**Description**

The Atrium Express™ Mini 500 Dry Seal Chest Drain is a disposable, waterless operating system with 500ml collection volume, a non-adjustable dry suction regulator preset at -20cmH₂O, and a dry one-way valve for seal protection.

**Set Up**

**Step 1**
Select Catheter Adapter - Select appropriate adapter and secure firmly into distal end of patient tube.

**Step 2**
Connect Patient Tube To Patient - Close patient tube clamp prior to connecting patient tube to catheter. Insert connector firmly into catheter.

**Step 3**
Connect Patient Tube To Chest Drain - Remove red disposal cap. Connect patient tube to chest drain.

**Step 4**
Open Patient Tube Clamp - Clamp must remain open at all times when system is connected to patient. Open clamp prior to initiating suction.

**Step 5**
Connecting To Suction - When suction is prescribed by the physician, firmly attach suction line to suction port. Slowly increase suction source vacuum to -80mmHg or higher. The suction control regulator is preset to -20cmH₂O.

**What To Check During System Operation**

- **Placement of Unit**
  During patient ambulation or when patient is confined to bedrest, always place unit below patient’s chest in upright position. Use hanger provided for bed rail attachment. Only use belt straps as directed for patient ambulation.

- **Suction Port**
  When suction is required, firmly attach suction source line to suction port located on top of chest drain.

- **Suction Source**
  Suction source should provide a minimum vacuum pressure of -80mmHg at 20 liters of air-flow per minute.

- **Fixed Suction Regulator**
  The non-adjustable dry suction regulator is preset at -20cmH₂O vacuum setting and will automatically compensate for moderate changes in vacuum source pressure.

- **Dry One-Way Seal Valve**
  Atrium’s dry seal valve does not require water for seal protection during patient use. Atrium’s one-way dry seal valve is non-position sensitive.

- **Air Leak Detection**
  Fluid must be present in the collection chamber for air leak detection. If fluid is not present, add 20ml of sterile water or saline through the needleless access port located on the front of the drain. Temporarily tip the drain to the right as shown until collection fluid appears in the air leak window (A). Bubbling in the air leak window (A) when positioned as shown, will confirm a patient air leak. Immediately return chest drain to upright position.

- **Vacuum Indicator**
  A mark symbol is visible in the vacuum indicator window when vacuum is present inside the chest drain. When no vacuum is present inside chest drain, the mark symbol will not appear.

- **Collection Chamber**
  The collection chamber is calibrated in 10ml increments up to a maximum capacity of 500ml. Fluid level graduations are accurate within ±10ml or 5% of scale.

- **Automatic High Negativity Release**
  The filtered high negativity release valve located on the back wall of the chest drain automatically activates to limit maximum vacuum pressure to approximately -50cmH₂O.

- **Positive Pressure Release Valve**
  PPRV located on top of the chest drain opens instantly to release positive pressure automatically.

- **Sampling Patient Drainage**
  Sampling patient drainage must be in accordance with approved hospital infection control standards. Fluid samples can be taken directly from the needleless access port located on the front of the drain or from the patient tube by forming a temporary dependent loop and inserting a 20 gauge needle at an oblique angle. Do not puncture patient tube with an 18 gauge or larger needle.

- **System Disconnection**
  Clamp off all indwelling thoracic catheters prior to disconnecting chest drain from patient. Following patient line removal from chest drain, insert the blunt end of the red disposal cap into the patient line port to close off the collection chamber for disposal.

- **System Disposal**
  Disposal of chest drain and its contents should be in accordance with all applicable regulations.

**Frequently Asked Questions**

**Q** Is the Express Mini position sensitive?

**A** Atrium’s dry seal valve is not position sensitive during operation. However, fluids do have the potential to leak out of the top of the drain if it is tipped at a severe angle. Therefore, whether the patient is ambulating or confined to bedrest, it is recommended to always maintain the unit below the patient’s chest in an upright position.

**Q** Can suction be applied to the drain?

**A** Yes. At the physician’s discretion, the Express Mini can be connected to suction. After attaching the suction line to the suction port, increase the suction source vacuum to -80mmHg or higher. The non-adjustable dry suction regulator is preset to -20cmH₂O.

**Q** Do I need to add water to the drain?

**A** No. The Express Mini does not require water to operate. However, fluid must be present in the drain to check for an air leak. If fluid is not present, you can add 20ml of sterile water or saline through the needleless access port on the front of the drain. Follow the instructions on how to check for an air leak.

**Q** What does the mark mean?

**A** When the mark appears it means vacuum is present inside the chest drain. When no vacuum is present inside the chest drain, the mark will not appear. The mark may appear intermittently with respiration.

**Q** What should I do when the drain fills?

**A** The Express Mini can be replaced with a new one. An in-line connector and removable clamp are provided to make change out easy.

**Q** Have a question or need help in a hurry? Call Atrium toll free at 1-800-528-7486.

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