

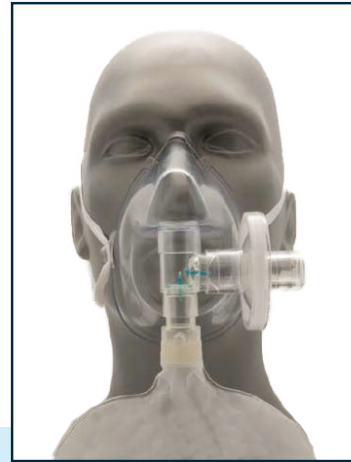


O-Mask

The Next Generation in Oxygen Therapy

Closed Isolation System Ensures Efficient Oxygen Delivery

The O-Mask delivers specialty gases efficiently without waste. The elimination of side ports creates a closed isolation system which prevents room air dilution on inhalation and ensures concentrations are delivered easily and economically.



With Optional Filter



With Optional Filter and Nebulizer

Key Features

- Deliver 30% - 99% Oxygen
- Deliver low, medium or high oxygen concentrations with one mask
- Patented anti-suffocation valve system minimizes work of breathing in the event of gas failure
- Ability to incorporate a 99.99% efficient submicron, hydrophobic 3M™ filter that maintains respiratory isolation to protect healthcare workers and patients from airborne infections
- Compatible with standard nebulizer for drug therapy
- Three mask sizes to ensure best fit possible
- 100% latex free and disposable

Item ID	Description
6200	Large Adult O-Mask with O2 Reservoir and Tubing
6205	Small Adult O-Mask with O2 Reservoir and Tubing
6210	Child O-Mask with O2 Reservoir and Tubing
6250-N	Nebulizer
6500	Y Connector

O-Mask

vs.

Standard Oxygen Therapy Masks

> The O-Mask has a closed isolation system which ensures that concentrations are delivered easily and economically.

Delivery of high oxygen concentrations with a standard non-rebreathing facemask can be difficult because of leaks and the removal of side vent flap valves.

> With the O-Mask closed system, exhalation can be routed through a submicron, hydrophobic filter, thereby reducing the risk of communicable respiratory disease, such as SARS or influenza.

Studies have concluded that infectious disease can be transmitted to healthcare workers and other patients through exhaled, viral-laden droplets emanating from the side vent flap valves of standard non-rebreathing facemasks.

> When using the O-Mask, the inhalation and exhalation valves will open should the oxygen supply stop or be reduced, allowing the patient to breathe normally.

It can be hazardous to a patient should the oxygen flow stop or be reduced when using a standard non-rebreathing facemask. If this happens, the healthcare worker must remove the side vent flap valves in order for the patient to inhale; this could be critical, especially if the patient has a compromised lung condition.

> The O-Mask has a patented valve system which allows the patient to receive the amount of make-up air needed to match the patient's peak inspiratory flow rate or high minute volume. This keeps the patient's work of breathing to a minimum and the oxygen concentration remains stable.

The only way a standard non-rebreathing facemask can handle a patient's high minute volume or peak inspiratory flow rate that exceeds the determined oxygen flow rate, is to remove one or both of the side vent flap valves. When these are removed, the desired oxygen concentrations are lost and the patient's condition is compromised.

> The O-Mask closed system allows use of a standard nebulizer to administer drug therapy without removing the mask from the patient and without the risk of airborne infection.

The standard non-rebreathing facemask must be removed to allow administration of inspired medication; this puts the healthcare worker at risk in an infection control situation.

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