

Designed to quickly mitigate hypoxemia

Ideal for OSA, older and obese patients

Suitable for most patients approximately 5ft-6ft in height

## The multipurpose DPA

### 1 Relieves upper airway obstruction

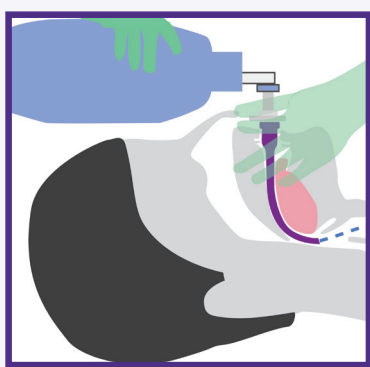
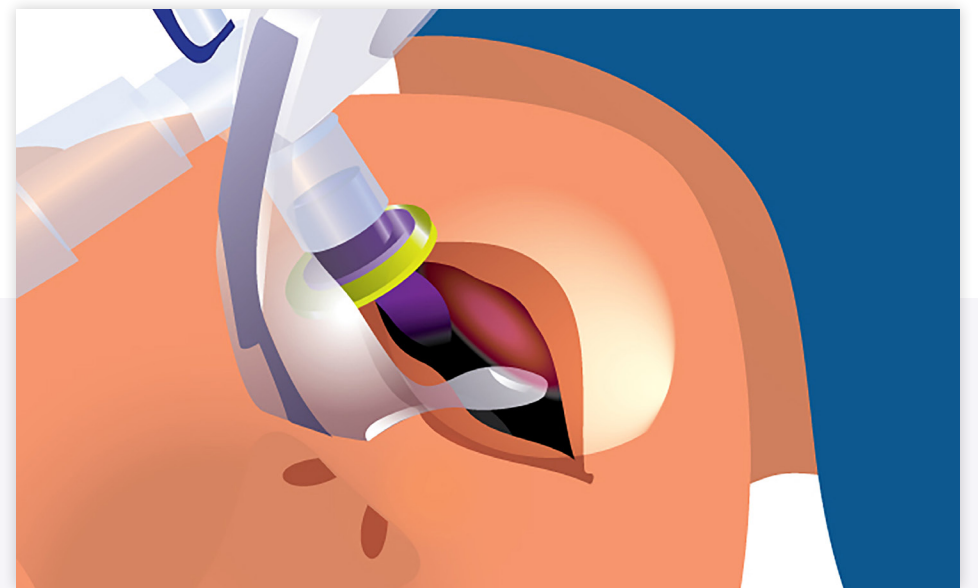
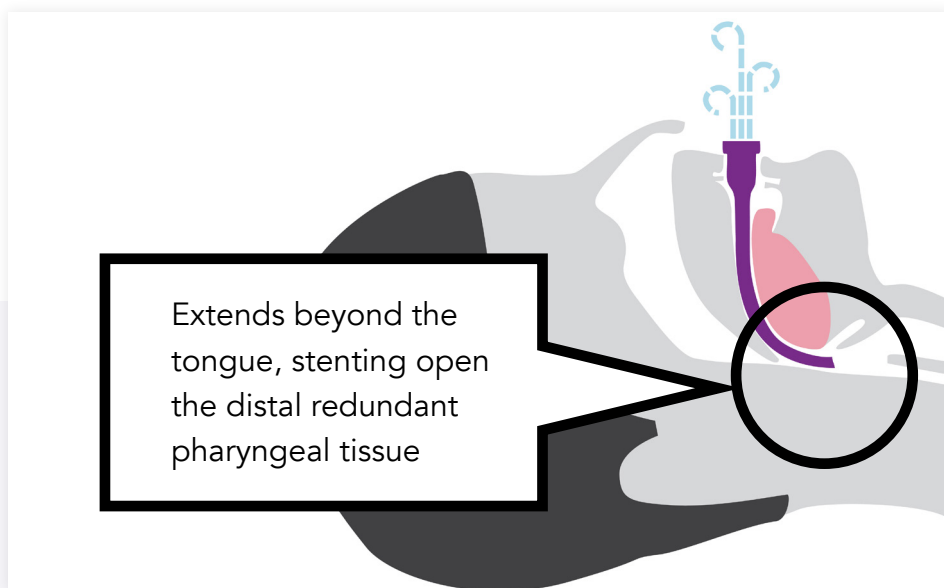
- Upon a negative gag reflex, place between molars
- No setup needed or lubrication
- Elongated cushioned bite block

### 2 Provides apneic oxygenation during intubation

- Slide the MEA to the left side of the mouth, connect the MEA to the BVM and intubate around it

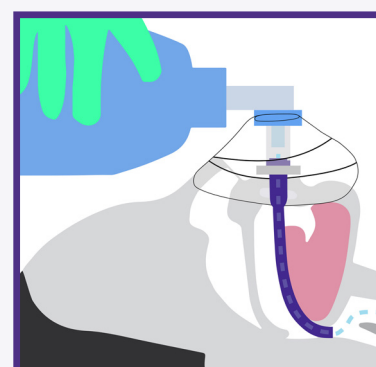
### 3 Facilitates intraoral positive pressure ventilation (IOV)

- Avoids challenging mask ventilation, especially with obese, OSA, edentulous, or bearded patients
- IOV accomplished either manually or with a mask



### Manual IOV

1. Place patient's chin slightly in your left palm
2. Place thenar web space around MEA base
3. Pinch nares closed with thumb and index finger
4. Bring lips up to seal with palm



### IOV with a Mask

1. Place MEA midline
2. Attach straight connector (not included) to MEA connector
3. Place straight connector through the mask's hole
4. Couple to BVM

## For Successful Placement – 3 Easy Steps

### 1 SIZE THE MEA

Philtrum to tip of the earlobe (without the connector)



### 2 ASSESS READINESS

Patient has a negative gag reflex



Scan for a step-by-step video and more

### 3 PLACE

Midline with curve facing palate and slide between the molars

- If measured too long when sizing, withdraw until correctly placed – keep some molars on bite block
- No lubrication, rotation or tongue depressor routinely needed