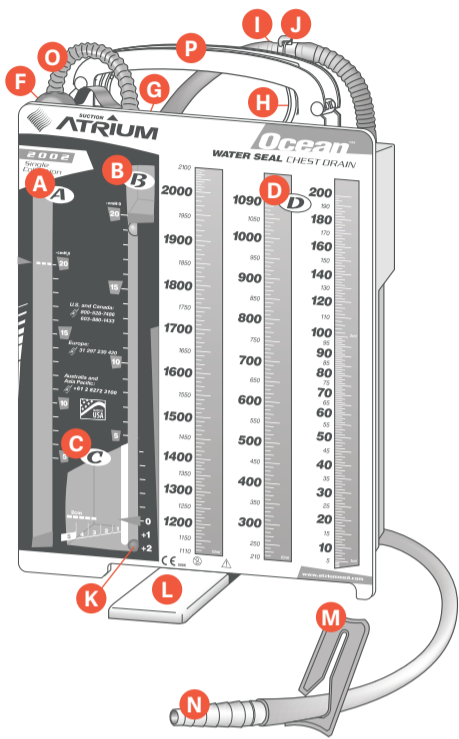




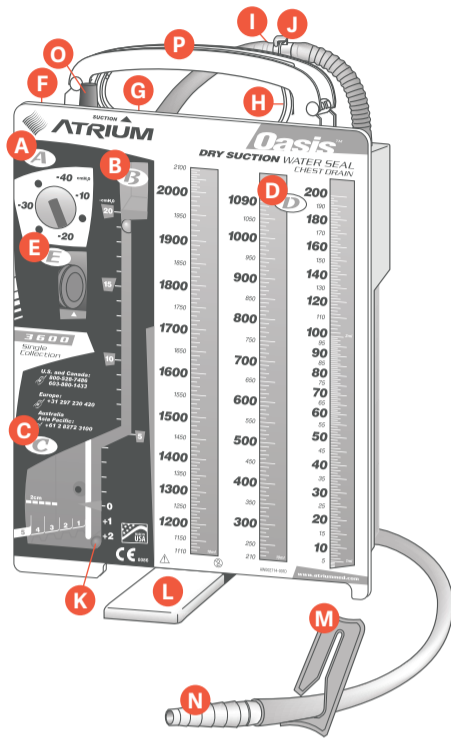
Autotransfusion

Single collection drains with in-line blood bag

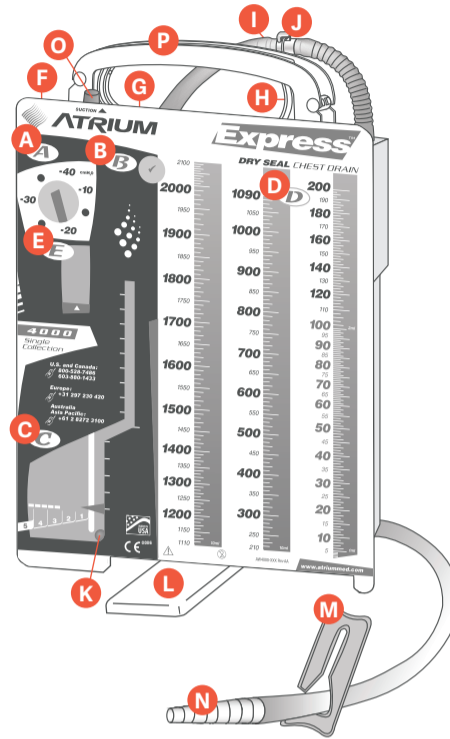
Ocean 2002



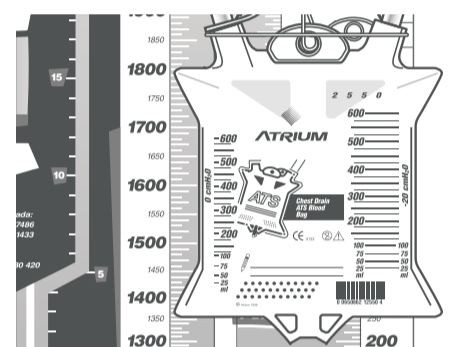
Oasis 3600



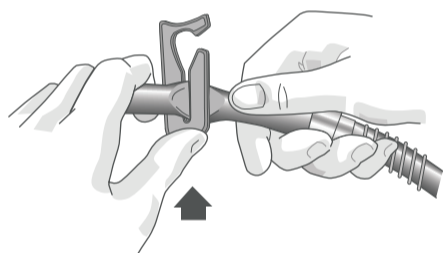
Express 4000



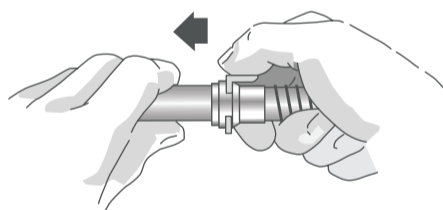
- A Suction control
- B Negative pressure indicator
- C Air leak monitor
- D Collection chamber
- E Suction monitor bellows
- F Positive pressure release valve
- G Filtered manual high negativity vent
- H Multi-position hangers
- I In-line connector
- J Luer-lock port
- K Patient pressure float ball
- L Swing out floor stand
- M Patient tube clamp
- N Patient connector
- O Suction port
- P Easy-to-grip handle



2250 in-line ATS bag



Move clamp next to connector. Close prior to connector separation.



Depress lock to separate connector.

Setup for 2550 in-line ATS blood bag

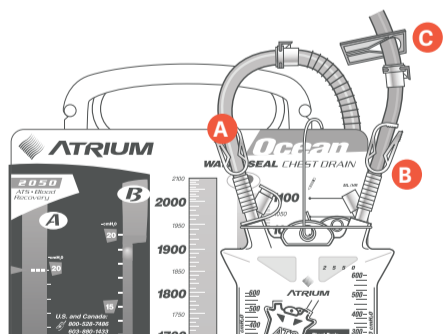
1. Place onto chest drain, close both bag clamps prior to cap removal.
2. Connect ATS Bag to chest drain.
3. Open clamps to begin blood collection.
4. To disconnect bag from chest drain, close patient tube clamp and ATS bag clamps. Disconnect from drain first then from patient side.
5. Reconnect patient line to drain, connect male and female bag connectors and unclamp patient line.
6. For reading/recording drainage volume, the 2550 ATS bag deflects slightly under vacuum and is calibrated on one side for vacuum pressure. The opposite side is calibrated for non-vacuum conditions. All fluid graduations are in 25 ml increments up to 600 ml. All graduations are approximate.

Filtered air vent

The ATS blood bag incorporates a filtered air vent with tethered plug for re-closure after use. The air vent must be open for all non-pressure infusion procedures (gravity drip, infusion pump) and must remain closed for pressure infusion (hand squeeze, pressure infuser).

ATS bag reinfusion setup

1. Prime I.V. blood administration and microemboli blood filter with sterile saline.
2. Invert ATS bag with spike port pointing upward and remove cap using sterile technique. Insert saline filter spike into ATS bag spike port. Return bag to upright position and place on standard height I.V. pole.
3. Open air vent and I.V. clamp to complete priming. All air within the I.V. circuit must be evacuated prior to patient connection. Close I.V. clamp when primed. I.V. is now ready for connection.
4. Attach primed I.V. set to patient and open clamp.



Attach ATS bag to chest drain.
Attach patient tube to ATS bag.
Open clamps in the above A-B-C sequence.

Reinfusion (gravity)

Follow all hospital protocols for administering autologous whole blood reinfusion for gravity drip application:

1. Attach distal end of fully primed I.V. set to patient and open I.V. line clamp to begin patient reinfusion.
2. Open filtered air vent for maximum flow rate.

Have a question or need help in a hurry? Call Getinge toll free at 1-800-528-7486.

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