# REPLACEABLE 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.

#### **CONTRAINDICATIONS**

There are no Contraindications or Warnings identified for this device.

#### **CAUTIONS**

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

#### **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.

1. To deflate pressure bag turn the "off" handle on the stopcock/valve towards the bulb.

## **STORAGE CONDITIONS**

Room temperature, ventilation, dry, away from light.

#### TRANSPORTATION CONDITIONS:

Do not expose to excessive heat or humidity during transportation.

Ţ	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
i	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.
R <sub>Z</sub> 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	Non-sterile







Manufacturer:
Merit Medical Systems, Inc.
1600 West Merit Parkway,
South Jordan, Utah 84095 U.S.A.
1-801-253-1600
U.S.A Customer Service 1-800-356-3748

EC REP

Authorized Representative: Merit Medical Ireland Ltd, Parkmore Business Park West Galway, Ireland European Customer Service +31 43 358 82 22