

[SS 34] /ic F16K1/50 or F16K31/44 or F16K35/00 or F16K35/10

Results in EPODOC **20.095**

[SS 35] valve and fraud and (block+ or lock) and (cover or cap or closure) and screws

Results in EPODOC **1**

[SS 36] ..li



[SS 36] ..v

[EPODOC: SS 36] block+ or lock+

Results in EPODOC **3.588.084**

[SS 37] 34 y 36

Results in EPODOC **0**

EPODOC: term '34 Y 36' not found in index 'BI'. *WARNING(1)*

[SS 38] 34 and 36

Results in EPODOC **4.065**

[SS 39] fraud and 38

Results in EPODOC **2**

[SS 40] ..li



[SS 40] ..v

[EPODOC: SS 40] screws and 38

Results in EPODOC **52**

[SS 41] ..li



[SS 41] ..v

[EPODOC: SS 41] ..ST

Disconnection from EPOQUE on: 14-09-2018 19:26:29 *DISCONNECT(1005)*

Session saved. *INFO(1006)*



New connection on: : 18-09-2018 : 18:32:28 - Last disconnection on: : 18-09-2018 : 03:44:59

V 4.0.0.44358(LP,U,linux) (Rev:43856 2017-04-27 09:03:29 +0200#(D201802)) (RPM D201802)

Welcome to EPOQUE Rebuild under the Production Environment

[No database/cluster active] ..fi

No database has been activated within this session yet.

- Use the command **..FI (CL)** in order to activate a database (cluster). *ERROR(-101007)*

[No database/cluster active] ..fi

Select a database: ..FI EPODOC



Database: EPODOC

[EPODOC: SS 1] venturi and sensor and therapy and respiratory and solenoid and motor

Results in EPODOC 0

[SS 2] venturi and therapy and respiratory

Results in EPODOC 22

[SS 3] 2 and valve and solenoid

Results in EPODOC 0

[SS 4] 2 and solenoid

Results in EPODOC 0

[SS 5] 2 and valve

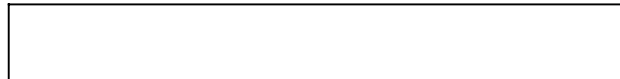
Results in EPODOC 3

[SS 6] ..li



1/3 © EPODOC / EPO

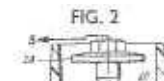
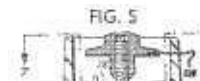
PN - [CN201591884U](#) U 20100929
PR - CN20092118801U 20090429
AP - CN20092118801U 20090429
DT - I
PA - JIN LIN MEDICAL APPLIANCES CO LTD
TI - Medical atomizer
AB - The utility model discloses a medical device for inhalatorium, which is suitable for preventing and treating diseases of **respiratory** systems and the like. The medical device comprises an atomizing tank, an atomizing core, an atomizing cover, a baffle plate, an air inlet **valve** and the like. The cavity of the atomizing tank is used for storing **therapy** physic liquor. The lower part of the atomizing tank is provided with a passage which is connected with a dynamic power source. The outside dynamic power source sprays the **therapy** physic liquor to the baffle plate to form atomizing particles through the dynamic power source passage of the atomizing tank by the **Venturi** principle, and the fresh air is sucked from the air inlet **valve** on the atomizing cover, mixed with the atomized **therapy** physic liquor, and then guided out of the exhaust opening on the



exhaust opening on the atomizing cover. The medical device is characterized in that the air inlet **valve** on the atomizing cover is adjustable, and then the mixing ratio of the air can be controlled; the bottom of the physic liquor-storing container of the atomizing tank forms a cone shape or a plane shape, and the atomizing core is extended to the conical or planar bottom surface, so the **therapy** physic liquor can be sufficiently utilized; the atomizing tank is integrated with the dynamic power source channel, thereby avoiding the leakage of the dynamic air source; the baffle plate forms a circle shape, thereby being convenient for processing manufacture and assembly; and the spray nozzle is improved, thereby decreasing the air consumed amount.

2/3 © EPODOC / EPO

PN - [GB1352785](#) A 19740508
 PR - US19700026023
 19700406; US19710115225
 19710216
 AP - GB19710025635 19710419
 DT - **
 CCI - [A61M16/0858](#) ; [A61M16/021](#)
 CCA - [A61M16/0063](#)
 PA - BIRD F M; POHNDORF H L
 TI - **RESPIRATORY** APPARATUS
 AB - 1352785 **Respiratory** apparatus
 F M BIRD and H L POHNDORF 19
 April 1971 [6 April 1970 16 Feb
 1971] 25635/71 Heading A5T
 [Also in Division F2]
 A **respiratory** apparatus for
 cardiopulmonary **therapy**
 includes: a servo control **valve**
 body 52, Fig. 2, having an inlet
 54 adapted to be connected to a
 source of pressurised air; an



outlet 56, Fig. 5, for communication with the airway of a patient; a phase control **valve** structure including a **valve** element 208 movable to an open position to direct air flow between the inlet and outlet for an inspiratory phase, and to a closed position interrupting the flow between inlet and outlet during an expiratory phase; a shaft 62 mounted in the body 52 for movement to place the **valve** element 208 in either of its open or closed positions; and an expansible chamber 148 adapted for communication with the airway of the patient and operable to move the shaft 62 in response to the patient's breathing. A flow-controlling **valve** 58 is provided to selectively adjust the air flow rate to vary the length of the inspiratory phase. The chamber 148 is defined by a diaphragm 86 mounted on the shaft 62 adjacent its end and is in communication with the airway of the patient via a hub 70. A flexible diaphragm seal 102 exhausts the chamber to atmosphere during the expiratory phase and closes the chamber during the inspiratory phase. A condenser 92 having a drip-preventing skirt 96 defines an opening 98 for the passage of the exhalation gases to atmosphere. The sensitivity pressure (i.e. the pressure required for initiation of the inspiratory phase) is adjusted by means of a wheel 150 threadably received on the shaft 62, the wheel being provided with an armature 158 for attraction by a magnet 206 fixed in the housing 48. The peak inspiratory

pressure (i.e. the pressure required for initiation of the inspiratory phase) is adjusted by a similar wheel 152. The outlet 56 communicates with a breathing head assembly (18), Fig. 1 (not shown), which in turn includes a **Venturi** assembly (20), a gate **valve** assembly (22), a micro-nebulizer (24), and a mouthpiece (26) for communication with the patient's airway. In an alternative embodiment. Fig. 8 (not shown), a cap (350) is mounted on the **valve** body and is provided with a central opening (360) through which an extension of the shaft projects to facilitate manual grasping thereof for manual cycling of the control **valve**.

3/3 © EPODOC / EPO

- PN - [GB904094](#) A 19620822
- PR - US19600007366 19600208
- AP - GB19600017212 19600516
- DT - **
- CCI - [A61M16/00](#) ; [A61M16/0078](#) ;
[A61M16/0012](#) ; [A61M16/0081](#) ;
[A61M16/0084](#)
- CCA - [A61M16/0833](#)
- PA - PHILIP LOCKLAND STANTON
- TI - Anesthetizing and gas **therapy** apparatus
- AB - 904,094. **Respiratory** appliances.
STANTON, P. L. May 16, 1960
[Feb. 8, 1960], No. 17212/60.
Class 81 (2). **Respiratory**
appliance for connection with
means for establishing a gas
flow circuit between the lungs of
a patient and a source of gas
comprising inner bellows
arranged within outer bellows in
such a manner that the outer
bellows when connected with the



bellows when connected with the gas flow circuit will expel or receive gas upon relative increase or decrease of pressure respectively within the inner bellows. As shown, Fig. 1, a bellows 3 is connected to a hose 15 leading to a mixing chamber 6 to which anesthetic gas or oxygen is supplied. A bellows 4 within the bellows 3 is connected by an L-shaped fitting 23 and a hose 24 with the inlet 44 of a **Venturi** unit 5 which also comprises a valved inlet 37 for compressed gas, e.g. air, and an outlet 42 which may be closed by a **valve** 45 or the operator's finger. When the inlet 37 is open and the outlet 42 closed, compressed air is drawn through the passages 40, 43 and 24 and expands the bellows 4, forcing anesthetic gas from the space 27 between the two bellows through the hose 15, chamber 6, hose 8 and **valve** 16 to a mask 9. A framework 29 secured to the bellows 3 by straps 34<SP>1</SP> limits expansion and contraction of the bellows. An internal framework (not shown) at the neck of the bellows 3 prevents the bellows 4 from expanding so as to obstruct the flow of gas from the space 27. Some gas passes through the return line 12 and maintains an outlet **valve** 17 on the mask closed. The pressure in the patient's lungs is indicated on a gauge 21. To begin the exhalation phase, the operator opens the outlet 42 and compressed air passes to atmosphere, causing the bellows 4 to collapse and thus create subatmospheric pressure in the bellows 3. This causes the **valve** 16 to close and the **valve** 17 to

open so that anaesthetic gas is withdrawn from the lungs into the space 27. Excess anaesthetic gas may be bled off through a **valve** 18 on the mask. The operation of the bellows 3 and 4 and the unit 5 in association with an anaesthetic gas flow circuit in which one hose is used for the inhalation and exhalation of gas is also described. The bellows are preferably of the form shown in horizontal crosssection in Fig. 5.

[SS 6]