English

SINGLE USE PRESSURE INFUSOR BAG

INSTRUCTIONS FOR USE

DESCRIPTION OF THE PRODUCT
The pressure infusor bag (PIB) consists of a bag with a bladder, an envelope for holding the fluid bag, a pressure gauge, and tubing with an inflation bulb and a stopcock. Once the fluid bag is loaded in the envelope, the bag will then be inflated to the desired pressure.

INTENDED USE
A pressure infusor bag is used to apply pressure to a sealed bag of sterile fluid assisting in the infusion of the fluid.

CLINICAL BENEFITS
- Color-coded gauge to provide accurate pressure measurements (0 – 330mmHg)
- Three-way valve ensures precise pressure control
- Ability to "over-pressurize" beyond the patient's systolic blood pressure
- Equipped with a pressure relief valve to prevent over inflation
- Dedicated hook to properly position fluid bag

CONTRAINDICATIONS
There are no Contraindications or Warnings identified for this device.

CAUTIONS
- Read instructions prior to use.
- Ensure adequate inflation pressure during use.
- ℞ ONLY – Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.

REUSE PRECAUTION STATEMENT
For single patient use only. Do not reuse or reprocess.

INSTRUCTIONS FOR USE
1. Insert intravenous bag between mesh and pressure bag.
2. Slide hanger loop through top of intravenous bag.
3. Inflate: Close valve on inflation bulb. Pump inflation bulb until gauge indicates the proper pressure.
4. Rotate stopcock to `Maintain Pressure" position.
5. Deflate: Open valve on inflation bulb.

STORAGE CONDITIONS
Room temperature, ventilation, dry, away from light.

TRANSPORTATION CONDITIONS:
Do not expose to excessive heat or humidity during transportation.
In the EU, any serious incident that has occurred in relation to the device should be reported to the manufacturer and the competent authority of the applicable Member State.

Medical Device.

	Caution
	Do not use if package is damaged and consult instruction for use
REF	Catalog number
LOT	Batch code
MD	Medical Device
UDI	Unique Device Identifier
	Consult Instructions for Use For electronic copy scan QR Code, or go to www.merit.com/ifu and enter IFU ID Number. For printed copy available within seven calendar days, call U.S.A. or EU Customer Service.
℞ ONLY	Caution: Federal (USA) law restricts this device to sale by or on the order of a physician.
	Use by date: YYYY-MM-DD
	Date of manufacture: YYYY-MM-DD
	Manufacturer
EC REP	Authorized Representative in European Community
PHT DEHP	Contains DEHP
NON STERILE	Non-sterile

MERITMEDICAL®

CE

www.merit.com

Manufacturer:
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EC REP

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401817009_001 ID 2024-04-11