Setup instructions may differ among the other A-6000 series devices; refer to instructions for use for each unit.

**NURSING CONSIDERATIONS AND TROUBLESHOOTING**

**MEASUREMENT OF DRAINAGE**
When reading drainage collection chamber, please note that there may be a decrease in original volume of fluid collected due to the water seal being suctioned. If tubing is removed from suction port, the suction will be lost and any fluid contained in the tubing will return to the patient.

**LEVEL OF WATER IN SEAL CHAMBER**
The water level should be at 2 cm. Water may need to be added due to evaporation or loss of water. The amount of water in the collection chamber decreases with the suction setting. The fluid level in the collection chamber is determined by the suction setting. The volume of water contained in the collection chamber is used to determine the suction level. For example, if a 2 cm suction setting is used, the water level will be at approximately 2 cm. If a 4 cm suction setting is used, the water level will be at approximately 4 cm. If a 6 cm suction setting is used, the water level will be at approximately 6 cm.

**PRESSURE SCALE TO DETERMINE NEGATIVE PRESSURE IN PATIENT'S CHEST CAVITY**

**WATER RISING IN SMALL ARM OF THE WATER SEAL/AIR LEAK METER**
Depress the manual high negativity relief valve to add suction to the water seal. The water level in the water seal will rise if the water seal/air leak meter is not operating at the desired suction level. The water seal will rise until the desired suction level has been achieved. If the water seal is not rising, the suction source may be malfunctioning and should be checked.

**Pleur-Evac unit should not be used with a vacuum source.**

**IS THE ORANGE FLOAT IN THE INDICATOR WINDOW?**
The orange float indicates that the desired suction level has been achieved. If the orange float is not present, the suction source may be malfunctioning and should be checked.

**WARNING:**
- A sterile water bottle is provided to facilitate filling. To open, twist and break the bottle seal.
- Attach the exposed tip to the connector on the suction port.
- Squeeze the bottle until the bottle contains enough water to fill the water seal chamber. Fill to the “fill line.” Once filled, the water will turn blue.

**Suction Control Indicator:** When suction is applied and the orange float appears in the suction indicator window, the approximate suction imposed is determined by the suction setting (red striped). As long as the float appears in the window, the unit is operating at the suction setting that appears in the suction control window.

**Measurement of Drainage:**
- When reading the collection chamber, please note that there may be a decrease in the original volume of fluid collected due to the air leak. The air leak can be identified by the water level in the collection chamber being at the prescribed suction level line and the small arm of the air leak meter will be visible.
- If suction is not operative, the water level in the collection chamber will rise above the prescribed suction level line.
- The water level should be at 2 cm. Water may need to be added due to evaporation or loss of water. The amount of water in the collection chamber decreases with the suction setting. The fluid level in the collection chamber is determined by the suction setting. The volume of water contained in the collection chamber is used to determine the suction level. For example, if a 2 cm suction setting is used, the water level will be at approximately 2 cm. If a 4 cm suction setting is used, the water level will be at approximately 4 cm. If a 6 cm suction setting is used, the water level will be at approximately 6 cm.

**CONTINUOUS OR INTERMITTENT BUBBLING?**
- Pause the suction flow. Identify the source of the air leak (check chest tube and chest tube dressing for leaks). If there is a chest tube dressing, place the clamp in the chest drainage system, placing it at 8-12 inch (20-30 cm) from the floor. If the bubbling continues, move the chest tube dressing and inspect the site. Make sure the catheter eyelets have not pulled out or higher setting. If the patient does not have an air leak, turn the suction off and recheck the suction port. If the bubbling continues, move the chest tube dressing and inspect the site. Make sure the catheter eyelets have not pulled out.
- If the bubbling stops, the air leak may be at the chest tube dressing and inspect the site. Make sure the catheter eyelets have not pulled out.

**Patient Tubing:** Not made with natural rubber latex.

**Patient Tube Clamp:** Clamp on patient tube should be placed away from patient, avoiding accidental closure.

**Sampling Port – NO NEEDLE REQUIRED:** Use only a standard luer lock syringe to withdraw samples from the autotransfusion connector.

**Filtered High Negativity Relief Valve:** When excessive negativity occurs, the button to relieve negativity. Filtered air will enter the unit and the water level in water seal will drop. Release the button when desired negativity occurs, as indicated by water level in water seal pressure scale, has been attained.

**A-6050-08LF PTS Premoated**

**D-200-08LF Infant**

**A-6002-08LF Dual Collection**

**OTHER A-6000 SERIES**

**D-200-08LF Infant**

**A-6050-08LF PTS Premoated**

**AUTOTRANSFUSION BAGS**

**A-1500-08 LF**

**Teleflex**

**3015 Carrington Mill Boulevard, Morrisville, NC 27560**

**TELEFLEX.COM**

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**MC-000096**

**Notifications:**
- Use pen or pencil.
- Marking surfaces are for making notations.

**Focus Stand:** Helps prevent tipover. Swings out for stability in use.

**Floor Stand:** Helps prevent tipover. Swings out for stability in use.

**Not made with natural rubber latex.**

**Sampling Port – NO NEEDLE REQUIRED:** Use only a standard luer lock syringe to withdraw samples from the autotransfusion connector.

**Patient Tubing:** Not made with natural rubber latex.

**Patient Tube Clamp:** Clamp on patient tube should be placed away from patient, avoiding accidental closure.

**Filtered High Negativity Relief Valve:** When excessive negativity occurs, the button to relieve negativity. Filtered air will enter the unit and the water level in water seal will drop. Release the button when desired negativity occurs, as indicated by water level in water seal pressure scale, has been attained.

**Suction Dial:** The suction level is determined by the position of the edge of the red stripe in the semi-circular window above the suction dial. Rotate the dial to position the edge of the stripe at the desired suction setting.

**Suction Control Indicator:** When suction is applied and the orange float appears in the suction indicator window, the approximate suction imposed is determined by the suction setting (red striped). As long as the float appears in the window, the unit is operating at the suction setting that appears in the suction control window.

**High Negative Float Valve:** Water float the valve up into the closed position when excessive negativity occurs; valve opens upon decrease in negativity.

**Patient Air Leak Meter:** Quantifies the size: (1) low to (7) high and progress of air leak. The higher the needle range number the worse the air leak is.

**Collection Chamber:** Markings surfaces are for making notations. Use pen or pencil.

**Suction Control:** Suction control dial is preset at -20 cm H2O (Figure 2). To adjust the suction control setting, rotate the dial until the red strip appears in the semi-circular window at the prescribed suction level line and clicks into place. Suction can be set at -10, -15, -20, -30 and -40 cm H2O.

**Suction Source:** Turn on the suction and increase it until the orange float appears in the suction indicator window. The position of the suction control dial determines the approximate amount of suction imposed regardless of the amount of source suction — as long as the orange float appears in the indicator window. Figure 3 shows the suction control dial set at -40 cm of water and the float in the indicator window.

**Note:** Source suction must be capable of delivering a minimum of 16 liters per minute (LPM) air flow.

**CAUTION:** Keep Pleur-evac* Unit below patient’s chest level at all times.

**AVOID:** Dependent loops in patient tubing.

**DO NOT:** Clamp patient tubing during transport (patient has protection of water seal).