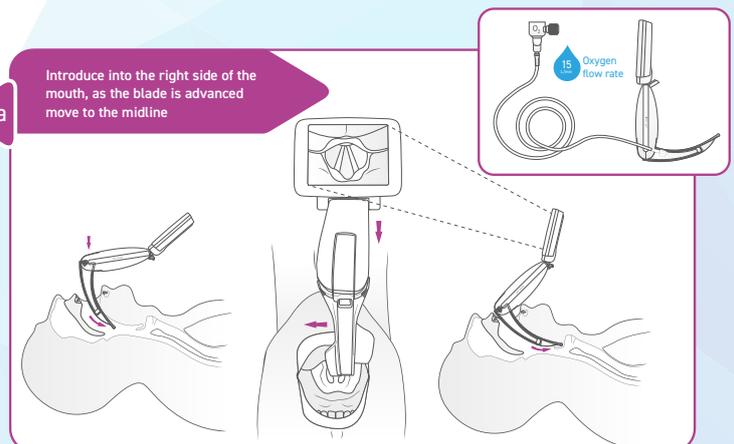
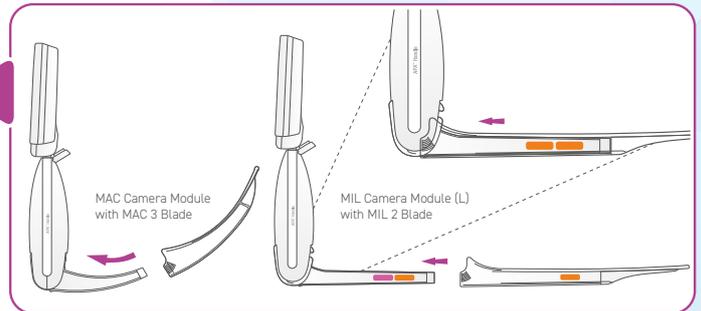
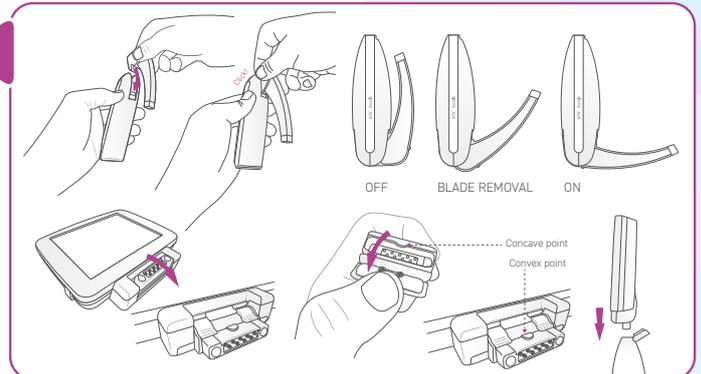
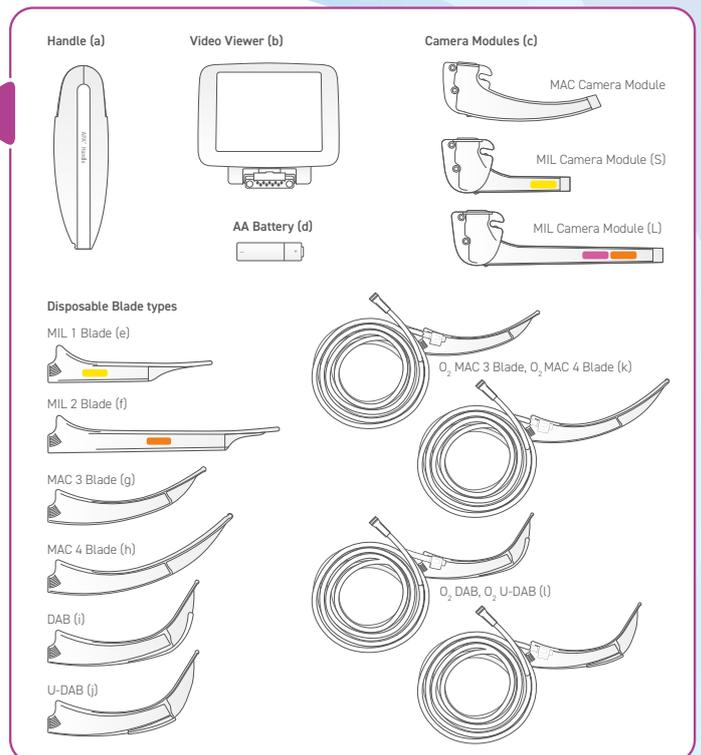
1. Lock the Camera Module in the 'ON' position.
2. Open the packaging pouch and without fully removing the blade, slide it onto the Camera Module. An audible "click" may be heard when the blade is fitted correctly (if using the MIL (Miller), matching an identical colour code between the blade and Camera Module suggests a correct pairing). Remove the blade packaging completely without touching the blade.

CAUTION: Check that the blade is correctly fitted to the Camera Module prior to using on a patient.

3a MAC and O₂ MAC Blade

1. The MAC (Macintosh) Blade (g & h) is introduced into the right side of the mouth. As the blade advances, it is directed towards the midline displacing the tongue to the left. If using the O₂ MAC Blade (k), first attach the oxygen tubing on the blade to an oxygen supply at the required flow rate or 15L/min as recommended, prior to insertion.
2. The blade tip is positioned in the vallecula, with direct visualisation of the laryngeal inlet a correctly sized ETT (Endotracheal Tube) can be introduced into the trachea.

CAUTION: Avoid putting pressure on the patient's teeth during laryngoscopy.



3b DAB, U-DAB, O₂ DAB and O₂ U-DAB

1. The DAB (Difficult Airway Blade) and U-DAB (Unchannelled Difficult Airway Blade) (i & j) is introduced using a midline approach into the mouth. If using the O₂ DAB or O₂ U-DAB (l), first attach the oxygen tubing on the blade to an oxygen supply at the required flow rate or 15L/min as recommended, prior to insertion.
2. The blade tip can be positioned posterior to the epiglottis in a similar manner to a Miller (straight) blade or above the epiglottis in the vallecula in a similar manner to a MAC (curved) blade.
3. Once a view of the laryngeal inlet is obtained, advance a correctly sized ETT into the trachea. Ensure that the ETT is adequately lubricated prior to use. Consider using the APA™ Stylet with the U-DAB to facilitate ETT placements. If using the DAB, advance the ETT directly through the channel on the blade.
4. An indirect view of the ETT passage into the glottis can be observed on the screen.

CAUTION: DO NOT use an introducer or stylet with the DAB. DO NOT allow the stylet to protrude beyond the end of the ETT during intubation.

3c MIL Blade

1. The MIL Blade (e & f) is introduced into the right side of the mouth. As the blade advances, it is directed towards the midline displacing the tongue to the left.
2. The blade tip is positioned posterior to the epiglottis and elevated by lifting the Handle of the laryngoscope, exposing the laryngeal inlet.
3. With direct visualisation advance a correctly sized ETT into the trachea.

CAUTION: Correct placement of the ETT should be both visual and by the use of capnography.

4 Removing the blade after use

1. Turn the device upside down and press the thumb firmly against the exposed heel of the Camera Module.
2. Rotate and lock the device into the 'BLADE REMOVAL' position.
3. Using the other hand pinch the ridged grip zones on the open end of the blade and squeeze firmly together. Whilst the grip is squeezed, a force away from the Handle should be applied to clear the locking catch on the Camera Module.
4. The blade should then be disposed of in accordance with standard departmental practices.

5 Battery and charging information

Charging the Video Viewer

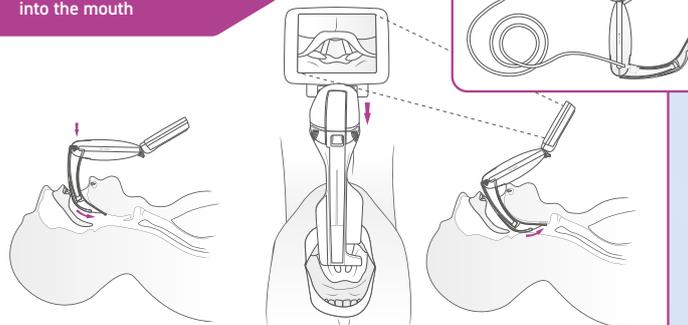
1. Connect the Video Viewer Charger to the mains power supply.
2. Align the convex point of the Video Viewer connector with the concave point of the Video Viewer Charger connector to ensure correct charging direction.
3. The RED LED light should switch off up to 2 hours later, indicating that the battery is now fully charged.

Replacing the battery in the Handle

1. To replace the AA battery in the Handle, slide its front cover (which is the side furthest away from the notch) away from the connector cap. An audible "click" may be heard as the cover disengages.
2. Lift the cover away to reveal the inner battery cover. The attached battery ribbon will allow the fitted battery (if one is present) to be removed and replaced. Proceed to slide the cover back onto the Handle once replacement is done.

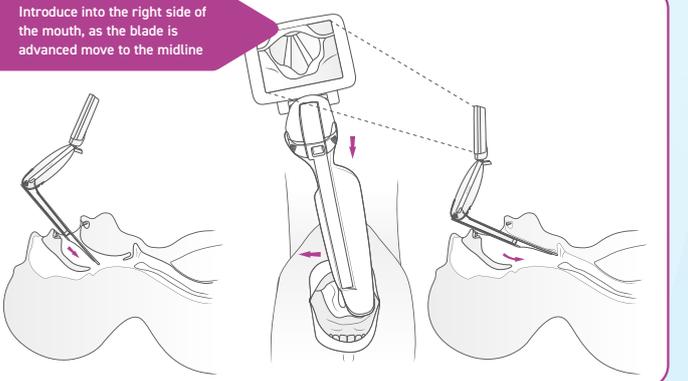
To be introduced midline into the mouth

3b

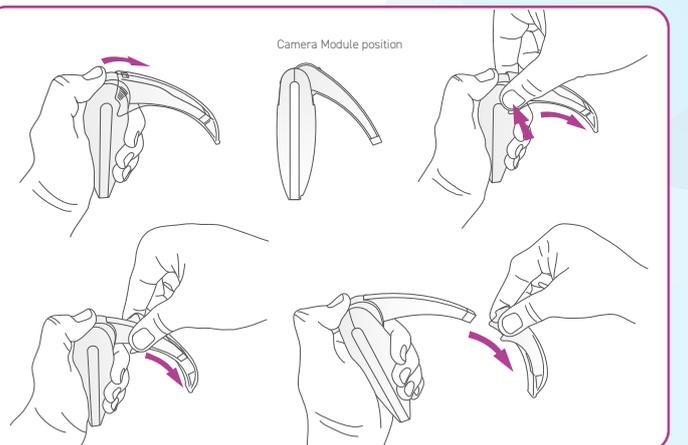


Introduce into the right side of the mouth, as the blade is advanced move to the midline

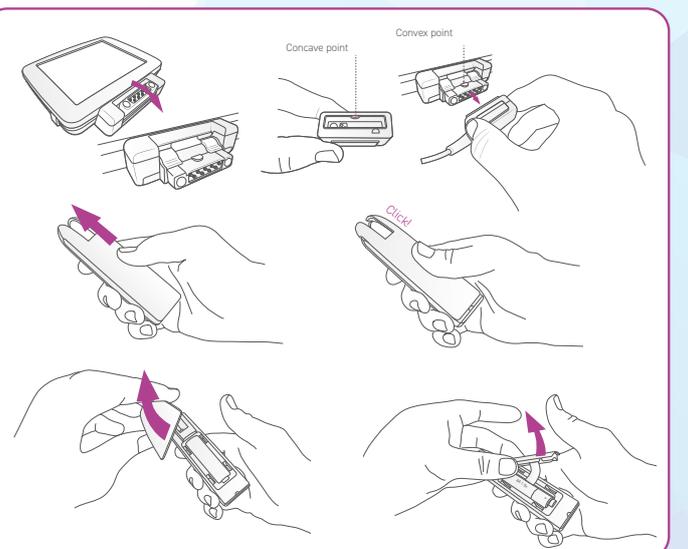
3c



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