



PHILIPS
RESPIRONICS

Wisp

Pediatric nasal mask

Caregiver guide

Support for families

The Wisp pediatric mask has a fun, child-friendly giraffe print and soft fabric materials. We have developed a fantasy world featuring our cartoon giraffe character, Jacky, who interacts with his friends Sami the Seal and Tucker the Turtle.

The purpose of this playful theme is to ease the child into therapy, and make him or her more comfortable with the mask.

We have also created a storybook to help the youngest children with breathing difficulties understand the use of wearing a mask.

Caregivers can access instructional and demonstration videos to help them use the mask, while the child can enjoy the Jacky Giraffe adventure cartoon.



The cartoon animation and instructional videos can also be accessed on the Philips Respironics YouTube channel, philips.to/wisppediatric



Learn your way around the **Wisp pediatric mask**

Comfortable headgear
wraps around the head and attaches to the frame. It holds the mask in place and keeps it stable.

A soft fabric frame
rests against the face and holds the cushion in place on the mask.

Quick release tabs
allow the child to be temporarily disconnected from the machine, such as to use the restroom in the middle of the night.

The cushion design
is available in three sizes, the cushion fits over the nose to deliver therapy.

Click fit headgear clips
allow the mask to be removed without readjusting the headgear tabs each time.

The tubing management loop
is an optional feature that enables the tube to be positioned over the head and away from the front of the body.

A 360° rotating elbow and tube
connect the mask to the hose on the therapy device. The rotating elbow and the tube gives the child freedom to move in his or her sleep.





Leak Correction Dial

for less intrusive
mask adjustment

Spotlight on the Leak Correction Dial

The innovative Leak Correction Dial on the child's Wisp pediatric mask enables you to fix small leaks. The Leak Correction Dial should always be positioned straight down, as if at the 6:00 position on a clock, when the

child puts on the mask. The mask should be fitting properly and without leaks at the time the child goes to bed. The Leak Correction Dial can be turned to the right or left if leaks occur while the child is sleeping to

readjust the fit of the cushion on the face.

Turning the Leak Correction Dial widens the angle of the front of the frame, gently nudging the cushion closer to the face.

Mask care

- Wash the mask parts in warm water with liquid dishwashing soap, like what you might use when hand-washing your dishes. Do not clean the mask with bleach, alcohol, solutions containing bleach or alcohol, or solutions containing conditioners or moisturizers.
- Hand wash the non-fabric parts (the cushion and tubing) daily.
- Hand wash the fabric parts, and lay them out to dry, once each week.
- Use the headgear clips to put the mask on and off. This helps to protect the integrity of the stretchy fabric parts.

Comfort Tips

- If the child has a preference for a certain sleeping position, consider this when positioning the therapy device.
- The most common mistake is overtightening the headgear. The headgear should fit comfortably. If the skin bulges around the mask or if red marks appear, loosen the headgear.
- The quick release elbow allows the mask to be temporarily disconnected from the tubing without the child having to remove the mask. The elbow can be quickly clicked back into place when the child returns to bed.
- The optional tubing management loop reroutes the tubing over the child's head. You will not be able to use the quick release feature to disconnect the mask from the tube if the loop is used.
- When removing the headgear, it can be pulled up over the head either headgear first or frame first. Children may prefer if the headgear is pulled up first, pulling the mask away from the face instead of over it.

Sizing tips

- The cushion should fit the width of the nose without blocking the nostrils. If the child is on the line between sizes, the smaller size is usually tried first, and then the bigger size if needed.
- If the child finds the mask uncomfortable, or if it seems too big or small, let your respiratory therapist or doctor know so they can look into alternative sizes and resources for you.

Troubleshooting

Many troubleshooting questions can be answered by the instructional videos posted on www.sleepapnea.com and on the Philips Respironics YouTube channel at philips.to/wisppediatric.



Q&A

What conditions is non-invasive ventilation (NIV) used to treat?

- Non-invasive ventilation is used to assist with breathing air in and out of the lungs more effectively.
- NIV is often used for patients who have developed problems breathing such as asthma, pneumonia, or following an accident.
- In other situations, it is also used to help children who have chronic respiratory conditions or muscle weakness to breathe at home.¹ Many of these children have neuromuscular disorders such as muscular dystrophy or muscular atrophy.¹
- Continuous Positive Airway Pressure (CPAP) might be used by patients at night to treat breathing conditions related to sleep such as sleep apnea. If someone has sleep apnea, it means they sometimes stop breathing, which disrupts their sleep throughout the night.

What are the consequences if these conditions are left untreated?

- If any of the above conditions are left untreated, the child will not breathe effectively.
- This may result in the child not getting enough oxygen into the body and/or not properly getting rid of carbon dioxide and wastes that are eliminated when the child breathes out. If these wastes are not properly eliminated during normal breathing, it can result in a build up of acid in the child's blood.²
- Any of these conditions can be dangerous if left untreated.
- It can also impact the child's energy levels and ability to think clearly, perform well in school and participate in normal everyday activities.

How does NIV work?

- NIV works by generating a pressure that opens the airway while providing an inhalation pressure and "back up rate" to assist the child's breathing.

How does the pressure go into the lungs?

- The air goes into the lungs through a special mask that either covers the child's nose or covers their nose and mouth.
- The mask is held into place by headgear with straps that are designed to work specifically with each type of mask.
- Sometimes the air coming through the machine is heated in order to make it warm and dewy.

How will treatment help?

- Treatment will help the child breathe more effectively and will prevent further complications of not being able to breathe or get enough oxygen.²
- Sometimes children may need some time to adjust to wearing the mask. It helps to make a game out of it and introduce wearing the mask slowly.

What do I do if the mask is leaking?

- The mask is designed with holes that allow a small amount of exhaled air to escape. This is important, so you should not block the holes. If it appears to be leaking more than normal or the machine indicates there is a leak, adjusting the mask may help.
- If the leak is detected before the child goes to sleep, check the tightness of the headgear to make sure it is fitted, but not tight. The cushion can be "resealed" by gently pulling it away from the face and setting it back to reset the cushion.
- If a leak is detected when the child is asleep, use the Leak Correction Dial to nudge the cushion closer to their face.
- Use the instructions packaged with mask for proper fitting.
- Oils or moisturizers could impact the cushion's ability to seal properly. The cushion should be washed daily to remove skin oils. The child's face should be washed, and he or she should not apply moisturizer before bed.

Is the mask too tight or too loose?

- Ensure the straps are not too tight or too loose. If they are too loose, they will not stay positioned on the face and the child will not get his or her therapy.
- If they are too tight, the straps could cause redness and irritation to the skin underneath the mask and the straps. If the child is in the hospital, respiratory therapists or nurses may frequently rotate different masks on the child's face and check the skin under the mask to prevent sores from developing from the mask.
- The straps do not have to be repositioned tightly to hold the mask in place.

References

1. Kang, P.B., Morrison, L., Iannaccone, S.T., et al., Evidence-based guideline summary, evaluation, diagnosis and management of congenital muscular dystrophy, 2015.
2. Bach, J.R., Ishikawa, Y., and Kim, H., Prevention of pulmonary morbidity for patients with Duchenne muscular dystrophy, 1997 Chest, 112(4), 1024-1028.





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