

**inspired O2FLO™** is designed to provide sufficient high flow respiratory support to a wide range of spontaneously breathing patients, across a wide range of treatment environments.

It is smart, safe and user friendly.



### Smart



Self-regulating flow rate  
2 to 80 LPM



Maintains patient  
mucociliary transport



Up to 100% O<sub>2</sub> delivery  
(real-time oxygen  
concentration display)

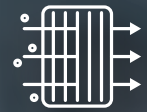


Built-in infrared sensor for  
water level management



Pre-use SST<sup>[b]</sup> – extra safety  
precaution meeting the latest  
ISO 80601 requirement

### User Friendly



HEPA-type filter<sup>[a]</sup> compatible



Simple and intuitive  
user interface



Unidirectional gas flow  
eliminates the need for device  
gas path disinfection



8GB SD Card to record  
alarm and usage history



Low flow mode to preset flow  
and time interval program

a. Air filter made from HEPA filter media.

b. Short self test.

# O2FLO High Flow Heated Respiratory Humidifier



# Scientific Publication

In a multi-centre prospective observational study, O2FLO is one of the devices that delivers high-flow nasal oxygen (HFNO), along with another transport ventilator and high flow standalone device from the market. It shows a resource-constrained setting where access to ICU care and mechanical ventilation is limited, HFNO for severe COVID-19-related hypoxaemic respiratory failure (HRF) is **feasible and deliverable even in a ward-based non-critical care environment**, and almost half of those who receive it can be **successfully weaned** without the need for mechanical ventilation. Conversely, mortality in patients who fail HFNO is high.<sup>[1]</sup>

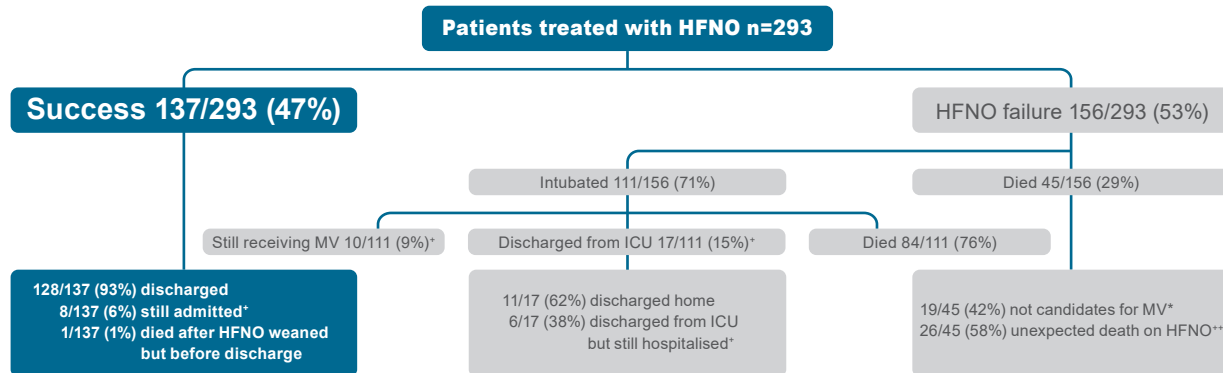


Fig. 1. CONSORT diagram showing outcomes of HFNO and survival to discharge.  
HFNO: high-flow nasal cannula oxygen; ICU: intensive care unit;  
MV: mechanical ventilation, DNR: do not resuscitate.  
Success = weaned from HFNO; Failure = need for intubation or death.

\* Triaged due local facility protocol, DNR order or pre-specified patient preference.  
+ Survival to hospital discharge = 139/269 (52%); denominator excludes those still in hospital or ventilated in ICU (n = 24).  
++ Sudden death = abrupt unexpected death on HFNO (intubation was not being considered at the time).

In another retrospective study on experience of high-flow nasal cannula (HFNC) oxygen in critically ill covid-19 adult patients, O2FLO, as one of the devices that delivers HFNO, is proven to provide successful respiratory support in moderate-to-severe cases of COVID-19 in **almost half of the cases without the need for mechanical ventilation**. COVID-19 has quickly brought HFNC into the spotlight, allowing the industry to realize it can also be used as an oxygen therapy strategy for patients with **acute hypoxic respiratory failure (AHRF)** while monitoring the **ROX index**.<sup>[2]</sup>

- G.L. Calligaro et al., The utility of high-flow nasal oxygen for severe COVID-19 pneumonia in a resource-constrained setting: A multi-centre prospective observational study, EClinicalMedicine (2020), <https://doi.org/10.1016/j.eclim.2020.100570>
- Kerali S, Singh R, Saxena KN, Desai SD, Bhalotra AR. A Retrospective Study on Experience of High-flow Nasal Cannula Oxygen in Critically Ill COVID-19 Adult Patients Admitted to Intensive Care Unit. Indian J Crit Care Med 2022;26(1):62-66.

## Accessories



\*Product availability may vary amongst territories.

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REF# IMDM001 Rev.B 2024-09



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