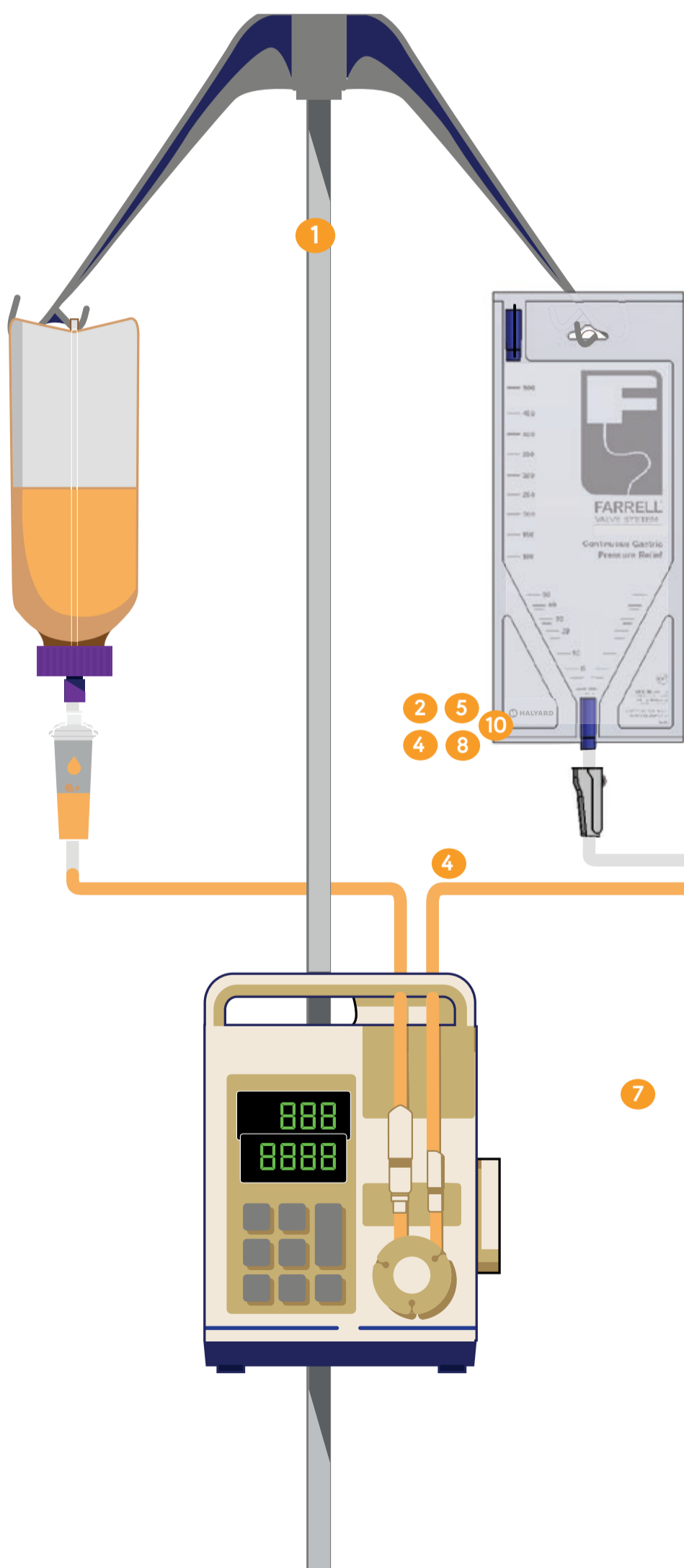


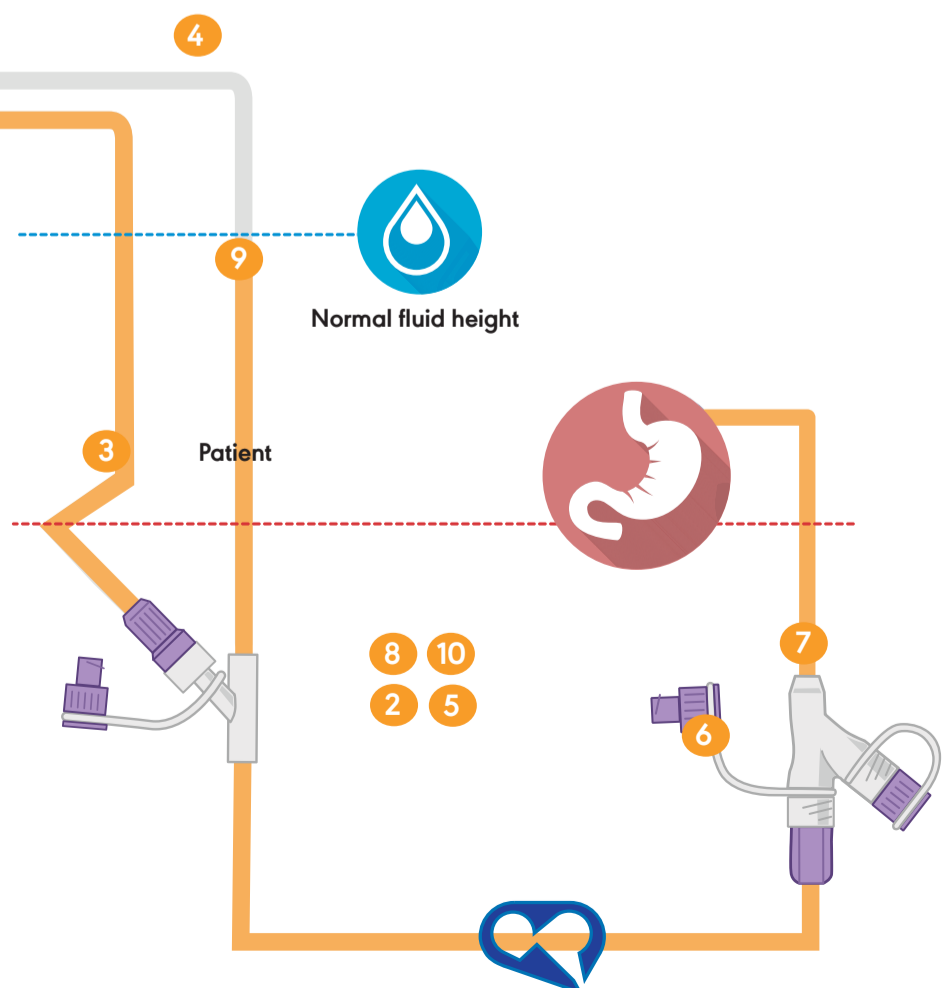
CLINICAL GUIDE TO SET UP



- 1 Hang FARRELL* Bag on same I.V. pole as feeding container.
IMPORTANT: THE FARRELL* BAG SHOULD BE THE SAME HEIGHT AS THE FEEDING CONTAINER.
- 2 Close both the WHITE and the BLUE clamps on the FARRELL* "Y" Port.
- 3 Attach the administration/giving set to the FARRELL* "Y" Port.
- 4 Open the WHITE clamp and prime the administration/giving set.
NOTE: With the pump in operation, allow the feed to travel a short distance in the 'up line' towards the FARRELL* Bag.
- 5 Close the WHITE clamp, open the BLUE clamp and continue to prime the administration/giving set.
- 6 Flush the feeding tube before administering feed.
NOTE: If this is a Nasogastric tube (NG), confirm tube position before flushing.
- 7 Attach the FARRELL* line to the feeding tube and position FARRELL* "Y" port below the level of the patient's stomach as shown.
- 8 Ensure both the WHITE and BLUE clamps on the FARRELL* line are open. **The FARRELL* Valve System is now ready to use.**
- 9 When the pump is running feed will continuously move up and down in the FARRELL* line, providing a visual indication that the FARRELL* Valve System is in use.
- 10 To discontinue FARRELL* Valve operation, close both WHITE and BLUE clamps on FARRELL* line.



Change the FARRELL* Bag when the feed bag is changed. The maximum recommended use of FARRELL* Bag is 24 hours.



The FARRELL* Valve System

with Equilibrium Technology

TOP TIPS

1. In order for the FARRELL* Valve System to work properly, the FARRELL* "Y" port must be AT or BELOW the patient's stomach.
2. If a patient has a distended stomach, manually decompress the patient's stomach with a syringe prior to the initial use of the FARRELL* Valve System.
3. Patients on very low volume feeds (neonates) may require substantially longer time (60-90 minutes) to establish flow before opening the WHITE clamp above the "Y" port.
4. When FARRELL* Valve is working properly, formula may continuously move up and down the FARRELL* tubing.
5. The FARRELL* Valve will continuously decompress the patient's stomach, but the FARRELL* bag will not usually inflate with gas because it is vented.
6. When administering medication, use the access port on the feeding tube if possible. Close the BLUE clamp before opening the feeding tube access port. Administer medication and wait 5-10 minutes before re-opening the BLUE clamp.
7. If formula begins to back up into the FARRELL* bag and a feeding tube occlusion is suspected, close the BLUE clamp and disconnect the FARRELL* Valve System. Check for occlusions in the feeding tube. Once the occlusion is resolved reconnect the FARRELL* Valve System.

IMPORTANT NOTE: If a large volume of fluid is in the FARRELL* tubing and bag after resolving an occlusion, adjust the head height of the FARRELL* bag to prevent a free-flow bolus of fluid into the patient.

CAUTION: While the FARRELL* Valve is in operation, flow to the patient is essentially controlled by gravity. With normal (non-FARRELL*) operation, pump pressure (12-18psi) may overcome and clear occlusions or kinks in the feeding tube. With the FARRELL* Valve in operation, these occlusions may not be overcome and formula will back up into the FARRELL* bag. If formula begins to back up into the FARRELL* bag, close the WHITE clamp located on the line above the FARRELL* "Y" port and wait several minutes to determine if the pump can then overcome the occlusion. Make sure the WHITE clamp above the FARRELL* "Y" port is CLOSED and the BLUE clamp below the FARRELL* "Y" port is OPEN.

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