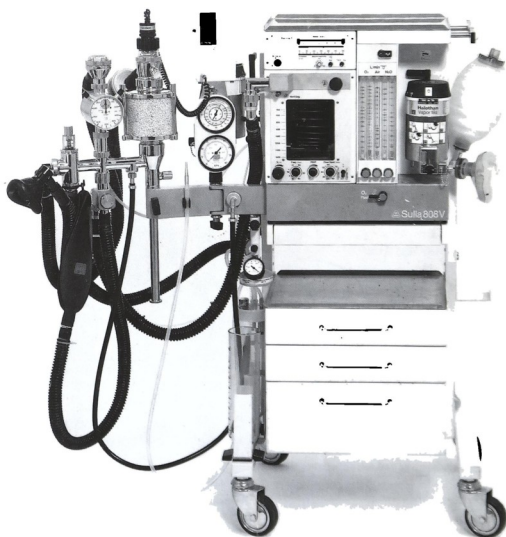


Sulla 808 M/V/MV

Inhalation Anaesthesia Apparatus

Instructions for use



For Your Safety and that of Your Patients¹⁾

For correct and effective use of the apparatus and to avoid hazards it is essential to read the following recommendations and to act accordingly:

Strictly follow the instructions for use

Any use of the apparatus requires full understanding and strict observation of these instructions. The apparatus is only to be used for purposes specified here.

¹⁾ Insofar as reference is made to laws, regulations or standards, these are based on the legal system of the Federal Republic of Germany.

Maintenance²⁾

The apparatus must be inspected²⁾ and serviced²⁾ by experts regularly at 6 months intervals (and a record kept). We recommend concluding a service agreement with the DrägerService organization.

Repairs²⁾ and general overhaul on the apparatus may only be carried out by DrägerService.

General overhaul by DrägerService of pressure reducers should occur every 6 years, and of oxygen blenders every 4 years.

Only original Dräger spare parts may be used for maintenance.

²⁾ In accordance with DIN 31 051:
 Inspection examination of actual condition
 Servicing measures to maintain desired condition
 Repair measures to restore desired condition
 Maintenance inspection, service and, if applicable, repair

Liability for proper function or damage

The liability for the proper function of the apparatus is irrevocably transferred to the owner or operator to the extent the apparatus has been serviced or repaired by personnel not employed or authorized by DrägerService or when the apparatus was used in a manner not conforming to its intended use.

Drägerwerk Aktiengesellschaft cannot be held responsible for damage caused by non-compliance with the above mentioned recommendations. The warranty and liability provisions of the terms of sale and delivery of Drägerwerk Aktiengesellschaft are likewise not modified by the recommendations mentioned above.

Drägerwerk Aktiengesellschaft

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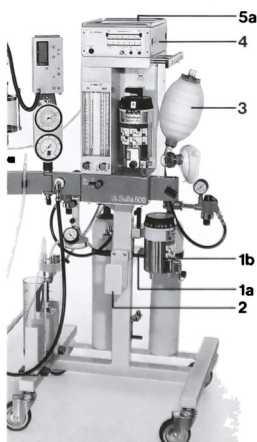


Fig. 1 Sulla 808 on trolley with central column

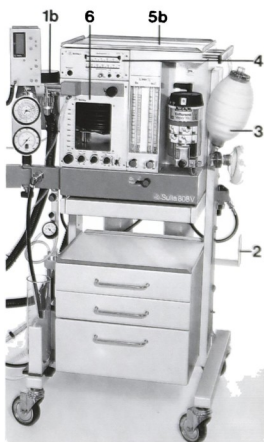


Fig. 2 Sulla 808 V (with Ventillog) on trolley with cabinet

1 Intended Use

Sulla 808 (all models, see table) are inhalation anaesthesia machines featuring a continuous fresh gas flow.

The 808 V models are equipped with an integrated automatic ventilator (Ventilog[®]), which, however, can be detached; the 808 M models feature an integrated gas blender (instead of the flowmeter unit).

All models are compact, mobile units which can be used in operating theatres, induction rooms and wake-up areas.

Notes on safety

Valves on oxygen cylinders and pressure reducers for oxygen must not be oiled or greased and they must not be touched with greasy fingers.

Danger of explosion!

Oxygen cylinders must not be stored together with readily flammable materials. Filled steel cylinders must not be directly exposed to heat (store such that there is no possibility of direct sunlight and ensure that there are no radiators and the like in the immediate vicinity).

Only turn valve handwheels by hand. Never use any tools! Cylinder valves are precision parts which can easily become damaged if force is used. Cylinder valves which leak and which do not move freely must be repaired in a workmanlike manner.

Knurled connections are intended only for manual loosening/tightening.

The apparatus satisfies the requirements of DIN 13252

Applicable model designation: _____
(see plate on front of apparatus)

Explanation of model designations

Sulla Model	Gas blending by means of an integrated ...	Ventilog ventilator	Additional operating information
808	Flowmeter unit ¹⁾	attachment possible	
808 M	Gas blender ²⁾	attachment possible	see section 11
808 »Air« ³⁾	Flowmeter unit ¹⁾ Operating with third gas (air), can be switched to mixture N ₂ O + O ₂ or O ₂ + air	attachment possible	see section 12
808 + ORC ⁴⁾	Flowmeter unit ¹⁾	attachment possible	see section 3.2
808 »Air« ³⁾ + ORC ⁴⁾	Flowmeter unit ¹⁾	attachment possible	see section 12 + 3.2
808 V	Flowmeter unit ¹⁾	integrated	
808 MV	Gas blender ²⁾	integrated	see section 11
808 V »Air« ³⁾	Flowmeter unit ¹⁾ Operating with third gas (air), can be switched to mixture N ₂ O + O ₂ or O ₂ + air	integrated	see section 12
808 V + ORC ⁴⁾	Flowmeter unit ¹⁾	integrated	see section 3.2
808V »Air« ³⁾ + ORC ⁴⁾	Flowmeter unit	integrated	see section 12 + 3.2

Key to Figs. 1 and 2

- 1 a Standby holder for Vapor 19.1 or 19.3
- 1 b ¹⁾Vapor 19.1 or 19.3 in standby holder
- 2 Hose holder
- 3 ¹⁾ Manual ventilation bag
- 4 ¹⁾ Barolog A (airway pressure monitor)
- 5 a Instrument tray 0.5 B
- 5 b Instrument tray 1.0 B
- 6 ¹⁾ Ventilog (anaesthesia lung ventilator)

¹⁾ Device or accessory with individual instructions for use

¹⁾ Setting of gas flows in L/min

²⁾ Setting of desired O₂ concentration in vol. % (see section 11)

³⁾ »Air« denotes the Sulla 808 and 808 V models with ancillary compressed-air unit (see section 12) (externally recognizable by 5 flowmeters in the flowmeter unit and by the selector switch above the flowmeters)

⁴⁾ ORC Oxygen Ratio Controller (see section 3.2) (externally recognizable by a label »ORC« on the flowmeter unit)

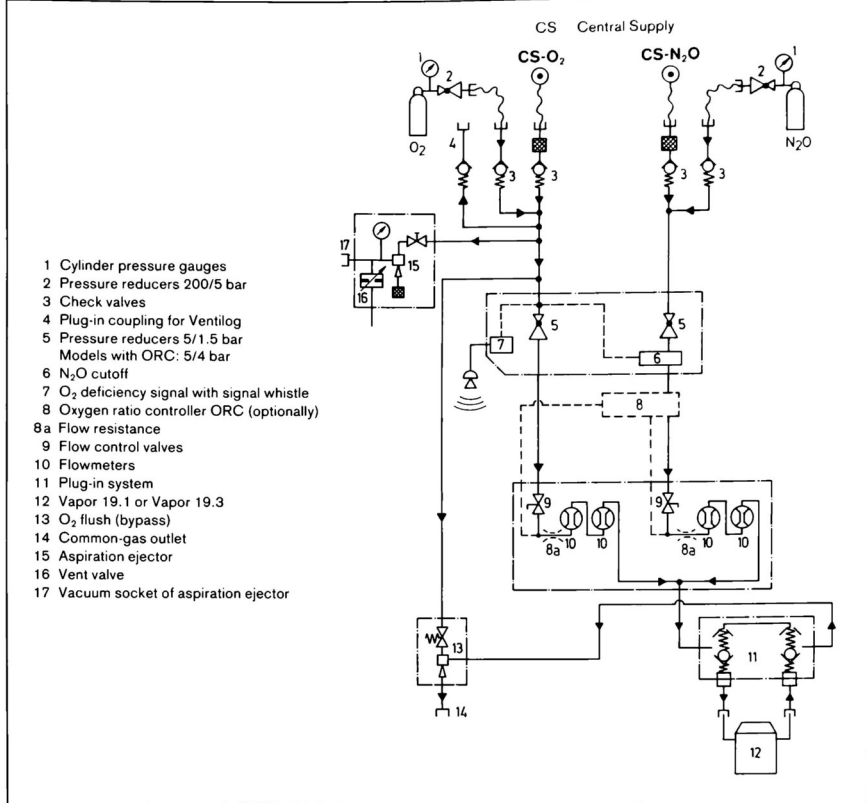


Fig. 3 Functional schematic (Sulla 808, optionally equipped with ORC)

2 Design and Function

(Fig. 3)

All models run on oxygen (O₂) and nitrous oxide (N₂O). Supply can either be effected from a central gas supply unit (referred to in the following as CS) or from gas cylinders.

When using gas cylinders, the cylinder pressure is indicated on the pressure gauges 1 and reduced to 5 bar at the pressure reducing valves 2. The check valves 3 prevent overflow from the gas cylinder into the CS or vice versa.

The oxygen pressure is monitored by the O₂ deficiency signal 7 with audible alarm which sounds at an O₂ pressure of less than 2.2 bar. Should the pressure drop still further, the supply of N₂O is interrupted by the N₂O cutoff 6.

The pressure reducers 5 reduce the oxygen and nitrous-oxide pressure to 1.5 bar, to 4.0 bar, however, if the model is equipped with ORC (see chapter 3.2).

The flow control valves 9 make it possible to meter the two gas flows, which can be read off in each case at 2 series-connected flowmeters 10 of the flowmeter unit. The two gases converge and are routed via the plug-in system 11 where the anaesthetic is metered-in if an anaesthetic vaporizer 12 (Vapor 19.3 or 19.1) is connected. The flow of gas from the flowmeter unit to the common gas outlet 14 is still possible even if no Vapor is connected.

Using the O₂ flush 13, an O₂ flow of approximately 55 L/min (depending on CS-pressure) can be added to the fresh gas without affecting the pressure ratios (ejector system). The O₂-flush lever resets automatically.

If fitted, the aspiration ejector 15 is used to generate a vacuum for operating the bronchial aspirator. The vacuum (max. -0.9 bar) can be reduced by way of the vent valve 16.

The self-closing plug-in coupling 4 is intended for driving a Ventilog with oxygen.

Warning Devices and Safety Features

3.1

O₂ deficiency signal, N₂O cutoff

The apparatus is provided with an O₂ deficiency signal and an N₂O cutoff.

The O₂ deficiency signal is designed such that an audio alarm, which cannot be deactivated, sounds if the minimum O₂ supply pressure is dropped below. Should the O₂ pressure continue to drop, the N₂O supply is reduced – until it is cut off – such that the preselected O₂ concentration is not dropped below.

Note:

Prior to initial operation of the anaesthetic apparatus, it is essential that a supply pressure of 2.7 bar be applied for at least 20 seconds, in order to ensure that the gas deficiency alarm is ready for operation.

During this period there must not be any gas extraction, e. g. via flow control valves, ventilator, O₂ flush or bronchial aspirator. This also applies to renewed start-up following the failure of one or more gases.

The possible gas supply statuses are indicated in Table 1.

Status	Operating readiness				
	O ₂ supply	N ₂ O supply	O ₂ deficiency alarm	N ₂ cutoff	Apparatus operable
1	●	●	ready for operation	ready for operation	yes
2		●	alarm (at O ₂ ≤ 2.2 bar)	N ₂ O reduction (at O ₂ ≤ 1.6 bar) N ₂ O cutoff (at O ₂ ≤ 0.6 bar)	no, O ₂ failure
3	●		ready for operation	ready for operation, no effect	no, N ₂ O-failure, no alarm
4			alarm (at O ₂ ≤ 2.2 bar)	N ₂ O cutoff (at O ₂ ≤ 0.6 bar)	no, O ₂ and N ₂ O failure

◐ not adequate
 ● adequate

with ORC (see section 3.2) flow dependent reduction

Table 1: Switching and alarm functions of Sulla 808/808 V

in the system has increased to at least 2.7 bar.

Models with ORC: see section 3.2.

Status 3

N₂O failure

In the event of N₂O failure, O₂ can still be metered and the O₂ deficiency signal is ready for operation. No audio alarm is given. N₂O metering can be effected again when the N₂O supply pressure has increased to at least 2.7 bar.

Status 4

O₂ and N₂O failure

Should both gases fail, the apparatus reacts as described under status 2.

If a malfunction occurs and/or the supply pressure fluctuates outside the range of prescribed values, operation of the apparatus must be interrupted as soon as possible and only recommenced when the compressed-gas supply has been fully re-established (see section 6.5).

Should O₂ supply be interrupted or switched off, N₂O flow is likewise cut off.

In the case of small blended-gas volumes (< 1 L/min) the minimum O₂ concentration increases to values above 22 vol. %.

ORC is not effective in the O₂/Air mixture.

Required supply pressures:

O₂ 4 to 5.5 bar
N₂O 4 to 5.5 bar

Measure O₂ concentration!

Measuring of O₂ concentration in inspiratory gas is stipulated by DIN 13252 (e. g. using Dräger Oxydig).

Explanatory notes on Table 1

Status 1

Normal operation

Oxygen and nitrous oxide are available at the prescribed pressure (see Technical Data). The O₂ deficiency signal and nitrous-oxide cutoff are ready for operation.

Status 2

O₂ deficiency and failure

Models without ORC:

Should the O₂ supply pressure drop below 2.2 bar, the audio O₂ deficiency alarm sounds for at least 7 seconds. If the O₂ pressure drops below roughly 1.6 bar, the N₂O supply is reduced. At an O₂ pressure of less than approximately 0.6 bar, the N₂O supply is cut off completely. O₂ and N₂O metering can be effected again when the O₂ pressure in the system has increased to at least 2.7 bar; at this pressure the N₂O cutoff is ready for operation again.

The O₂ deficiency alarm is ready for operation again when the O₂ pressure

3.2

Functional component for minimum O₂ concentration ORC »Oxygen Ratio Controller«

(optionally for 808 and 808 »Air« 808 V and 808 V »Air«.

The ORC is a functional component which, in the case of insufficient O₂ metering, limits the N₂O portion of blended gas such that the O₂ concentration of the blended gas will not drop below 22 vol. %.

Other safety features

The adjustment knobs of the flow control valves are integrated into the flowmeter unit and are thus protected against unintentional adjustment and damage. The colour and shape of the knobs are such that they are clearly assigned to the respective gases.

The apparatus is fitted with an O₂ flush. Turning the self-resetting lever causes an O₂ flow of roughly 55 L/min (depending on O₂ supply pressure) to be added to the fresh-gas flow.

The following applies to users in the Federal Republic of Germany:

Monitoring of the following parameters is mandatory in order to ensure ventilation and pressure monitoring as per DIN 13252:

- Airway pressure
- Expiratory volume
- Inspiratory oxygen concentration.

Undesirable changes in these parameters can, for example, occur as a result of:

- Acute changes in the patient's condition
- Faults in the apparatus, e. g. leaks, component failure
- Failure of power of gas supply
- Operator errors.

Suitable monitoring equipment is indicated in the Order List under "Accessories required for monitoring".

If use is made of other monitoring equipment, the user is advised to check whether such equipment satisfies legal requirements and whether it is suitable for reliably monitoring the effectiveness of the anaesthesia ventilator.

Attention is drawn to DIN 13252 which stipulates that a manual ventilation unit independent of the ventilator/anaesthetic apparatus must be provided to ensure ventilation of the patient with ambient air. If malfunctioning of the anaesthesia lung ventilator is detected, and should this be such that the life-support function of the machine can no longer be guaranteed, ventilation of the patient using the independent manual ventilation unit must be initiated immediately.

4

Initial Preparation

4.1

Gas supply

The Sulla 808 models can be supplied with gas in the following ways:

- Connection of 3 L cylinders (for Sulla 808, see Fig. 4; for Sulla 808 V, see Fig. 6).
Insert O₂ cylinder and N₂O cylinder into cylinder holders 4 and secure. Mount O₂ pressure reducer 5 and N₂O pressure reducer 6 and secure using spanner 3 located on back of device. Route connection hoses 7 for O₂ and 8 for N₂O from pressure reducers to connections 9 for O₂ and 10 for N₂O and screw on.
- Connection of 11 L cylinders (for Sulla 808, see Fig. 5; for Sulla 808 V, see Fig. 7).
Connect O₂ cylinder and N₂O cylinder as described above, secure with cylinder holders 4.
- CS¹⁾-connection (for Sulla 808, see Figs. 4 and 5; for Sulla 808 V, see Figs. 6 and 7).

First connect CS-hoses 13, 14 to vertical connections 11 for O₂ and 12 for N₂O. Then press CS-connectors into appropriate CS-outlet valves.

See section 11 for **Sulla 808 M ... models** (with blender).

See section 12 for **Sulla 808 ... »Air« models** (with air as third gas).

Ventilog
(Sulla 808 V, Figs. 6 and 7)

The Ventilog can be driven either with compressed air or oxygen (supply pressure: 2 to 6 bar). The use of oxygen is permitted if there is no compressed-air facility.

Operation with O₂ (Fig. 6):
Screw connection hose 16 to »Air/O₂« connection 15 on back of Ventilog and insert other end of hose into coupling 17 (at anaesthesia apparatus).

The O₂ deficiency signal in the anaesthesia apparatus sounds in the event of O₂ failure.

Operation with compressed air:
The compressed air can be taken either from the central supply system or from a breathing-air compressor. The appropriate connecting hose is to be screwed to the connection (»Air/O₂«) on the back of the Ventilog, and connection to the central supply system is to be made by way of the plug connector.
No alarm is given in the event of compressed-air failure.

Caution: Even if the apparatus is being operated from a central supply unit the cylinders should remain in position as a standby supply. It is then only necessary to open the cylinder valves in order to switch rapidly to cylinder supply in the event of CS-failure. Check valves prevent the backflow of gas out of the cylinders into the CS.

¹⁾ CS = Central supply system

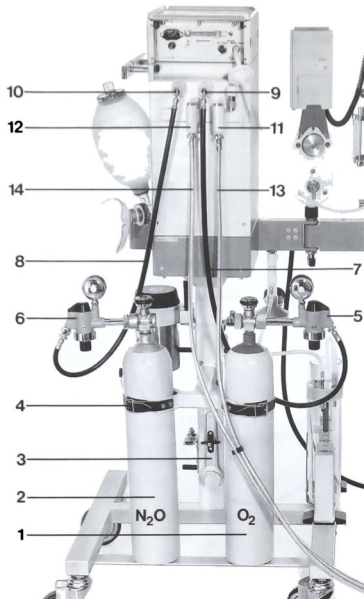


Fig. 4 Sulla 808: Back view, with small cylinders

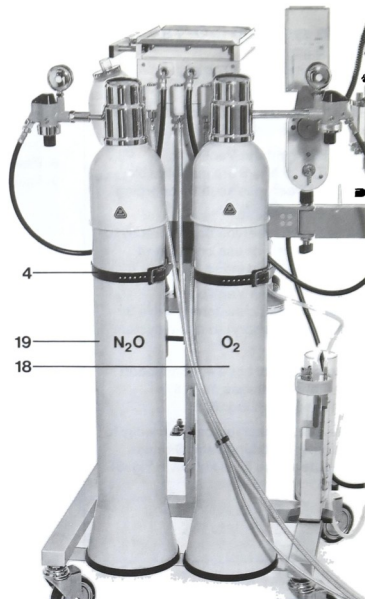


Fig. 5 Sulla 808: Back view, with large cylinders

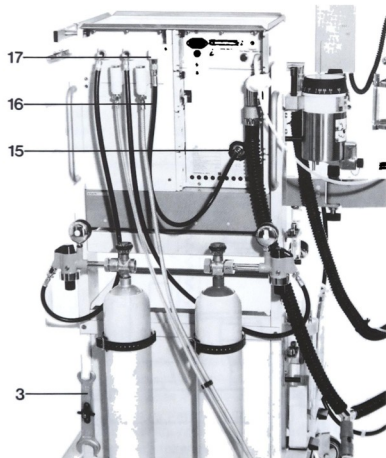


Fig. 6 Sulla 808 V: Back view, with small cylinders



Fig. 7 Sulla 808 V: Back view, with large cylinders

Key to Figs. 4-7

- | | | |
|---------------------------------------|--|--|
| 1 O ₂ cylinder, 3 litres | 7 O ₂ connection hose | 14 N ₂ O connecting hose (from CS) |
| 2 N ₂ O cylinder, 3 litres | 8 N ₂ O connection hose | 15 O ₂ /Air connection on Ventilg |
| 3 Spanner | 9 O ₂ connection (for O ₂ cylinder) | 16 O ₂ connection hose (to Ventilg) |
| 4 Holder for cylinders | 10 N ₂ O connection (for N ₂ O cylinder) | 17 O ₂ plug-in coupling (for O ₂ supply of Ventilg from anaesthetic apparatus) |
| 5 O ₂ pressure reducer | 11 O ₂ connection (for CS) | 18 O ₂ cylinder, 11 litres |
| 6 N ₂ O pressure reducer | 12 N ₂ O connection (for CS) | 19 N ₂ O cylinder, 11 litres |
| | 13 O ₂ connecting hose (from CS) | |

4.2

Circle system 8 ISO/7a

(Figs. 8 and 9)

(Cycle system 8 ISO as per DIN 13252)

Attach circle-system mount 1 to hinged arm 2 and secure in position.

Sulla 808 (without Ventilog):

Items 3, 4, 5 and 9 are inapplicable.

Connect fresh-gas hose 6 according to Fig. 8.

Either attach reservoir bag 8 directly to circle system 1 or use corrugated hose 7 (as shown in Fig. 8).

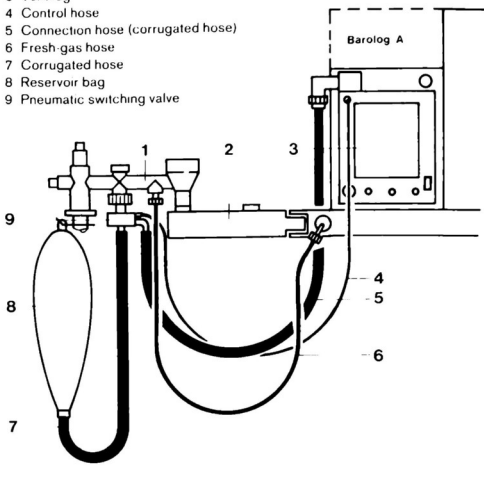
Sulla 808 V (with Ventilog):

Screw pneumatic switching valve 9 (Ventilog accessory) to circle-system mount.

Connect control hose 4, connection hose 5 and fresh-gas hose 6 in accordance with Fig. 8.

Either attach reservoir bag 8 directly to pneumatic switching valve 9 or use corrugated hose 7 (as shown in Fig. 8).

- 1 Circle-system mount
- 2 Hinged arm
- 3 Ventilog¹⁾
- 4 Control hose
- 5 Connection hose (corrugated hose)
- 6 Fresh-gas hose
- 7 Corrugated hose
- 8 Reservoir bag
- 9 Pneumatic switching valve



¹⁾ Re Fig. 8: specific instructions for use apply to these components

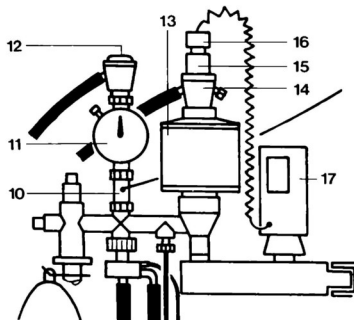
Fig. 8 Sulla 808 V: Front view – hose connections between Sulla 808 V and circle system

Equipping circle system in accordance with Fig. 9

For users in the FRG:

DIN 13252 stipulates the monitoring of the following ventilation parameters (see also Section 3.3):

- Airway pressure
Recommendation: An alarm facility for disconnection and obstruction should be available for automatic ventilation, e. g. Dräger Barolog A
- Expiratory volume
(e. g. with Dräger Volumeter 3000).
- Inspiratory oxygen concentration
(e. g. with Dräger Oxydig).



- | | |
|---|--|
| 10 Measurement connection for airway pressure ¹⁾
(alternatively: insert airway pressure gauge, however, only outside the DIN 13252 application range) | 13 CO ₂ absorber |
| 11 Volumeter 3000 ¹⁾ | 14 Inspiration valve |
| 12 Expiration valve | 15 Condenser (for O ₂ sensor) |
| | 16 O ₂ sensor |
| | 17 Oxydig ¹⁾ O ₂ meter and monitor |

¹⁾ Re Fig. 9: specific instructions for use apply to these components

Fig. 9 Circle system 8 ISO/7a¹⁾

4.3

Bronchial aspirator (Fig. 10)

The bronchial aspirator is equipped for either vacuum or ejector operation.

When using the vacuum-driven bronchial aspirator:

Attach connecting hose 7 (with plug) to the drive unit 4 and insert plug into vacuum outlet valve of central supply.

When using the ejector-driven bronchial aspirator:

Attach bacteria filter 5 to drive-gas outlet of ejector.

The drive gas (O_2) for the ejector flows from the anaesthesia apparatus directly into drive unit 4.

Position secretion jar set 1 on bolt provided for this purpose on base of trolley (left hand side of apparatus).

Connect hoses 6, 7 and 8 in accordance with Fig. 10.

Attach secretion sight glass 9 to end of aspiration hose 8 and press hose into clamp at hinged arm. Fill rinsing jar 3 with rinsing liquid (for flushing catheter).

- 1 Jar holder
- 2 Secretion jar
- 3 Rinsing jar
- 4 Drive unit
- 5 Bacteria filter (for ejector model only)
- 6 Vacuum hose
- 7 Vacuum connection hose (for vacuum-driven model only)
- 8 Aspiration hose
- 9 Secretion sight glass

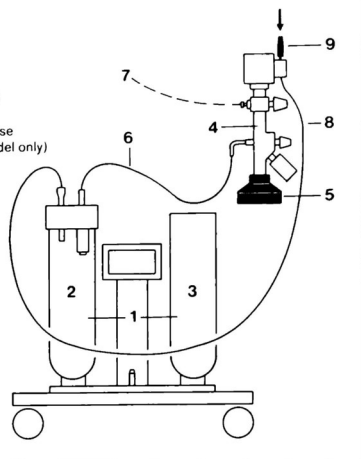


Fig. 10 Bronchial aspirator (see individual instructions for use)

4.4

Microbe filter (Fig. 11)

The microbe filter 644 St (or 654 St) can be fitted to protect the patient against bacterial contamination. This filter is inserted between the inspiration valve (on the absorber) and the inspiration hose of the circle system.

Important

Due, for example, to the influence of condensate, filters may increase flow resistance considerably and thus have an adverse effect on ventilation.

The microbe filter must therefore not be positioned on the expiration end of the circle system.

Please pay attention to the appropriate instructions for use »Microbe Filter«.

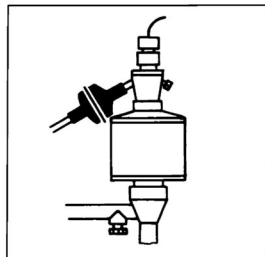


Fig. 11 Microbe filter in inspiration section

4.5

Vapor 19.1 or 19.3 (Fig. 12)

Before mounting the Vapor, it must be ensured that the sealing rings 4 have been fitted and that they are in perfect condition. Attach Vapor by means of its plug-in adapter 2 to the mount 5; the locking lever 1 must face forwards.

Gas leakage at the plug connection is prevented by the sealing rings being pressed together by the weight of the Vapor. After mounting the Vapor, the locking lever 1 must be moved to the left until it engages, in order to ensure secure attachment to the anaesthetic apparatus.

If no Vapor is fitted, the valves in the plug-in elements 3 form a leakproof seal and connect the flowmeter unit with the common-gas outlet so that blends of O_2 and N_2O can also be metered without inhalation anaesthetic.

Important: When transporting and mounting/removing the Vapor, it is to be ensured that the maximum permissible angle of tilt (45°) is not exceeded.

The relevant »Instructions for use« describe filling of the Vapor and provide further information.



Fig. 12 Fitting Vapor

4.6 Anaesthetic-gas scavenging (Fig. 13)

For the Federal Republic of Germany, the DIN standard 13252 demands

- anaesthetic-gas scavenging or
- elimination by filter.

Anaesthetic-gas scavenging

is only possible, if the central supply system (CS) is fitted with a scavenging system.

Depending on the equipment of the anaesthesia apparatus (Figs. 13a, b, c) attach hoses 1, 2 and 3 to the waste-gas sockets of the circle system and the Ventilog, and connect to Y-piece 4.

The plug of the anaesthetics waste-gas hose 1 should be inserted into the anaesthetic-gas exhaust coupling of the CS only, once the anaesthesia apparatus is operated.

Elimination by filters

is applicable if no scavenging system is available.

Attach anaesthetic filters 5 with hoses (= anaesthetic filter equipment) to the appropriate waste-gas sockets as per Fig. 13a, b or c (depending on the equipment of the anaesthesia apparatus).

4.7 Manual ventilation bag

The following applies to users in the Federal Republic of Germany:

In accordance with DIN 13252 a manual ventilation bag (Resuscitator 21 04792 or Dräger Bag Resuator M 11 900) is to be suspended from the anaesthetic apparatus (on rail on right-hand side of anaesthetic apparatus, see Figs. 1 and 2).

4.8 Potential equalization

If potential equalization is required (e.g. on non-conductive floors or when monitors are latched on), this is to be established by means of the cable 83 01349 between the contact (pin at the bottom of the trolley) and the appropriate room contact.

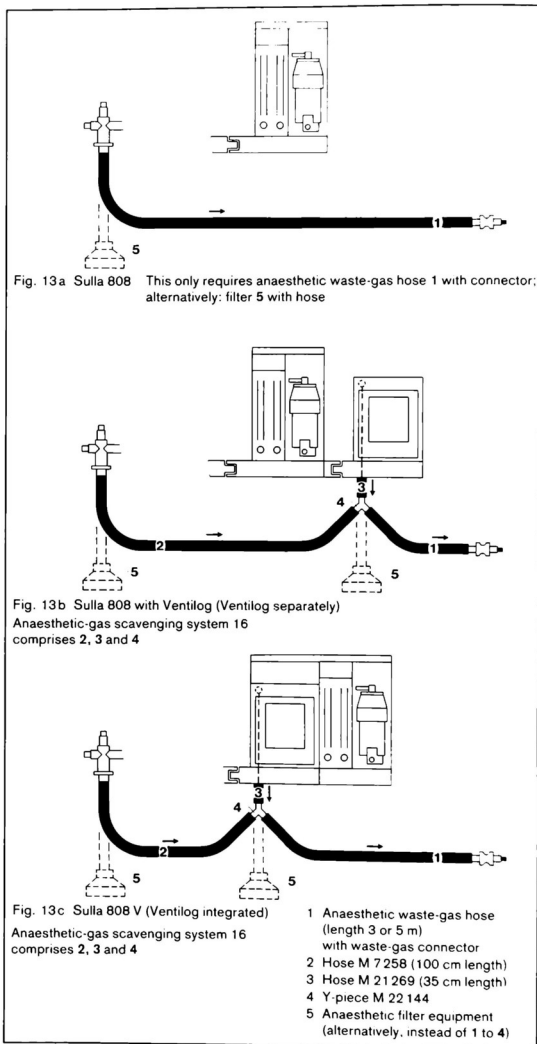


Fig. 13 Anaesthetic-gas scavenging for all models with flowmeter unit – front view (for models with gas blender: see Fig. 20)

5 Testing Readiness for Operation

After cleaning, disinfection and sterilization the apparatus is always to be checked for completeness and proper operation.

All models of the Sullia 808 M ... (with blender) must be additionally tested as per section 11, all Sullia models 808 ... «Air» must be additionally tested as per Section 12.

5.1 Gas supply, flowmeter unit

Check all connections for O₂ and N₂O gas supply (from cylinders and from CS) on back of apparatus for tightness and freedom from leaks.

Ensure that all supply hoses are in perfect condition (visual inspection).

5.1.1 O₂ supply (Fig. 14)

- Slowly open O₂ cylinder valve. Check O₂ supply on pressure gauge of pressure reducer.¹⁾
- With N₂O supply shut off (cylinder and CS) open O₂ flow control valve 1 and check whether the entire flow range can be set on the O₂ flowmeters 2.
- Check freedom of movement of O₂ flowmeter floats.
- Close O₂ flow control valve and O₂ cylinder valve.
- Insert O₂-CS connector and repeat the same flow test.

For the following test 5.1.2 the O₂ flow control valve must be closed where apparatus **without ORC** are concerned, in the case of apparatus **with ORC**, the O₂ flow-control valve must be kept open to allow oxygen to flow (without O₂ flow, the ORC blocks the N₂O flow).

¹⁾ The O₂ cylinders are completely full if the O₂ pressure gauge indicates 200 bar. At this pressure 11 litre cylinders and 3 litre cylinders contain 2200 or 600 litres of depressurized gas.

5.1.2

N₂O supply (Fig. 14)

- Slowly open N₂O cylinder valve. Check N₂O supply on pressure gauge of pressure reducer.²⁾
- Open N₂O flow control valve 3 and check whether the entire flow range can be set on the N₂O flowmeters 4.
- Check freedom of movement of N₂O flowmeter floats.
- Close N₂O flow control valve and N₂O cylinder valve.
- Insert N₂O-CS connector and repeat the same flow test.

²⁾ The N₂O pressure is roughly 50 bar as long as there is liquid nitrous oxide in the cylinder. When gas is extracted and the temperature drops as a result, the cylinder pressure may occasionally drop below 50 bar. The liquid nitrous oxide content of N₂O cylinders can only be determined by weighing the cylinders. A full 11 litre cylinder (8 kg of nitrous oxide) contains roughly 4000 litres of depressurized nitrous oxide, whereas a 3 litre cylinder (2.25 kg of nitrous oxide) contains approximately 1,125 litres.

5.2 Checking type of gas (Fig. 14)

- Hold O₂ sensor of O₂ measuring instrument underneath opened common-gas outlet of anaesthetic apparatus, thus allowing gas to flow over the sensor.
- Open O₂ flow control valve 1 until flow-rate is approximately 3 L/min.
- O₂ concentration must clearly increase towards 100 % O₂.
- Open N₂O flow control valve 3 until flow-rate is approximately 3 L/min.
- O₂ concentration must clearly decrease towards 50 % O₂.
- Close both flow control valves again.

If the anaesthetic apparatus is fitted with a compressed-air ancillary device (air being third gas), check type of gas for compressed air (cf. section 12.4). Keep common-gas outlet 5 open for the following test.

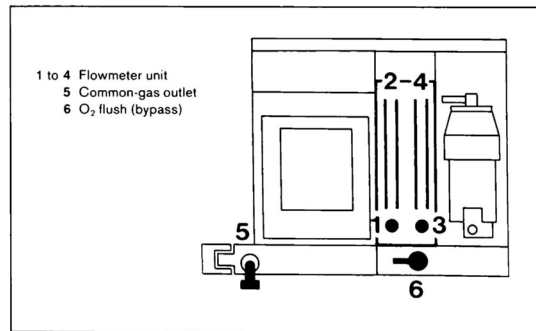


Fig. 14 Sullia 808 V

5.3

Checking low-pressure system for leaks

Accessories required (see Fig. 15):

Airway pressure gaugeE 11 830

Test setM 29 043

- Assemble parts **a–f** according to Fig. 15.
- Open O₂ flow control valve 1 until flowrate is 0.1 L/min.
- Connect screw sleeve **f** to the common-gas outlet **5**.
- The pressure in the system increases and must reach at least 70 mbar. The O₂ flow control valve must be closed at the latest once 100 mbar are reached, in order to protect the pressure gauge.

This test should be performed twice:

- 1) **with Vapor** attached (handwheel set to "0"),
- 2) **without Vapor** (detach it).

- Remove pressure gauge and reconnect fresh-gas hose to common-gas outlet **5**.

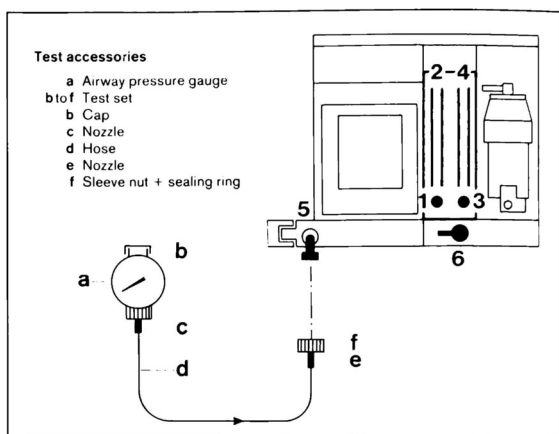


Fig. 15 Sulla 808 V

5.4

O₂ deficiency signal/N₂O cutoff

Set O₂ flow to 1 L/min and N₂O flow to 2 L/min. Close O₂ cylinder valve or pull O₂ CS-conductor. After a brief period, the O₂ deficiency signal must sound and continue to sound for at least 7 seconds. The N₂O flow must also drop to 0. Close flow control valves. Re-establish gas supply.

5.5

O₂ flush (bypass)

When the O₂-flush lever **6** (Fig. 15) is actuated, a steady flow of gas from the Y-piece of the circle system must be perceptible. Do not seal Y-piece. When released, lever must return to its initial position.

5.6

Circle system 8 ISO/7a

(Circle system 8 ISO as per DIN 13252)

Check that fresh-gas hose has been properly connected; check that hose is in perfect condition (visual inspection). Perform functional check of circle system in accordance with appropriate operating instructions.

5.7

Ventilog (if available)

- Check connection between Ventilog and compressed-gas supply.
- Check tightness of all connections between Ventilog, pneumatic switching valve, circle system and reservoir bag in accordance with Fig. 8.
- Perform functional check of Ventilog as per appropriate operating instructions.

5.8

Bronchial aspirator

Perform functional check of bronchial aspirator in accordance with appropriate operating instructions.

5.9

Microbe filter (Fig. 11)

Check condition and installation of filter in accordance with recommendations given in appropriate instructions for use.

5.10

Vapor 19.1 or 19.3 (Fig. 12)

- Check whether Vapor plug-in adapter **2** is in contact with mount **5** of plug-in system (at anaesthetic apparatus).
- Check level in Vapor and top up if necessary.
- Perform functional check of Vapor in accordance with appropriate operating instructions.

5.11

Anaesthetic-gas scavenging (Fig. 13)

Check whether anaesthetic-gas extraction hoses are connected to circle system and – if available – to Ventilog. Insert connector of anaesthetic-gas exhaust hose into scavenging socket of central supply system; this starts up the system and the indicator at the scavenging socket must be "green".

If use is not being made of an anaesthetic-gas scavenging system, the anaesthetic filters with hoses must be connected to the appropriate sockets at the circle system and at the Ventilog.

Check whether filters have been renewed; the filters must be firmly seated in the rubber collar.

5.12

Manual ventilation bag

In accordance with DIN 13252 the anaesthetic apparatus must be provided with a manual ventilation bag¹⁾. Check functioning of bag by pumping manually: when the bag is squeezed, there must be an audible and perceptible stream of air out of the mask taper.

When released, the bag must rapidly reassume its original shape. If the mask taper is sealed (e. g. with a finger), it must only be possible to squeeze the bag slightly by hand.

¹⁾ Applies to users in the Federal Republic of Germany

6 Operational Use

6.1 Possible ventilation modes

Prior to connection of the circle system to the patient, the desired gas flow and blending ratio are to be set by means of the O₂ and N₂O flow control valves.

The following modes are possible:
automatic ventilation, spontaneous breathing and manual ventilation.

Automatic ventilation (Fig. 16a)
Set lever of switching valve 2 to horizontal position (=automatic ventilation-). The relief valve 1 and check valve 3 are inoperative. Inspiration and expiration are effected only via the Ventilog. The selector switch 5 of the Ventilog must be in the "1" setting. The Ventilog is set in accordance with the appropriate operating instructions. For further information, see operating instructions for "Ventilog" and "Circle System 8 ISO/7 a".

Spontaneous breathing (Fig. 16b)
Set lever of switching valve 2 such that it faces vertically downwards (=spontaneous breathing-). The patient can thus exhale freely via the check valve 3. The relief valve 1 is inoperative. The selector switch 5 at the Ventilog must be in the "0" setting (Ventilog switched off). Adequate filling of the reservoir bag 4 is to be ensured by supplying sufficient fresh gas.

Manual ventilation (Fig. 16c)
Set lever of switching valve such that it faces vertically upwards (=manual ventilation-). The air exhaled by the patient can escape via the relief valve 1 and the check valve 3. The airway pressure must be set at the relief valve 1. The selector switch 5 at the Ventilog must be in the "0" setting (Ventilog switched off). Ventilation is effected manually via the breathing bag 4 with care being taken to ensure that the bag is adequately filled.

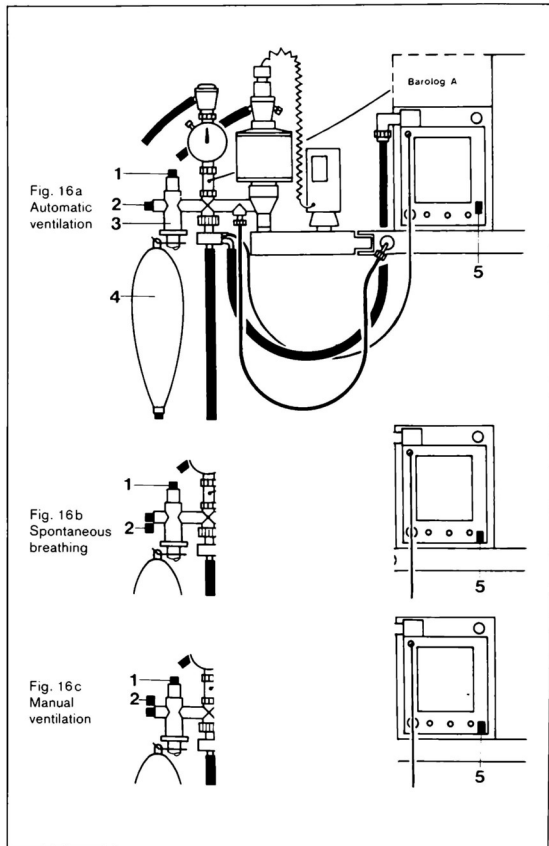


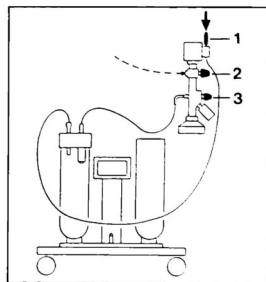
Fig. 16 Ventilation modes with Sullia 808 V

6.2 Bronchial aspirator (Fig. 17)

Attach aspiration catheter to secretion sight glass 1. Open shut-off valve 2. Set vacuum at vent valve 3 and extract secretion. Following aspiration, suck rinsing liquid through system. Close shut-off valve.

The secretion jar must be emptied at the latest when the 600 mL mark is reached. Overfilling is prevented by means of an overflow safeguard.

See appropriate operating instructions for further information.



6.3

Vapor 19.1 or 19.3

Switch on Vapor by pressing locking button «0» on handwheel; set desired concentration by turning handwheel. See appropriate operating instructions for further information.

6.4

O₂ flush (bypass) (Fig. 14)

Actuation of the O₂ flush 6 causes roughly 55 L/min of O₂ to flow into the circle system bypassing the flowmeter unit and Vapor.

Important: Observe pressure in breathing system! If the O₂ flush is actuated in an uncontrolled manner, impermissibly high airway pressures

may be encountered, in particular in conjunction with automatic ventilation.

6.5

O₂ deficiency signal

when the O₂ deficiency signal sounds, the O₂ supply is to be immediately re-established:

- In the case of CS-operation the O₂ cylinder valve is to be opened. It is often sufficient to re-insert the CS-connector.
- When operating from cylinders, a rapid cylinder change is necessary in the event of O₂ deficiency.

Note: As an emergency gas supply, we recommend procuring the Dräger cylinder battery O₂/N₂O (for ordering data, see Prospectus 5303e).

6.6

N₂O deficiency

An audible alarm is not given in the event of N₂O deficiency. It can however be seen from the flowmeter. The situation can be remedied in a similar fashion to that described in section 6.5.

6.7

Manual ventilation bag

The manual ventilation bag suspended from the anaesthetic apparatus in accordance with DIN 13252 is intended for emergency ventilation. See operating instructions «Bag Resuator» or «Dräger-Laerdal Resuscitator».

7

Shut-Down Actions

- Switch off Vapor 19.1/19.3 (handwheel in setting «0»);
- Close shut-off valve of bronchial aspirator;
- Move Ventilog switch to «0» setting.
- Close cylinder valves and pull CS connectors or leave in standby position.

To prevent the O₂ deficiency signal from sounding when shutdown is effected, the system is to be depressurized – by opening the flow control valves – until the flowmeter floats have dropped to their lowest position. Open N₂O flow control valve first and then flow control valve for O₂. After venting close the flow-control valves.

8

Care

8.1

Stripping down

- Pull all CS connectors out of wall outlet points.
The CS-hoses can remain in position on the apparatus, but the CS-connectors must not be left lying on the floor (in particular during disinfection in the Aseptor).
- Unscrew fresh-gas hose from circle system.
- Sulla 808 V: Unscrew pneumatic switching valve from circle system. Detach hoses leading to Ventilog at Ventilog.
- Remove anaesthetic-gas scavenging hoses or anaesthetic filter equipment from waste-gas sockets.
- Remove circle system.
- Remove ancillary equipment, insofar as it is not to be disinfected in

the Dräger Aseptor (observe appropriate operating instructions).

- Detach supply hose of bronchial aspirator and remove secretion jar set.
- Remove secretion jar (with secretion aspirator hose) and rinsing jar from holder and empty.
- Sulla 808 V: Remove patient system from Ventilog (see «Ventilog» operating instructions).
- The Vapor remains in position on the apparatus.

8.2

Hygiene

The upkeep of ancillary equipment must be carried out in accordance

with the specifications given in the respective operating instructions. This applies, for example, to the circle system, Vapor, Ventilog and secretion jar set.

The measures described in the following apply to upkeep of the anaesthetic apparatus.

8.2.1

Cleaning

Dirt on the anaesthetic apparatus is to be removed using a damp cloth soaked in standard detergent (wetting agent). Care is also to be taken to ensure that drawers, pull-out surfaces and the like are not forgotten.

After cleaning, the anaesthetic apparatus and its component parts are to be allowed to dry.

Disinfection

Disinfection in Dräger Aseptor®

The anaesthetic apparatus is to be disinfected in accordance with the »Guidelines for disinfection in the Aseptor«.

Prior to disinfection, the Vapor must be in the zero setting (handwheel on »0«).

The disinfection measures to be employed for ancillary equipment, the Ventilog and the circle system are listed in the respective operating instructions.

Wiping or spraying with liquid disinfectant

Wiping or spraying with disinfectant should only be employed if there is no possibility of using the Dräger Aseptor for disinfection purposes. Such methods only serve to reduce the number of bacteria on the surface of the apparatus and thus cannot be unreservedly recommended. Spraying

may also lead to controls (switches, rotary knobs etc.) sticking.

Disinfection in Dräger Purfactor®

Breathing hoses, reservoir bags, circle systems, tubes, masks, secretion jars, jar caps (not including ping-pong ball) and aspiration hoses etc. are placed on the Purfactor washing frame. All anaesthesia materials are cleaned, disinfected and dried using »Program I«. Thermally instable materials, such as those made of PVC, are treated using »Program II«.

secretion jar cap and the aspiration hoses.

Maximum temperature for secretion sight glass: 134 °C.

The permissible sterilization temperature for secretion jars and rinsing jars is printed on them.

Important: Sterilization in steam accelerates the natural aging of rubber parts. They must therefore be checked at regular intervals for leaks and tightness.

8.3 Assembly

The disassembled parts are assembled in reverse order of stripping down (see section 8.1). A functional check as per section 5 »Testing Readiness for Operation« is then to be performed.

9 Servicing

To ensure that the components of the anaesthetic apparatus satisfy the requirements of their designated application and to guarantee that the apparatus is always ready for use and fully functional, we recommend con-

cluding a servicing agreement with DrägerService.

This guarantees thorough and regular checking, as well as the necessary adjustments and spare part replace-

ment. The apparatus should be serviced twice a year by DrägerService.

Attention is also drawn in this respect to the section headed »For your safety and that of your patients« on page 2.

10 Technical Data

For Sulla 808 and 808 V models

The data marked with * refer (additionally) to the special versions Sulla 808 -A- described in section 12. The technical data for the gas blender of the Sulla 808 M... models are listed separately in section 11.

Ambient temperature

15 to 35 °C for operation of the apparatus. The apparatus temperature must be adapted to the ambient temperature.

Gas supply

– From central supply system (CS) with following requirements:

Pressure	with ORC
O ₂ : 2.7 to 5.5 bar	4 to 5.5 bar
N ₂ O: 2.7 to 5.5 bar	4 to 5.5 bar
*Air: 2.7 to 5.5 bar	

Flowrates

O ₂ : max.	20 L/min for O ₂ metering
max.	29 L/min for ejector of bronchial aspirator
approx.	55 L/min for O ₂ flush at 5 bar
approx.	35 L/min for O ₂ flush at 2.7 bar
approx.	30 L/min for Ventilog (80 ⁺¹⁰ L/min peak flow)
N ₂ O: max.	15 L/min for N ₂ O metering
*Air max.	15 L/min (not including Ventilog)

Screw connections on apparatus end (as per DIN 13252)

for O ₂ :	M 12 x 1 mm, female
for N ₂ O:	M 14 x 1 mm, female
*for »Air«:	M 20 x 1.5 mm, male

– Additionally, cylinder supply option with following possibilities:

- One 11 litre cylinder each for O₂ and N₂O
- One 3 litre cylinder each for O₂ and N₂O

Pressure reduction: via pressure reducers at cylinders, delivery pressure 5 bar. Requirements as regards gas purity in accordance with European pharma-copoeia.

– Plug-in coupling (self-closing) for driving Ventilog with oxygen from anaesthetic apparatus; delivery pressure same as O₂ supply pressure.

(continued page 16)

Gas metering units

- Gas metering with flow control valves Different knurling of adjustment knobs and different colour Range of adjustment: approx. 5 turns.
- Selector switch »Air/N₂O« (manually operated)
- 2 O₂ flowmeters (connected in series)
Measuring range: 0.1 to 2 L/min
2.5 to 15 L/min
- 2 N₂O flowmeters (connected in series)
Measuring range: 0.05 to 1 L/min
1.25 to 10 L/min
- Air flowmeter
Measuring range: 0.8 to 15 L/min
- Measurement accuracy of flowmeters (at 20°C and 1013 mbar) ± 10% of displayed value, ± 15/-5% with smallest scale value of O₂ flowmeter, -15/+5% with smallest scale value of N₂O flowmeter, ± 15/-5% with smallest scale value of »Air« flowmeter

Anaesthetic metering

- Rapid replacement system for Vapor 19.1 or 19.3:
The connections are bridged automatically and sealed off with respect to the atmosphere when the Vapor is removed.
- Vapor for halothane,
range of adjustment 0.2 to 4 vol. %
or
Vapor for enflurane,
range of adjustment 0.2 to 5 vol. %
or
Vapor for isoflurane,
range of adjustment 0.2 to 5 vol. %
- Standby holder for accommodating Vapors not in use.
- Technical data of Vapor:
see appropriate operating instructions »Vapor 19.n«.

Safety features

- O₂ deficiency signal
If an O₂ supply pressure of 2.2 ± 0.2 bar is dropped below, an audio alarm, which cannot be deactivated, sounds for at least 7 seconds. Readiness for operation is established again as of 2.7 bar.
This minimum pressure must be applied for at least 20 seconds. During this period there must be no gas extraction (see also section 3.1).
In contrast to the Sulla 808 and 808 V models, the air supply to the »Air« flowmeter is released automatically with the models 808 ... »Air« and 808 M ... (with gas blender), should the O₂ pressure drop below 1 bar (in the system).
- N₂O cutoff
If an O₂ supply pressure of approximately 1.6 bar is dropped below, the N₂O supply is throttled and then cut off completely at approximately 0.6 bar O₂.

O₂ flush (bypass)

Approximately 55 L/min O₂ at 5 bar O₂ supply pressure, approx. 35 L/min O₂ at 2.7 bar O₂ supply pressure, self-resetting, no increase in pressure at Vapor.

Circle system

- For example modified circle systems, such as circle system 8 ISO or 7 a.
- Connection for fresh-gas hose:
male thread M 16 x 1.5 mm (as per DIN 13252).
- See Operating Instructions »Circle System 8 ISO/7 a« for equipment and technical data.

Bronchial aspirator

- Drive:
By means of O₂ (ejector model) from anaesthesia apparatus
or
by means of vacuum (vacuum model) from central supply system (CS).
Connection via male thread ISO 228 G 1/4 A.
- Vacuum setting:
By way of vent valve 0 to approx. -0.9 bar, vacuum reading at drive by way of pressure gauge, measuring range 0 to -1 bar.
- Effective capacity of secretion and rinsing jars: 700 mL
- Overflow safeguard, relief valve
- Rapid vent valve (only for vacuum drive)
- Bacteria filter (only for ejector drive)
- See corresponding operating instructions for technical data.

Ventilog anaesthesia lung ventilator

- Supply by means of O₂ plug system at anaesthesia apparatus
or
O₂ central supply 2 to 6 bar,
or
compressed-air central supply 2 to 6 bar
- Drive gas must be dry and oil-free.
- Drive-gas consumption 30 L/min, peak flow 80⁻¹⁰ L/min O₂ or compressed air.
- See corresponding operating instructions for equipment and technical data.

Dimensions (not including circle system)

All models: Width: 600 mm
Height: 1200 mm
Depth: 580 mm

Weight (not including circle system and cylinders)

Sulla 808 (as per Fig. 1)
approx. 40 kg
Sulla 808 V (as per Fig. 2)
approx. 55 kg

Sulla 808 M/808 MV

This section contains additional information necessary for operation of the Sulla models with built-in gas blender. Operation of these apparatus does, however, presuppose knowledge of the preceding sections of the instructions for use for the Sulla 808/808 V models.

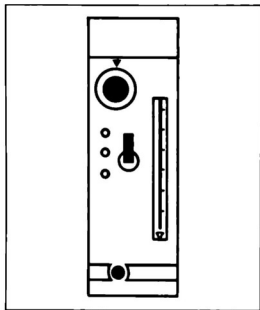


Fig. 18 Gas blender in models Sulla 808 M and 808 MV (instead of flowmeter unit)

11.1

Warning devices and safety features

If the O_2 or N_2O operating pressure drops below 2.5 bar, the gas deficiency alarm sounds for at least 7 seconds; if the air operating pressure drops below 2.5 bar, the gas deficiency alarm sounds only in the O_2 + Air mode. The gas deficiency alarm cannot be deactivated.

In the N_2O + O_2 mode, a drop in O_2 pressure to below 2.5 bar automatically blocks the N_2O supply and switches in a supply of air to act as an emergency supply.

The various operating statuses in the event of a malfunction and the corresponding alarm functions are summarized in Table 2 on page 18 and described as follows:

A gas blender is installed instead of the flowmeter unit and generates the desired O_2 concentration (% by volume) for an anesthetic-gas mixture (N_2O + O_2), or alternatively, for a breathing-gas mixture (O_2 + air). The

volume is controlled by a flow control valve and downstream connected flowmeter.

Do **not** use the gas blender for calibration of O_2 measuring instruments.

N_2O + O_2 mode: Selector switch flap up

Status 1 (normal operation)

N_2O is mixed with O_2

The O_2 concentration can be set between 30 and 100 vol. % O_2 . Readiness for operation is shown by green O_2 , N_2O and air indicators. The supply of air is blocked automatically.

Status 2

Failure of O_2 supply

Should the O_2 pressure drop below 2.5 bar, the gas deficiency alarm sounds. At the same time, the N_2O supply is blocked automatically and air is switched in to act as an emergency supply. If the air supply also fails, ventilation is to be ensured with a separate manual ventilation unit. The gas deficiency alarm is only ready for operation again when the O_2 pressure in the system is at least 3 bar. At this pressure the N_2O supply is automatically released again and the supply of air is blocked.

Status 3

Failure of N_2O supply

If the N_2O pressure drops to below 2.5 bar, the gas deficiency alarm sounds. O_2 can still be metered.

Switching can be effected to the O_2 + Air mode (selector switch down).

The gas deficiency alarm cannot be deactivated and is only silenced when the N_2O pressure in the system is at least 3 bar again.

Status 4

Failure of air supply

Should the air pressure drop below 2.5 bar, the gas deficiency alarm does not sound in the N_2O + O_2 mode. Do **not** switch to O_2 + Air mode!

O_2 + Air mode: Selector switch flap down

Status 5 (normal operation)

O_2 , N_2O and air supply present

O_2 is mixed with air. The O_2 concentration can be set between 45 and 100 vol. % O_2 . Readiness for operation is shown by green O_2 , N_2O and air indicators. The supply of N_2O is blocked automatically; no mixing of air and N_2O .

Status 6

Failure of O_2 supply

If the O_2 pressure drops below 2.5 bar, the gas deficiency alarm sounds. Should the O_2 supply fail during operation, air can still be metered. Readiness for operation of the gas deficiency alarm is only re-established when the O_2 pressure in the system is at least 3 bar.

Status 7

Failure of N_2O supply

If the N_2O pressure drops below 2.5 bar, the gas deficiency alarm sounds. O_2 and air can still be metered. Do **not** switch to N_2O + O_2 mode! The gas deficiency alarm cannot be deactivated and is only silenced when the N_2O pressure in the system is at least 3 bar again.

Status 8

Failure of air supply

If the air pressure drops below 2.5 bar, the gas deficiency alarm sounds. O_2 can still be metered. If necessary, switching can be effected to the N_2O + O_2 mode (selector switch up). The gas deficiency alarm cannot be deactivated and is only silenced when the air pressure in the system is at least 3 bar again and readiness for operation has thus been re-established or if switching is effected to the N_2O + O_2 mode.

Status	Selector switch in setting	Indicator						Operational readiness		Apparatus operable
		O ₂ supply	AIR supply	N ₂ O supply	O ₂	AIR	N ₂ O	Audio gas deficiency alarm	N ₂ O cutoff	
1	N ₂ O + O ₂	●	●	●	green	green	green	ready for operation	ready for operation	yes, N ₂ O + O ₂ mode
2		○	●	●	no indication	green	green	audio alarm (at O ₂ < 2.5 bar)	automatic blocking of N ₂ O (at O ₂ < 2.5 bar)	no, O ₂ failure; automatic switching to AIR
3		●	●	○	green	green	no indication	audio alarm (at N ₂ O < 2.5 bar)	ready for operation, no effect	no, N ₂ O failure; switching can be effected to O ₂ + AIR mode
4		●	○	●	green	no indication	green	no alarm	ready for operation	AIR failure; apparatus inoperable in O₂ + AIR mode
5	O ₂ + AIR	●	●	●	green	green	green	ready for operation	no effect, N ₂ O blocked automatically on account of O ₂ + AIR mode	yes, O ₂ + AIR mode
6		○	●	●	no indication	green	green	audio alarm (at O ₂ < 2.5 bar)	no effect, N ₂ O blocked automatically on account of O ₂ + AIR mode	no, O ₂ failure; emergency supply with AIR mode
7		●	●	○	green	green	no indication	audio alarm (at N ₂ O < 2.5 bar)	no effect, N ₂ O blocked automatically on account of O ₂ + AIR mode	N ₂ O failure; apparatus inoperable in N₂O + O₂ mode
8		●	○	●	green	no indication	green	audio alarm (at AIR < 2.5 bar)	no effect, N ₂ O blocked automatically on account of O ₂ + AIR	no, AIR failure; switching can be effected to N ₂ O + O ₂ mode

○ = not adequate

● = adequate

Table 2: Switching and alarm functions of Sulla 808 M/808 MV

11.2 Initial preparation

Additionally screw air connecting hose 1 to socket 2 (Fig. 19) and insert connector into compressed-air outlet valve of CS.

Ensure that supply pressure for O₂, N₂O and air are at least 3 bar.

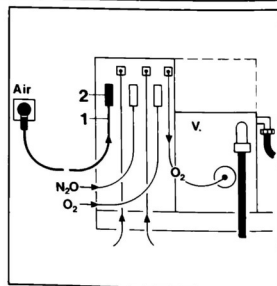


Fig. 19 Sulla 808 MV: gas supply (rear of unit)

Depending on the equipment of the anaesthesia apparatus, attach anaesthetic-gas scavenging in accordance with Fig. 20a, b or c. Please refer to instructions given under Section 4.6.

11.3 Testing readiness for operation

11.3.1

Checking N₂O cut-off and gas deficiency signals (Fig. 21)

Open O₂, N₂O cylinder valves and/or insert connector for O₂, N₂O and Air.

Insert connectors for O₂, N₂O and air.

Set selector switch 2 to N₂O + O₂ mode (flap up)

Set rotary knob 1 to 50 vol. % O₂ (outer scale).

Set blended-gas flowrate of 6 L/min on metering valve 7.

- Pull O₂ connector or close O₂ cylinder valve:
Gas deficiency alarm sounds after approx. 3s.
There must still be a gas-flow reading on the flowmeter (N₂O is blocked automatically and replaced by air).

If air is not connected as third gas, there must be no recognizable gas flow on the flowmeter, since N₂O is blocked automatically.

- Re-insert O₂ connector or open O₂ cylinder valve again:
Indicator 4 O₂ is green again.
Blended-gas flowrate is approx. 6 L/min again.

- Pull N₂O connector or close N₂O cylinder valve:
Gas deficiency alarm sounds after roughly 3s:
There must still be a gas-flow reading on the flowmeter.

- Re-insert N₂O connector or open N₂O cylinder valve again:
Indicator 3 N₂O is green again.
Blended-gas flowrate is approx. 6 L/min again.

Move selector switch 2 to O₂ + Air mode (flap down).
Rotary knob to 50 vol. % (inner scale).
Retain blended-gas flowrate of 6 L/min.

- Pull O₂ connector or close O₂ cylinder valve:
Gas deficiency alarm sounds after approx. 3s.
There must still be a gas-flow reading on the flowmeter.

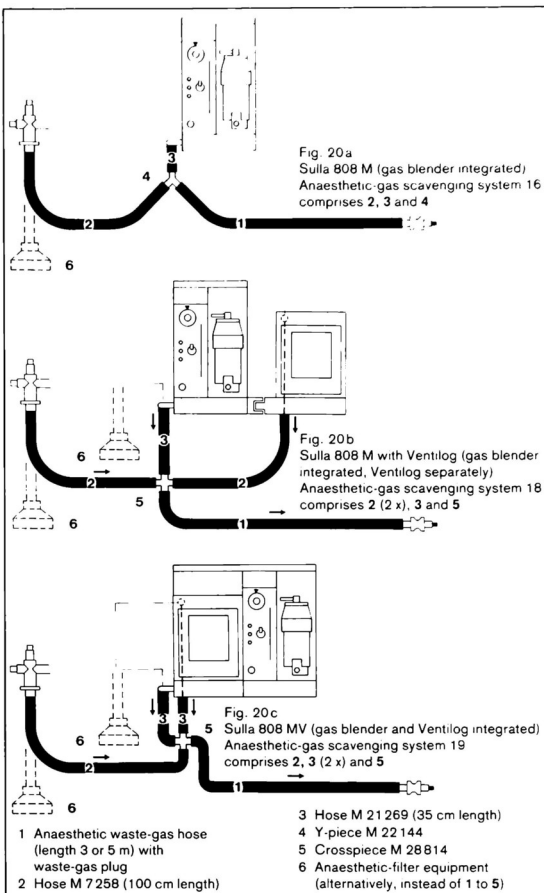


Fig. 20 Anaesthetic-gas scavenging for all models with gas blender – front view

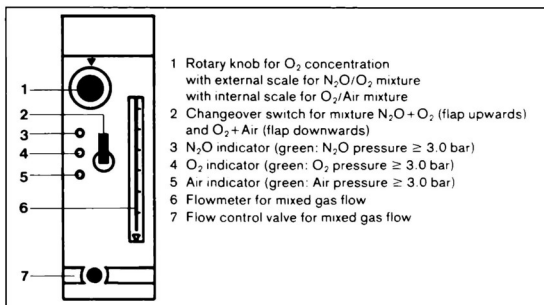


Fig. 21 Gas blender

- Re-insert O₂ connector or open O₂ cylinder valve again:
Indicator O₂ is green again.
Blended-gas flowrate is approx. 6 L/min again.
- Pull air connector:
Gas deficiency alarm sounds after approx. 8 s.
There must still be a gas-flow reading on the flowmeter.
- Re-insert air connector again:
Air indicator is green again.
Blended-gas flowrate is 6 L/min again.

Close flow control valve, move selector switch to N₂O + O₂ mode (flap up).

11.3.2

Leak test of low-pressure system

Accessories required (see Fig. 22):

Airway pressure gauge E 11 830
Test set M 29 043
O₂ flowmeter unit 2M 80810

- Assemble parts a-h according to Fig. 22.
- Close flow control valve 7 of the gas blender.
- Connect sleeve nut f to the common-gas outlet of anaesthesia apparatus.
- Close flow control valve of flowmeter unit h; insert O₂ connector into CS.
- Slowly open flow control valve at flowmeter unit h and establish a constant pressure (at pressure

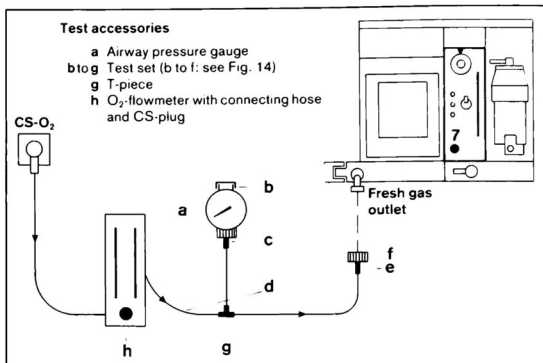


Fig. 22 Test assembly

gauge) between 70 and max. 100 mbar (should the pressure rise above 100 mbar, close flow control valve to protect pressure gauge).

Given a pressure between 70 and 100 mbar, the leak rate (flow at the flowmeter unit) may not exceed 0.1 L/min.

11.4

Operational use

- Check whether all 3 indicators are green.
- Set flap to desired mode:
N₂O + O₂ = flap up,
O₂ + Air = flap down.
- Set rotary knob to desired concentration:
For N₂O + O₂ mode = outer scale,
for O₂ + Air mode = inner scale.
- Set blended-gas flowrate with flow control valve and flowmeter.

11.5

Technical data (gas blender)

Supply pressure O ₂ , N ₂ O, Air:	3 to 5.5 bar
Blending mode:	N ₂ O + O ₂ or O ₂ + Air (selector switch)
O ₂ concentration range for N ₂ O + O ₂ mode:	30 to 100 vol. % O ₂
Accuracy:	± 5 vol. % O ₂ or ± 15 vol. % of setting (greater value in each case) cf. diagram Fig. 23
For O ₂ + Air mode:	45 to 100 vol. % O ₂
Accuracy:	± 15 vol. % of setting
Blended-gas metering:	1 to 17 L/min
Display range of flowmeter:	1 to 20 L/min
Measurement accuracy of flowmeter at 20°C and 1013 mbar:	± 10 % of measured value for 30 vol. % O ₂ ¹⁾ and 70 vol. % N ₂ O ± 15 % with lowest scale value, irrespective of gas composition

¹⁾ Upon transition to 100 % O₂, there is a systematic deviation of max. + 15 % from the measured value as a function of flow, i.e. the actual flowrate is greater by up to 15 % than that indicated. This systematic deviation is negligibly small at a flowrate of 2 L/min.

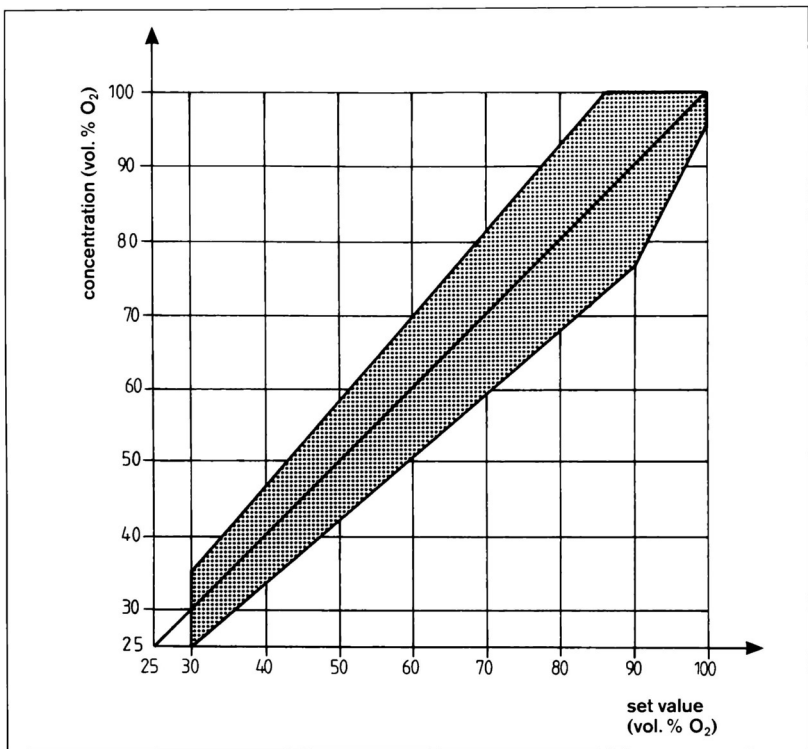


Fig. 23 Gas blender in the blending mode N₂/O₂:
Blending accuracy and reproducibility.

The blending range for O₂ + Air is 45 to 100 vol. % O₂.

12 Sulla 808 ... »Air«

This section contains additional information necessary for operation of the Sulla 808 with ancillary compressed-air facility. Operation of these apparatus does, however, presuppose knowledge of the preceding sections of the instructions for use for the Sulla 808/808 V models.

The »Air« models differ from the standard versions in that they have an additional gas supply (compressed air from CS) and a flowmeter unit extended to include compressed air with a selector switch for »Air« and »N₂O« (Fig. 24).

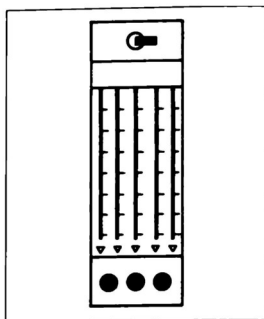


Fig. 24 Sulla 808 ... »Air«:
Flowmeter unit for O₂, N₂O and Air as a third gas

12.1

Design and function (Fig. 25)

When effecting O₂ and N₂O supply from gas cylinders, the cylinder pressure is indicated on the pressure gauges 1 and reduced to 5 bar at the pressure reducers 2. The check valves 3 prevent overflow from the cylinders into CS.

As regards N₂O and compressed air, it is only possible to meter one gas or the other. For this purpose the selector switch 18 is to be moved to the corresponding setting »N₂O« or »Air«.

The oxygen pressure is monitored by the O₂ deficiency signal 7 with audio alarm which sounds if the O₂ pressure drops below 2.2 bar.

Should the O₂ pressure continue to drop, the N₂O supply is interrupted by the N₂O cutoff 6 irrespective of the setting of the selector switch 15; the apparatus switches automatically (at the compressed-air valve 6a) to »Air«. If the selector switch 18 is in the »Air« setting, compressed air remains connected even in the event of lack of oxygen.

The pressure reducers 5 reduce the pressure of the oxygen and nitrous oxide to 1.5 bar, in the case of apparatus with ORC to 4.0 bar (cf. section 3.2).

The flow control valves 9 make it possible to meter the two gas flows (O₂ and N₂O) and the flowrates can be read off in each case on two series-connected flowmeters 10 of the flowmeter unit. As an alternative to N₂O, air can be metered via an individual flowmeter. The gases converge and are routed via the plug-in system 11 to the anaesthetic vapourizer 12 (Vapor 19.3 or 19.1). If no Vapor is connected, gas can flow from the flowmeter unit to the common-gas outlet 14.

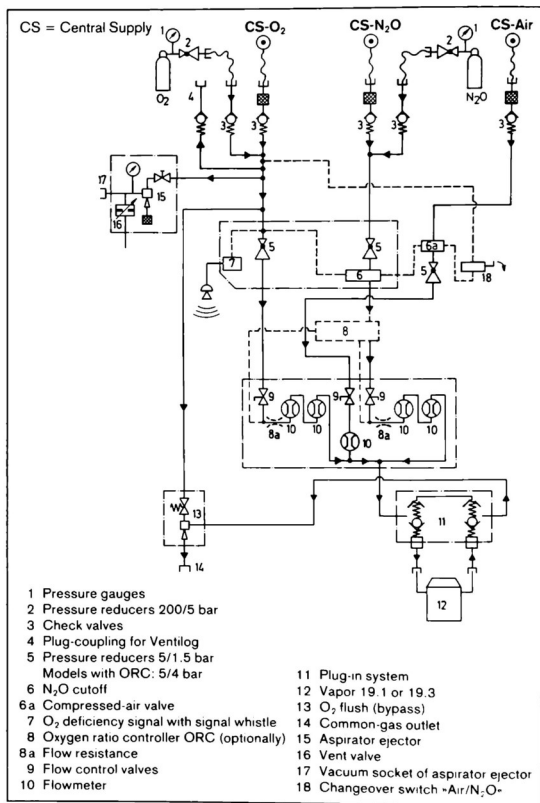


Fig. 25 Functional diagram (Model Sulla 808 »Air«, optionally with ORC)

The O₂ flush 13 (bypass) enables an O₂ flow of roughly 55 L/min (depending on supply pressure) to be added to the fresh-gas without affecting the

pressure ratios (ejector system). The lever of the O₂ flush resets automatically.

12.2

Warning devices and safety features

The O₂ deficiency signal is designed in the same manner as for the 808 and 808 V models:

If an O₂ supply pressure of 2.2 bar is dropped below, an audio alarm, which cannot be reset, is triggered. Should the O₂ pressure drop below roughly 1 bar, the N₂O supply is blocked with the »Air« model and the supply of air is released so that air can be metered-in as emergency supply.

Important:

Prior to start-up of the anaesthetic apparatus, a supply pressure of 2.7 bar must have been applied for at least 20 seconds, in order to make the gas deficiency alarm ready for operation.

During this period there must be no gas extraction, e. g. via flow control valves, ventilator, O₂ flush or bronchial aspirator. This also applies to renewed start-up following failure of one or more gases.

The various switching functions of the apparatus with air as third gas and the associated alarm functions are outlined in Table 3.

Switch setting »Air« (Metering of O₂ and air)

Status 1 (normal operation)

In the switch setting »Air« air can be metered in combination with O₂. The supply of gas to the N₂O metering branch is automatically blocked. The O₂ deficiency alarm is ready for operation.

Status 2

In the event of O₂ failure during operation, air can still be metered. Should the O₂ pressure drop to below 2.2 bar, the O₂ deficiency alarm sounds for at least 7 seconds.

The O₂ deficiency alarm is only ready for operation again when there is an O₂ pressure of at least 2.7 bar in the system.

Status 3

In the event of air failure during operation, O₂ can still be metered. The O₂ deficiency alarm remains ready for operation. No audio alarm is given.

Air can only be metered again when there is in air pressure of at least 2.7 bar in the system.

Switch setting »N₂O« (Metering of O₂ and N₂O)

Status 4 (normal operation)

In the switch setting »N₂O«, N₂O can be metered in combination with O₂. The supply of gas to the air metering branch is blocked automatically. Mixtures of N₂O and air are not possible.

The O₂ deficiency signal and N₂O cutoff are ready for operation.

Status 5

Apparatus without ORC:

Should the O₂ pressure drop to below 2.2 bar, the O₂ deficiency alarm sounds for at least 7 seconds.

If the O₂ pressure drops below approximately 1.6 bar, the N₂O supply is reduced – until it is shut off completely – in such a manner that the preselected O₂ concentration is not dropped below. At an O₂ pressure 0.6 bar, the supply of N₂O is shut off completely.

The supply of air is released at an O₂ pressure below approx. 1 bar: air can be metered via the »Air« flow control valve. Irrespective of this, the selector switch remains in the »N₂O« setting. The O₂ deficiency alarm and N₂O cutoff are only ready for operation again when there is an O₂ pressure of at least 2.7 bar in the system. At this pressure the supply of N₂O is also released again and the air supply is blocked.

Apparatus with ORC:
see section 3.2

Status 6

In the event of N₂O failure, O₂ can still be metered. The O₂ deficiency alarm continues to be ready for operation. No audio alarm is given.

N₂O metering can only be effected again when there is an N₂O pressure of at least 2.7 bar in the system.

Status	Selector switch in setting	O ₂ supply	AIR supply	N ₂ O supply	O ₂ deficiency signal	N ₂ O cutoff	Apparatus operable
1		●	●	automatic. blocked	ready for operation	ready for operation. no effect	yes
2	»Air«	●	●	automatic. blocked	audio alarm (at O ₂ ≤ 2.2 bar)	ready for operation. no effect	no. O ₂ failure
3		●	●	automatic. blocked	ready for operation	ready for operation. no effect	no. AIR failure. no alarm
4		●	no effect	●	ready for operation	ready for operation	yes
5	»N ₂ O«	●	automatic switching to AIR	●	audio alarm (at O ₂ ≤ 2.2 bar)	automatic blocking of N ₂ O (at O ₂ ≤ 0.6 bar)	no. O ₂ failure
6		●	no effect	●	ready for operation	ready for operation no effect	no. N ₂ O failure. no alarm

△ not adequate
 ● adequate

with ORC (see section 3.2)
 flow dependent reduction

Table 3: Switching and alarm functions of Sulla 808 »Air«/808 V »Air«

12.3

Initial preparation

In addition, screw Air connecting hose 1 into socket 2 (Fig. 26), and insert connector into compressed-air outlet valve of CS.

Ensure that the supply pressures for O₂, N₂O and air are at least 2.7 bar (where apparatus with ORC are concerned O₂ and N₂O pressures must be at least 4 bar – see section 3.2).

Depending on the equipment of the Sulla 808 ... »Air« attach anaesthetic-gas scavenging as per Fig. 13a, b, or c (page 10).

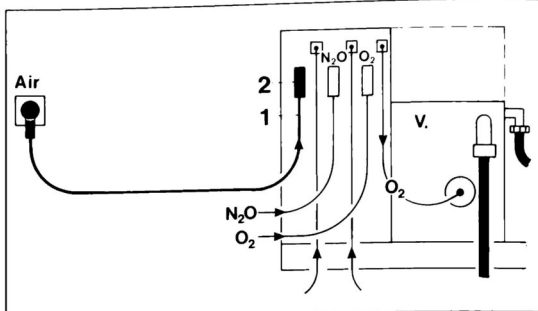


Fig. 26 Sulla 808 V »Air«: gas supply – rear of unit

12.4

Testing readiness for operation

Following cleaning, disinfection and sterilization the apparatus is always to be checked for completeness and proper functioning.

O₂ supply

As for Sulla 808/808 V (see section 5.1).

N₂O supply

As for Sulla 808/808 V (see section 5.1).

Compressed-air supply (Fig. 26)

- Check tightness of CS-screw connection. Move selector switch 7 to »Air« setting. Check whether the full flow range can be set with the aid of the »Air« flow control valve 3 at the air flowmeter 4.
- Check that air flowmeter float moves freely.
- Open N₂O flow control valve 5: There must be no N₂O flow.
- Close N₂O and air flow control valves.

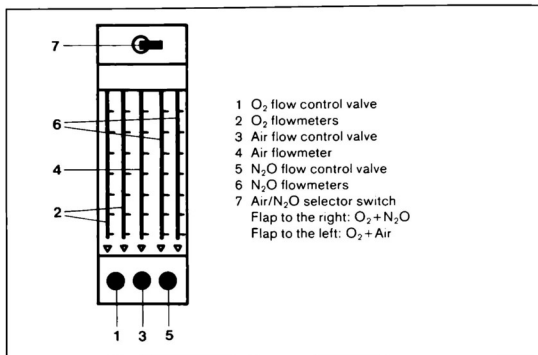


Fig. 27 Flowmeter unit at Sulla 808 »Air«/808 V »Air«

O₂ deficiency signal/N₂O cutoff/switchover test

- At first move selector switch 7 to »Air« setting. Set air flow to 3 L/min.
- Then switch over to »N₂O« setting; the Air flow must drop to zero now. Set O₂ flow to 1 L/min and N₂O flow to 2 L/min.
- Pull CS-connector O₂ or close O₂ cylinder valve. After a brief period the O₂ deficiency alarm must sound and continue to sound for at least 7 seconds. The N₂O flow must also drop to zero and the air flow must increase to 3 L/min again.

- Re-establish O₂ gas supply. Air flow must be blocked automatically; N₂O flow must be 2 L/min again.
- Move selector switch to »Air« setting. The N₂O flow must be blocked now.
- Pull CS-connector O₂ or close O₂ cylinder valve. After a brief period the O₂ deficiency alarm must sound and continue to sound for at least 7 seconds. The air flow must not change (3 L/min) and the N₂O flow must remain on zero. Re-establish gas supply. Close flow control valves.

Checking type of gas

(in addition to section 5.2)

- Hold O₂ sensor of measuring instrument underneath common-gas outlet 6 of anaesthetic apparatus, thus allowing gas to flow over the sensor.
- Move selector switch to »Air«.
- Open flow control valve for air until flowrate is approx. 3 L/min.
- O₂ concentration must drop to 21 ± 3 vol. % O₂.

The checking of all other functions is to be performed in accordance with the description given for the Sulla 808/808 V models (see section 5).

12.5

Operational use (Fig. 27)

The compressed air is metered at the flow control valve 3. The metered quantity is read off from the flowmeter 4.

Air and O₂ can only be metered when the selector switch 7 is in the »Air« setting. Only N₂O and O₂ can be metered in the »N₂O« setting.

Reference values for the O₂ concentration in blends of O₂ and air in the flow range between 2 and 24 L/min are given in the following Table 4.

Variable O₂ concentrations obtainable by mixing air and oxygen

Vol.- % O ₂	Flow in L/min (air + O ₂)																							
	2		4		6		8		10		12		14		16		18		20		22		24	
	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂	Air	O ₂
21	2	0	4	0	6	0	8	0	10	0	12	0	14	0										
30	1.8	0.2	3.5	0.5	5.3	0.7	7.1	0.9	8.9	1.1	10.2	1.8	12.4	1.6	14.2	1.8								
40	1.5	0.5	3.0	1.0	4.6	1.4	6.1	1.9	7.6	2.4	9.1	2.9	10.6	3.4	12.2	3.8	13.6	4.4						
50	1.3	0.7	2.5	1.5	3.8	2.2	5.1	2.9	6.3	3.7	7.6	4.4	8.9	5.1	10.1	5.9	11.4	6.6	12.6	7.4	13.9	8.1		
60	1.0	1.0	2.0	2.0	3.0	3.0	4.0	4.0	5.0	5.0	6.1	5.9	7.1	6.9	8.1	7.9	9.1	8.9	10.1	9.9	11.1	10.9	12.2	11.8
70	0.8	1.2	1.5	2.5	2.3	3.7	3.0	5.0	3.8	6.2	4.6	7.4	5.3	8.7	6.1	9.9	6.8	11.2	7.6	12.4	8.3	13.7	9.1	14.9
80	0.5	1.5	1.0	3.0	1.5	4.5	2.0	6.0	2.5	7.5	3.0	9.0	3.5	10.5	4.0	12	4.6	13.4	5.1	14.9				
90	0.3	1.7	0.5	3.5	0.8	5.2	1.0	7.0	1.3	8.7	1.5	10.5	1.8	11.2	2.0	14								
100	0	2	0	4	0	6	0	8	0	10	0	12	0	14										

Table 4: Gas composition – Air/O₂ (average values)

- Knowledge of valid operating manuals is an absolute prerequisite
- Delete where not applicable make additions where necessary

Checking prior to start-up

What?	How?	Desired	Actual
Anaesthetic gas Cylinder supply Central supply Anaesthetic gas scavenging system Anaesthetic filter	Open valves Insert plug-in coupling Open flow control valves: first O ₂ (keep O ₂ open) and then N ₂ O Insert plug-in coupling Condition of filter	Pressure O ₂ > 50, N ₂ O > 30 bar Indicator green Flow present Indicator green Filter replaced	
O₂-flush (bypass)	Actuate switch	Flow present	
Vapor Plug-in system	Zero setting Level Selector switch Connection	Locked Adequate Switch setting correct Plug-in system locked	
Ventilator	Connections to circle system Switch on, check settings. seal Y-piece during inspiration	Tight Airway pressure present	
Circle system Soda lime O ₂ meter Monitors Freedom from leaks for non-rebreathing and modified circle system Relief valve	Hoses Reservoir bag Absorber Volumeter Volumeter heating Airway pressure gauge Measurement connections Valve discs (insp. and exp.) Mixed-gas hose Condition of lime Functional check, calibration Functional check, calibration Seal relief valve and Y-piece, set flow 0.2 L/min (use O ₂ flush if deemed necessary for the start) Relief valve 20 mbar, seal Y-piece, flow 10 L/min	Completeness and tight fit Lime renewed, no colour change Functional Functional Pressure > 20 mbar for for 10 seconds Constant pressure 20 ± 5 mbar	
System Non-rebreathing system/ circle system	Selector switch	Switch setting correct	
Secretion aspirator	Switch on, seal aspiration hose	Vacuum present	
Bag for manual ventilation, for emergency ventilation	Check completeness Check bag	Complete Functioning properly	
Additions			

Check List

In the Federal Republic of Germany, testing of the anaesthetic apparatus in accordance with the Check List on page 26 is mandatory. Please observe the recommendations or regulations in force in your country.

For users in the Federal Republic of Germany, use of this Check List is described in the following.

»The Check List for inhalation anaesthesia apparatus« must, on the basis of the corresponding operating instructions (for the anaesthetic apparatus and ancillary equipment), be brought into line with the type and configuration of the respective apparatus by means of deletions and/or additions. The Check List then contains the tests which are always to be performed on the respective model prior to start-up. The model designation and serial number of the apparatus in question are also to be entered.

The above-mentioned entries are to be transferred to the Check List (plastic) included with the anaesthetic apparatus using a waterproof felt-tip pen. The plastic Check List is to be attached to the anaesthetic apparatus by means of the bead chain.

Entries in the ACTUAL column and in the space provided for the date and signature are intended as an indication of performance of the respective tests. These entries are to be made in **pencil** and rubbed out again when the next set of tests is performed.

The plastic Check List must not be wiped over with cleaning agents and disinfectants, alcohol or similar solvents, since the entries made with a waterproof felt-tip pen are not resistant to such substances. Disinfection in the Aseptor is however permitted.

Basic versions

Name	without O ₂ flush (bypass) (subsequent fitting is possible)		with O ₂ flush (bypass)		O ₂ flush (bypass)	Trolley with central column	Trolley for a cabinet and Ventilog	Equipped for CS gas supply -Holder for 11 litre cylinders -Holder for 3 litre cylinders	Pressure reducers ²⁾ + connection hoses	Flowmeter unit O ₂ and N ₂ O	Gas blender N ₂ O/O ₂ and O ₂ /Air	Hinged arm (on rt. hand side) for Ventilog	Ancillary device - Air ¹⁾	ORC (oxygen ratio controller)
	Code No.	Code No.	Code No.	Code No.										
Sulla 808 basic version 1	M27203	M28887	●	●	●					●				
Sulla 808 basic version 2	M27206	M28888	●	●	●					●	●			
Sulla 808 basic version 3	M27208	M28889	●	●	●				●	●	●			
Sulla 808 V basic version 4	M27205	M28890	●		●		●				●			
Sulla 808 V basic version 5	M27210	M28891	●		●		●	●		●	●			
Sulla 808 V basic version 6	M27211	M28892	●		●		●	●	●	●	●			
Sulla 808 M basic version 1		M28457	●	●			●							●
Sulla 808 M basic version 2		M28468	●	●			●	●		●	●			●
Sulla 808 M basic version 3		M28469	●	●			●	●	●	●	●			●
Sulla 808 MV basic version 4		M28458	●		●		●							●
Sulla 808 MV basic version 5		M28470	●		●		●	●		●	●			●
Sulla 808 MV basic version 6		M28471	●		●		●	●	●	●	●			●

● = Scope of delivery

○ = On special request; also a subsequent fitting is possible

¹⁾ Ventilog is required for these basic versions²⁾ O₂ and N₂O pressure reducers for connection to the cylinders

Scope of delivery of all basic versions

Hose holder on trolley

Latch-on plate with rail

Hinged arm with rod for accommodating the circle system

O₂ deficiency signal and N₂O cutoff

Socket for 1 Vapor 19.3 (or 19.1) with plug-in system

Common-gas hose

Items such as masks, Y pieces, corrugated hoses and connectors preceded by a (P) symbol, correspond in terms of their connection dimensions to DIN 13 252 and the ISO Standard Draft ISO DP 5356. In addition there are a number of items which can be used both ISO and standard Dräger connecting elements.

Name and description	Code No.
Accessories required for operation (according to DIN 13 252)	
Circle system 8 ISO With 2 carbon-dioxide absorbers, inhalation and exhalation valve, relief valve-indefinitely adjustable between 5 and 40 mbar, 3 corrugated hoses 1 m, reservoir bag 2.3 L, soda-line filler funnel, 1 set of valve discs and sealing rings	► M 25 690
Circle system 8 isoclic same as circle system 8 ISO but with additional isoclic safeguard to prevent hoses from disconnecting	M 28 211
Circle system 7 a With 2 carbon-dioxide absorbers, inhalation and exhalation valve. Relief valve-indefinitely adjustable between 5 and 40 mbar, 3 corrugated hoses 1 m, reservoir bag 2.3 L, soda-line filler funnel, 1 set of valve discs and sealing rings	M 23 074
For operation from cylinders:	
O ₂ cylinder 11/200, G 3/4, filled, 200 bar	11 B 02 710
N ₂ O cylinder 11/8, G 3/8, filled (on loan)	11 B 02 660
O ₂ cylinder 3/200, G 3/4, filled, 200 bar	11 B 02 533
N ₂ O cylinder 3/2,25, G 3/4 female, filled (on loan)	11 B 02 540
¹⁾ The Code No. is altered at the factory in line with the version for the respective country.	
Cylinder jacket for 11 L cylinder with valve cap and base ring	M 27 664
Cylinder jacket 3 L	M 08 035
For operation from a central supply system (CS), option of:	
O ₂ connecting hose, 3 m	M 22 344
O ₂ connecting hose, 5 m	M 22 345
N ₂ O connecting hose, 3 m	M 22 350
N ₂ O connecting hose, 5 m	M 22 351
Compr.-air connecting hose, 3 m	M 23 193
Compr.-air connecting hose, 5 m	M 23 235
Required for basic version 4, 5, 6:	
Ventilog Automatic anaesthesia lung ventilator for controlled ventilation of adults and children. I:E = 1:2 (fixed) alternatively:	84 04 500
Ventilog 2 as Ventilog, but with adjustable I:E ratio: 1:1, 1:2, 1:3	M 27 760
For operation from Sulla 808 V:	
Connecting hose 0.6 m	M 25 050
Alternatively (for operation from CS), option of:	
O ₂ /compr.-air connecting hose 3 m	M 22 494
O ₂ /compr.-air connecting hose 5 m	M 22 495
Accessories required for connection of Ventilog/Ventilog 2:	
a) Switching valves to be screwed to circle system, option of:	
Pneumatic switching valve – ISO including control hose 2 m, plug-in nipple and 4 hose clamps	► M 27 240
Pneumatic switching valve including control hose 2 m, plug-in nipple and 4 hose clamps	M 27 235
Manual switching valve – ISO	► 84 05 295
Manual switching valve	84 05 305

Name and description	Code No.
b) for connection between Ventilog/Ventilog 2 and switching valve	
Connection hose 2/1 m	84 04 758
Anaesthetic-gas scavenging Facilities for simultaneous removal of anaesthetic vapours from the circle system, the Ventilog and the gas blender	
1. Via an ejector system:	
a) Anaesthetic-gas scavenging system 16 for models with Ventilog or gas blender	M 26 095
b) Anaesthetic-gas scavenging system 18 for model 808 M (with gas blender and Ventilog on swivel arm on the right of anaesthesia apparatus).	M 28 812
c) Anaesthetic-gas scavenging system 19 for model 808 MV (with gas blender and integrated Ventilog)	M 28 813
Additional accessories for all models:	
Anaesthetic waste-gas hose 3 m or	G 60 447
Anaesthetic waste-gas hose 5 m	G 60 448
Anaesthetic waste-gas connector 45	G 60 440
2. Via anaesthetic filter:	
Anaesthetic filter equipment 2 for absorption of harmful anaesthetic vapours, with 5 anaesthetic filters. One anaesthetic filter equipment each is required for circle system, Ventilog and gas blender	M 21 262
Manual ventilation equipment:	
Bag Resutator A in cardboard box, comprising: Breathing bag with intake valve, non-rebreathing valve 3. 1 gag, 1 Dräger mask size 3 or	M 11 900
Resu Bag, basic equipment, silicone	21 09 832
Hook for breathing bag	M 26 349
Anaesthetic vapourizers:	
I-Vapor 19.3/5 % pin safety Isoflurane-Vapor 19.3 with safety filling system (as per DIN 13 252) and plug-type connection	DB01 098
E-Vapor 19.3/5 % pin safety Enflurane-Vapor 19.3 with safety filling system (as per DIN 13 252) and plug-type connection	DB01 073
H-Vapor 19.3/4 % pin safety Halothane-Vapor 19.3 with safety filling system (as per DIN 13 252) and plug-type connection	DB01 072
Accessories for safety filling system (as per DIN 13 252):	
Filler hose, isoflurane	M 26 993
Filler hose, enflurane	M 26 299
Filler hose, halothane	M 26 297
Outside the DIN 13 252 range of application: Vapor with filling spout	
I-Vapor 19.3/5 % Isoflurane Vapor 19.3 with plug-type connection	DB01 105
E-Vapor 19.3/5 % Enflurane Vapor 19.3 with plug-type connection	DB01 089
H-Vapor 19.3/4 % Halothane Vapor 19.3 with plug-type connection	DB01 088
Holder for standby position Standby holder for attachment to trolley for 1 Vapor with plug-type connection	M 25 102

Accessories required for monitoring (as per DIN 13252)

1. For continuous measurement and monitoring of O₂ gas inhaled:

Oxydig, complete

83 04 411

Oxydig oxygen meter and monitor with cable, sensor housing and sensor capsule for continuous monitoring of oxygen content in the gas inhaled. Measuring range 0–100% O₂. With upper and lower alarm thresholds for visual and audible indication, as well as battery discharge alarm and Inop alarm in the event of sensor defects.

Connection elements required for Oxydig:

- a) For use with sphygmomanometer, anaesthesia timer or combination thereof:

O₂ meter holder 11

M 27 669

- b) For screwing directly to threaded connection of hinged arm:

O₂ meter holder 10

M 27 670

2. For continuous measurement and monitoring of airway pressure in circle system:

a) Barolog A

83 02 930

The Barolog A is used to measure and monitor the airway pressure in breathing systems as well as to determine the ventilation frequency. With visual and audible alarm in the event of disconnection or obstruction. Also equipped with digital output jack for recorder connection as well as central-alarm connection facility. The Barolog A is in line with VDE 0750/IEC 601/1

Connection accessories required:

Measurement connection

M 25 638

- b) Precom airway pressure gauge

E 11 431

Gives audible alarm if set pressure is not attained within 15 seconds. The device runs off batteries and is thus independent of the mains.

- c) Airway pressure gauge

72 64 325

3. For measurement and monitoring of minute volume and tidal volume:

a) Spirolog 1 N

83 02 760

Measurement and patient monitoring device for establishing the following ventilation parameters: Minute volume, tidal volume and frequency for use in anaesthesia. With visual and audible alarm in the event of set limits being exceeded or dropped below. With data output jack for recorder connection as well as central-alarm connection facility. The device is in line with VDE 0750/IEC 601/1

Connection accessories required:

Spirolog sensor housing

M 26 844

- E-set: sensor, set of 5

84 03 735

b) Volumeter 3000

2M 18250

for continuous measurement of minute volume and tidal volume

For measurement and monitoring of tidal volume, oxygen content, airway pressure and temperature in gas inhaled:

Anemone, cpl. with accessories

43 30 502

The compact unit measures continuously the airway pressure, the expiratory flow, the O₂ concentration and temperature of gas inhaled, and calculates 9 ventilation parameters. Minute volume, airway pressure and O₂ concentration are monitored by adjustable upper and lower alarm thresholds (visual and audible alarm).

Anemone satisfies all requirements involved in anaesthesia monitoring as per DIN 13252.

For measurement and monitoring of anaesthetic concentrations:

IRIS (220 V)

82 00 301

Microprocessor-controlled device for monitoring the concentration of Halothane, Enflurane and Isoflurane vapours. Measurement of the concentration in the fresh-gas line or in the outlet line of anaesthetic vapourizer.

Required for Iris:

Iris sensor Sulla/Trajan 808

82 90 032

Special accessories for expanding basic version

Anaesthesia cabinets for basic versions 4, 5 and 6, option of:

Cabinet 4 H

2M 18093

Cabinet module with one drawer and stainless-steel instrument tray, 420 mm wide, 347 mm deep, drawer running on telescopic rails.

Cabinet 8 H

2M 18095

as cabinet 4 H but with 3 drawers

Drawer insert 2, 2 compartments

G 12 101

Drawer insert 4, 4 compartments

G 12 102

Drawer insert 6, 6 compartments

G 12 103

For basic versions 4, 5 and 6 only:

Writing surface

2M 18260

Running on telescopic rails, 390 mm wide, 293 mm deep

Monitor support (rack), for Sulla 808 V

M 27 415

Instrument tray 0.5 B

2M 17680

Stainless-steel instrument tray 207 mm wide, 297 mm deep

Instrument tray 1 B

84 07 025

Stainless-steel instrument tray 420 mm wide, 297 mm deep

Empty housing 2 H 0.5 B

M 25 625

can be latched on for height equalization purposes

Bronchial aspirator, ejector type

M 27 271

Portable secretion jar set with separate ejector for mounting on anaesthetic apparatus alternatively:

Bronchial aspirator, vacuum type

M 26 137

required connecting hose, option of:

Vacuum connecting hose, 1.5 m

M 23 342

Vacuum connecting hose, 3 m

M 22 353

Vacuum connecting hose, 5 m

M 22 354

For extension of the basic versions with flowmeter unit to version Sulla 808 ... "Air" (air for third gas):

Compressed-air ancillary device

M 27 213

Connecting hose required, option of:

Compressed-air connecting hose, 1.5 m

M 24 572

Compressed-air connecting hose, 3 m

M 23 193

Compressed-air connecting hose, 5 m

M 23 235

For basic version with flowmeter unit only:

Ancillary O₂ flush (bypass)

M 27 293

for basic version 1, 2 and 3

Ancillary O₂ flush (bypass)

M 27 214

for basic version 4, 5 and 6

Special accessories

Anaesthesia timer/sphygmomanometer

M 14 626

Combined

Anaesthesia timer

M 14 692

Sphygmomanometer

M 14 691

Name and description	Code No.	Name and description	Code No.
Blood pressure cuff for adults (Size 3)	M 13 790	Oxygen ratio controller – functional component for minimum O ₂ concentration (for basic versions without gas blender)	
Blood pressure cuff for children (Size 2)	M 20 139	ORC supplementary kit	M 27 479
Blood pressure cuff for infants (Size 1)	M 20 140	Dust cover 60 x 60 x 80 cm	2M 06 832
Non-rebreathing system 2.1 – ISO	► M 26 125	Earth cable 3.2 m	83 01 349
Non-rebreathing system for spirometry. Connection facilities for airway pressure gauge, Volumeter and anaesthetic-gas scavenging system		Cylinder holder for 11 litre cylinders (for basic version 1)	M 27 169
Non-rebreathing 2.1	M 23 210	Wearing and replacement parts for sterilization:	
Non-rebreathing system for spirometry. Connection facilities for airway pressure gauge, Volumeter and anaesthetic-gas scavenging system		Circle system 8 ISO	► M 25 690
Infants' anaesthesia set as per Kuhn – ISO	► M 25 634	Circle system 8-isocitic	M 28 211
Infant's anaesthesia set as per Kuhn	M 14 832	Circle system 7 a	M 23 074
Anaesthetic gas extraction unit – ISO (Kuhn)	► M 25 838	Scope of delivery as described on page 29	
Anaesthetic gas extraction unit – ISO	M 23 190	For circle system:	
Set of Rendell Baker masks, sizes 0-3	M 24 526	Corrugated hose 1.0 m – ISO	► M 25 724
Conversion kit for infants' circle system – ISO comprising 3 spiral tubes, reservoir bag 0.5 L, socket, Y-piece 90°, straight Y-piece	► M 27 542	Corrugated hose 1.0 m, isocitic	M 28 195
Conversion kit for infants' circle system comprising 3 spiral tubes, reservoir bag 0.5 L, socket, Y-piece 90°, straight Y-piece	M 26 702	Corrugated hose 1.0 m	M 04 147
Measurement connections for gas analysis for continuous CO₂- and O₂ measurement during anaesthesia	M 18 074	Set isocitic (2 x)	M 28 212
Set of microbe filters 644 St for insertion between inhalation valve and inhalation hose in circle system 7 a	67 27 260	Socket – ISO for reservoir bag	► M 25 647
5 per pack. Can be sterilized 20 times		Socket for reservoir bag	M 09 177
Set of microbe filters 644 St, suitable for circle system 8 ISO, comprising:		Set of Dräger masks sizes 1-3	M 24 524
Set of microbe filters 644 St for insertion between inhalation valve and inhalation hose in circle system	67 27 260	Circle-system inhalation valve – ISO	► M 24 469
5 per pack. Can be sterilized 20 times and		Circle-system inhalation valve	M 19 603
ISO set for microbe filters	► 84 07 563	Circle-system exhalation valve – ISO	► M 24 509
For attachment of Ventilg/Ventilog 2 on the right hand side of the anaesthesia apparatus:		Circle-system exhalation valve	M 19 617
Mounting plate	M 28 306	Reservoir bag, 23–2.3 L	M 12 963
Swivel arm	M 28 224	Set of valve discs, ceramic (3 x)	M 23 249
For operation from Sulla 808/808 M:		Set of valve discs, mica (4 x)	M 19 265
Connecting hose 1.2 m	M 25 518	Set of 5 sight glasses (M 09 230)	M 22 171
For connection between Ventilg/Ventilog 2 and switching valve:		Set of 5 sealing rings (M 09 231)	M 22 155
Connection hose 2/1 m	84 04 758	Absorber (2 required)	M 13 230
See page 29 for Ventilg/Ventilog 2 and accessories required.		Set of 2 absorber jackets	M 22 157
Ventilog/Ventilog 2, for latching onto upper latch-on plate (with basic versions 1, 2 and 3 only):		Set of 4 sealing rings	M 22 158
Ventilog with latching elements alternatively:	84 05 200	For conversion kit infants' circle system:	
Ventilog 2 with latching elements (see page 29 for description).	M 27 917	Spiral tube 1.1 m (for infants)	M 25 120
For operation from Sulla 808/808 M:		Spiral tube 1.1 m, complete (1 sleeve and 1 socket)	M 26 772
Connecting hose 1.2 m	M 25 518	Spiral tube 1.1 m, complete (2 sleeves and 2 sockets)	M 26 879
For connection between Ventilg/Ventilog 2 and switching valve:		Y-piece for infants 90	M 26 700
Connecting hose 2/1.5 m	84 04 732	Y-piece for infants, straight electrically conductive	M 27 076
Accessories required: see page 29		Reservoir bag, 23–0.5 L	M 09 111
		Socket – ISO	► M 25 647
		Socket	M 09 177
		For Ventilg/Ventilog 2:	
		Patient set including waste-gas socket	84 05 040
		Pneumatic switching valve – ISO including 2 m control hose, plug-in nipple and 4 hose clamps	► M 27 240
		Pneumatic switching valve including 2 m control hose, plug-in nipple and 4 hose clamps	M 27 235
		Manual switching valve – ISO	► 84 05 295
		Manual switching valve	84 05 305
		Connection hose 2/1 m	84 04 758
		Connection hose 2/1.5 m	84 04 732
		Bellows (adults)	2M 08 138
		Bellows (infants)	84 00 179
		Hose 2 x 1.5 mm (running metre)	12 03 622

15 Parts List (Fig. 28)

Name and description	Code No.	No. in Fig. 28	Name and description	Code No.
For Oxydig:		2	T-screw	M 25 336
O ₂ sensor capsule	68 50 645			
Oxydig sensor housing	68 50 250	3	O-ring (set of 10)	U 15 314
Battery (alkaline manganese) (4 x required)	13 35 804	4	Spanner 22-32	M 12 401
		5	Screw (set of 10)	2M 17 568
For Barolog A:				
Pressure measuring line	83 02 841	6	Fresh-gas hose with 2 x sealing rings	M 17 734
Bacteria filter	84 02 868	7		
		7	Sealing ring (set of 10)	M 23 454
For Anemone:				
O ₂ sensor capsule	68 50 645			
S-set sensor (set of 5)	84 03 735	8	Extension arm	M 25 410
Pressure measuring line	83 02 841			
Bacteria filter	84 02 868	9	T-screw (set of 2)	M 22 191
		10	Screw	M 14 075
For Precom E 11 431:				
Airway pressure gauge Pressure-gauge front section for Precom E 11 431	E 11 430	11	Washer	M 25 419
		12	T-screw	M 19 816
For Volumeter 3000:				
Service set for Volumeter 3000	2M 18 180			
		13	O ₂ pressure reducer with 4 x profile sealing rings	D 19 808
For anaesthetic filter equipment 2:				
Set of 5 anaesthetic filters 633	67 24 492	14		
		14	Profile sealing ring (set of 10)	R 23 096
For bronchial aspirator (ejector and vacuum):				
Jar set for replacement during sterilization The scope of delivery includes: carrying frame with 1 secretion jar and 1 rinsing jar with a volume of 0.7 L, 1 cap with overflow safeguard and relief valve, 1 aspiration hose and 1 secretion sight glass	M 26 355	15	O ₂ pressure reducer with 4 x profile sealing rings	D 40 050
Jar cap (valve)	M 26 010	14		
Jar, 0.7 L	M 20 091	16	N ₂ O pressure reducer with 4 x profile sealing rings	D 19 809
Set of 5 secretion sight glasses	M 22 150	14		
Aspiration hose 1.5 m	M 25 780	14		
		17	O ₂ connecting hose, 1 m with 2 x sealing rings	M 27 279
For bronchial aspirator, ejector:				
Set of 5 bacteria filters	67 23 976	18		
		18	Sealing ring (set of 10)	M 22 164
Miscellaneous:				
Set of microbe filters 644 St for insertion between inhalation valve and inhalation hose in circle system 5 per pack. Can be sterilized 20 times	67 27 260	19	N ₂ O connecting hose, 0.8 m with 2 x sealing rings	M 26 458
ISO set for microbe filters	► M 26 930	18		

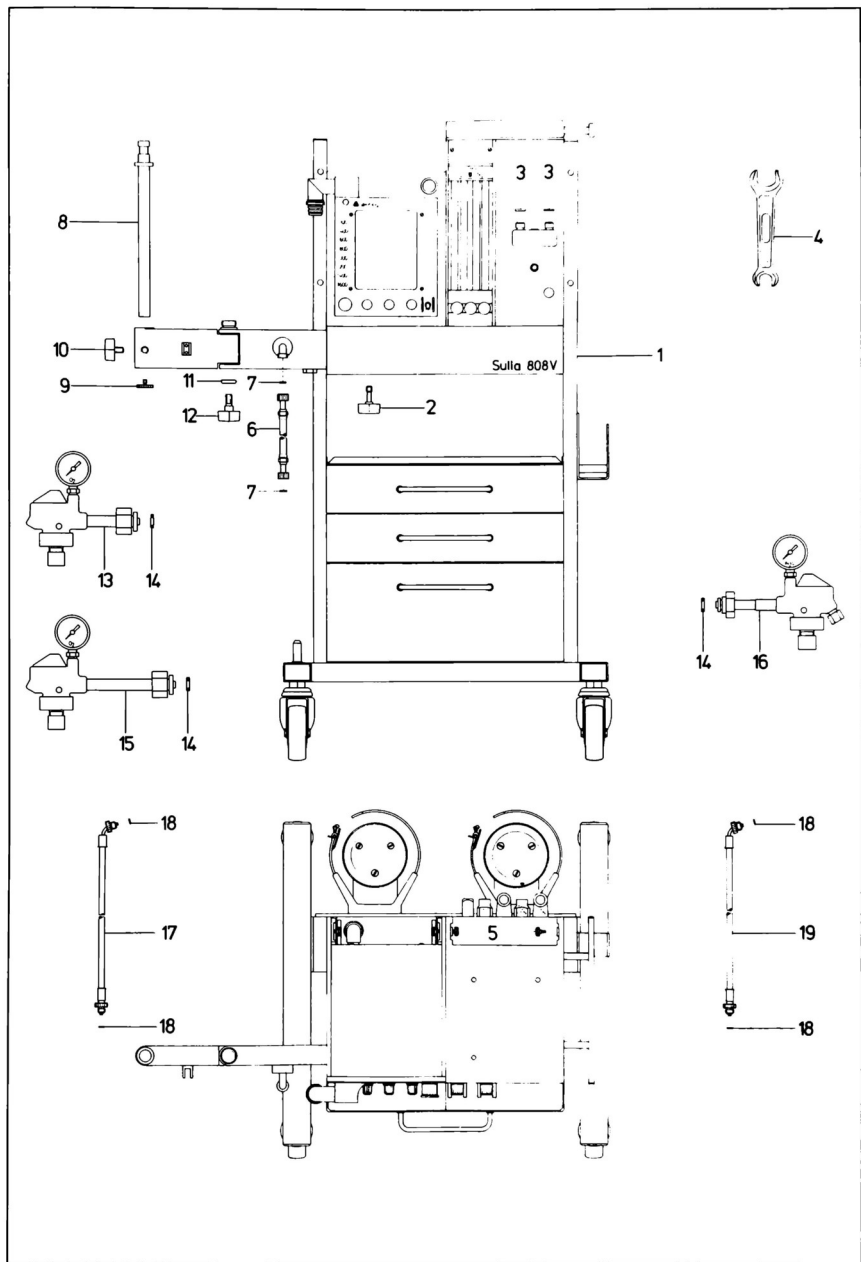


Fig. 28 Component parts of Sulla 808 V (see Parts List)

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Instructions for use

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