Wright™ & Haloscale™

Respirometers

Redefining Accuracy
Beyond the Standard

Wright Mark 8
- General purpose - full scale measurement
- For minute volume measurement with facility for measuring tidal volume
- Small inner dial records 0-1 liter
- Large outer dial records 0-100 liters
- Dial layout: separate small fractional liter and large full liter dials offset
- Connections: 22mm male BS/ISO taper, inlet and outlet
- Dial Diameter: 35mm (1.4 in)
- Overall Dimensions: 70 mm x 60 mm (2.75 in x 2.35 in)
- Weight: 130 g (4.6 oz)

Wright Mark 14
- Ideal measurement ranges for pediatric patients
- For tidal volume measurement with facility for measuring minute volume
- Small inner dial records 0-100 liters
- Large outer dial records 0-1 liter
- Dial layout: separate small full liter large fractional liter dials offset
- Connections: 22mm male BS/ISO taper, inlet and outlet
- Dial Diameter: 35mm (1.4 in)
- Overall Dimensions: 70 mm x 60 mm (2.75 in x 2.35 in)
- Weight: 130 g (4.6 oz)

Haloscale Standard
- For both tidal volume and minute volume measurement
- Inner concentric dial records 0-1 liter
- Outer concentric dial records 0-100 liters
- Dial Layout: Dual concentric fractional and full liter dials
- Connections: 15mm female inlet/ 22mm female BS/ISO outlet
- Dial Diameter: 57 mm (2.25 in)
- Overall Dimensions: 72 mm x 70 mm (2.85 in x 2.75 in)
- Weight: 160 g (5.7 oz)
Redefining Accuracy. Beyond Expectations.

No respiratory volume measurement instrument is more recognized throughout the world.

All models feature push button on/off and reset, and are supplied complete with two circuit adapters and safety harness in a fully padded carrying/storage case. All models have updated, easier to read dials.

Clinical Applications

- **Routine Checks of Mechanical Ventilation**
  Respirometers are used to perform routine checks of patient's tidal volumes to guarantee accurate ventilator performance.

- **Ventilator Weaning**
  When blood gas analysis indicates weaning can be attempted, respirometers make ideal instruments to determine the success of weaning by measuring tidal and minute volume levels.

- **Recovery**
  Respirometers are ideal instruments to ensure the level of the patient's lung function before leaving the recovery area.

- **Anesthesia**
  Placed in the expiratory circuit, respirometers are used to measure tidal and minute volumes to ensure adequate ventilation on both spontaneously breathing and mechanically ventilated patients.

Technical Specifications

**Accuracy:**
- *Tidal volumes:*
  - ±3% for minute volumes exceeding 5 LPM
  - ±4% for minute volume of 4 LPM
- *Continuous flow:*
  - ±2% @ 16 LPM
  - ±5% to ±10% @ 60 LPM
**Sensitivity:**
- Starts volume registration at not more than 2.5 LPM
**Resistance:**
- Proportional to square of the flow rate and not more than 2cm H2O @ 100 LPM
**Dead Space:**
- 22 ml
**Permissable Gases:**
- All respirable gases
**Maximum Temp:**
- 55°C (131°F)
**Maximum internal to external pressure:**
- 30cm H2O
**Maximum Leakage:**
- 60ml/min at 30cm H2O (to ASTM F1208-89)
**Maximum Recommended Flow Rate:**
- 60 LPM (300LPM continuous flow for short periods)
**Sterilization:**
- ETO · 55°C (131°F) Maximum

Maintenance Program

As the original manufacturer of Wright Respirometers, nSpire Health provides enhanced services for all of our respirometer units, delivered by factory trained authorized service centers.

Sterilization

- **Ethylene Oxide (ETO)**
  The new Wright and Haloscale respirometers are sterilized by Ethylene Oxide sterilization following the cycle recommended in the product directions for use.

- **Other Sterilization Methods**
  No other methods of sterilization can be used. Submersion in cold disinfectants or autoclaving will severely damage the instrument and void the product warranty.

Warranty

Wright and Haloscale Respirometers are warranted for one year from date of purchase for defects in material and workmanship. Units that have been dropped, misused, or suffered damage due to repair attempts by untrained personnel are excluded.

Contact Information

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