

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

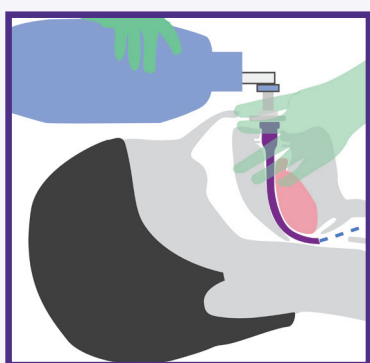
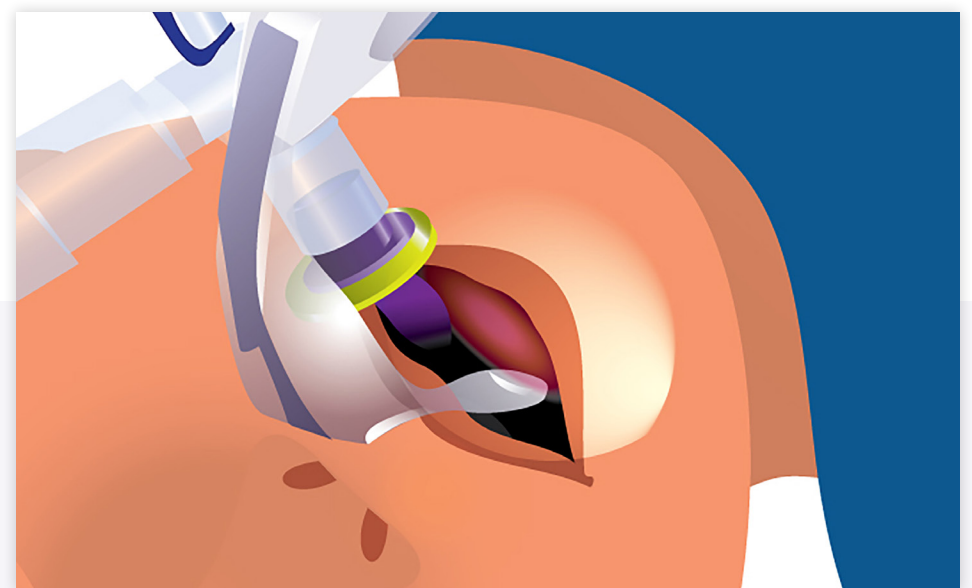
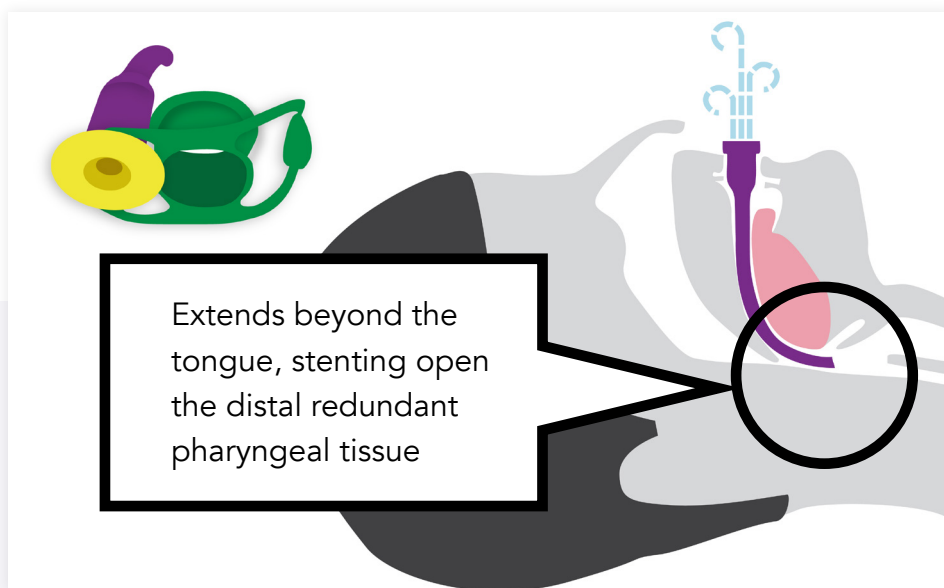
- Fits alongside EGD bite block
- No setup needed
- Elongated cushioned bite block
- Upon a negative gag reflex, place between molars

### 2 Provides apneic oxygenation during intubation

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

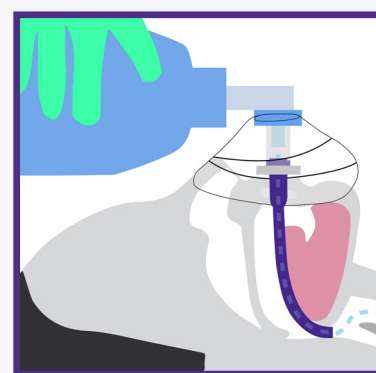
### 3 Facilitates intraoral positive pressure ventilation (IOV)

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



### Manual IOV

1. Place palm slightly on patient's chin
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



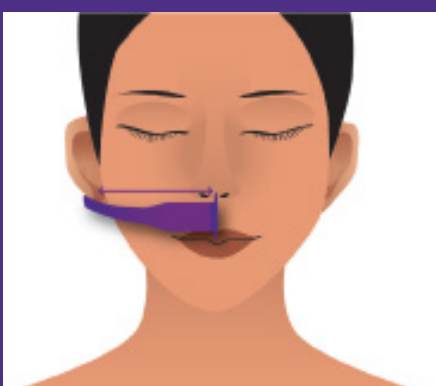
### IOV with a Mask

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 or anesthesia circuit Patient

## 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

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