

ENGINEERING, FACILITIES, EQUIPMENT AND PROCUREMENT

Biomedical Equipment Maintenance

Device Code Changes

11001 - Continuous Positive Airway Pressure (CPAP) Unit

Device code 11001 has been added to our database. The PM and Cal cycles are every 12 months for both stored and in-use items. Please make the change in MEDLOG by doing an SMR transaction.

13782 – Transcutaneous Electroanalgesic Stimulator (TENS)

Device code 13782 has been added to our database. The PM and Cal cycles are every 12 months for both stored and in-use items. Since this item is typically an Expendability Code 1 item (maintenance significant supply item), there is no life expectancy associated with it. Please make the change in MEDLOG by doing an SMR transaction.

17677 – Irrigation/Distention System – Hysteroscopic

Device code 17677 has been added to our database. If you have this type of equipment in your inventory, please run an SMR transaction to add this to your MEDLOG system with the following information:

PM Cycle –Stored	12
PM-Cycle - In-Use	06
Calibration Cycle - Stored	12
Calibration Cycle – In-Use	12
PM Time	0.7
Life Expectancy	08
Literals	1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 675, 998, 999

(AFMLO/FOM-E, TSgt Stephen Walker, DSN 343-4039, e-mail or NetMeeting® at stephen.walker@ft-detrick.af.mil)

Impact 754 and Your Ambulances

Wilford Hall Medical Center recently had an incident with an Impact model 754-ventilator and ambulance oxygen supply that may have an impact on everyone. A brief description of the incident is as follows:

They used the ventilator on a patient who was being moved from Ft. Sill to WHMC for treatment. The ventilator worked fine when connected to the O2 bottle on the stretcher and when connected to the hospital wall outlet, but when they connected it to the ambulance at Ft. Sill, it gave a low-pressure alarm. Once on the aircraft, the ventilator worked fine. As soon as the patient was in the ambulance and connected to the ambulance O2 supply the ventilator again alarmed.

When the mission was complete, they checked the ventilator out and it was working fine. When they checked the ambulances, they found that the O2 pressure was set at 43 psi and the ventilator only called for a minimum of 35, but when the ventilator called for O2, the pressure dropped to 33 psi with the demand--causing the ventilator to alarm.

As they checked other ambulances they found them all with the O2 pressure regulator set around 35 psi. After checking with everyone from the ambulance manufacturer to the base motor pool,

they increased the pressure to 50 psi and everything worked fine.

AFMLO strongly recommends that all AF locations check their ambulance (Don't forget WRM ambulances) O2 pressure and adjust the pressure regulator for a pressure of 50 psi. AFMLO would like to thank the Biomedical Equipment Technicians (BMETs) at Wilford Hall for bringing this to our attention. **Attachment 1** contains instructions, put together by TSgt Rohrberg at Wilford Hall, for checking the pressure of your ambulance O2 supply. (AFMLO/FOM-E, TSgt Stephen Walker, DSN 343-4039, e-mail or NetMeeting® at stephen.walker@ft-detrick.af.mil)

Patient Liquid Oxygen (PT LOX)

Recently, the Air Force Medical Logistics Office, Veteran Affairs Special Services, awarded a Decentralized Blanket Purchase Agreement (DBPA) to Essex Cryogenics of Mo., Inc., DBPA # VA0797-00-A-0042. This DBPA can be used to send your PTLOX systems directly to the manufacturer for the repair/calibration of PT LOX systems, NSN # 3655-01-222-9194, that are in the Air Force inventory. A copy of this DBPA and a Parts Price List is available on the AFMLO homepage, under "VA Special Services Contracting Office." PT LOX calibrated by the manufacturer are costly and start at a minimum of \$500. Minor repairs can range from \$1500 - 3500 each, or up to 65 percent of the new unit cost.

As a reminder, there is an annual requirement for PT LOX systems to be purged, cycled, and calibrated in accordance with T.O. 15X-2-8-1. Additionally, these units must be tagged with a DD Form 2163, "Medical Equipment Verification/Certification" (self-adhesive) sticker, and an AFTO Form 244, "Industrial/Support Equipment Record." The AFTO form is available for downloading at: <http://afpubs.hq.af.mil/>. It is highly recommended these systems be checked out accordingly to meet annual readiness requirements.

Should this service not be accomplished by your base Environmental Control Shop (ECS), then the DBPA is an alternative to send them directly to Essex. In either case, the LOX systems need to be calibrated annually. (AFMLO/FOM-E, Capt Paul Toth, DSN 343-7445, e-mail paul.toth@ft-detrick.af.mil)

Quality Assurance

Food and Drug Administration (FDA) Recalls/Alert Notices

Attachment 2, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM, Capt P.J. Toth, DSN 343-7445, e-mail paul.toth@ft-detrick.af.mil)

WILLIAM H. HILL
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