









Product Information Sheet

CDO (Continuous Diffusion of Oxygen) Therapy		
Classification	Oxygen Therapy	
British Columbia	Use under direction of NSWOC, Wound Clinician, Physician or Nurse Practitioner.	
Practice		
Key Points	• Therapy consists of OxyGeni Oxygen Generator (unit) and OxySpur Oxygen Diffusion Dressing; both are required to provide continuous diffusion of oxygen (CDO) therapy.	
	 The OxyGeni Oxygen Generator: Provides a continuous diffusion of humidified oxygen into an oxygen-compromised wound to accelerate wound healing while maintaining a moist wound healing environment. May promote wound healing via increased collagen production, angiogenesis, reactive oxygen species generation and increased cell metabolism. Is small, silent, and allows for client mobility. 	
	 The OxySpur Oxygen Diffusion Dressing: Is a multilayered dressing comprised of a highly absorbent hydrophilic foam layer, a super absorbent polymeric laminate layer and a thin film covering. Has a cannula that provides CDO therapy through channels built into the dressing. Does not have an adhesive border. 	
	 Manages wound exudate while protecting against wound dehydration. Protects against external contamination. May be used as a primary or secondary dressing. CDO Therapy is also known as EO2, OxyGenie, OxySpur Dressing. 	
Indications	• For wounds without slough or necrotic tissue, of any depth and with moderate to large/copious	
	 amounts of wound exudate. May be used under compression. May be used under a removable off-loading device or total contact casting (a window may be left for dressing changes if needed). Can be used directly on split thickness skin grafts, skin substitutes and/or donor sites. 	
Precautions	 A significant increase in exudate may occur during the early phase of CDO Therapy. Do not apply occlusive materials (transparent film, or oil-based ointments/ contact layer) under 	
	 the dressing. Do not cut tubing and do not connect a Y-connector as this may impair CDO performance. Where possible move the OxyGeni unit out of the x-ray or scanner range. If not possible check that it is functioning correctly following the procedure. High temperatures and humidity may reduce dressing wear time. Has not been evaluated on pregnant/lactating individuals or neonates/infants, consult with physician (NP prior to using on this (these population(c)) 	
Contraindications	physician/NP prior to using on this/these population(s).Sensitivity or allergy to any components of the dressing.	
	Wounds with inadequate perfusion to support healing e.g., arterial ulcers , ulcers due to	
	Raynaud's disease.	
	 Wounds with slough and/or necrotic tissue. Wounds with fistulae or deep sinus tracts with unknown depth. 	
	Ulcers due to acute thrombophlebitis.	
Formats & Sizes	OxyGeni Oxygen Generator To place order for rental unit: orders@braemed.ca	
	(allow 1-2 days for delivery) • OxySpur Oxygen Diffusion Dressing • Non- Adhesive 12.7 x 17.8 cm • Non-Adhesive 10 x 12.7 cm	
	 Non-Adhesive 5 x 5 cm Extension Set Tubing (183 cm) Dual Port Cannula (91 cm) Humidicant Pack 	

Adapted from EO2 Concepts product information

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Directions	Rationale / Key Points
Selection	
 The following is required for system set up: OxyGeni Oxygen Generator unit (see rental info above). Oxygen Delivery Extension Set (connecting tubing) – may not be needed. Appropriately sized OxySpur Oxygen Diffusion Dressing. Humidicant Pack. 	Select a dressing size that will completely cover wound and overlap onto periwound skin. If the wound is larger than the available dressing sizes, consider using 2 or more OxyGeni System devices for the same wound. Dressing can be cut but it may increase the risk of delamination.
 Power Pack. Carrying Case (universal or arm/leg strap), choose the appropriate carrying case based on the client situation and location of the wound. 	Universal carrying case can be worn over shoulder, around the hip, or on belt whereas arm/leg strap carrying case will be worn around leg or arm.
Ensure that OxyGeni unit is fully charged before using. For a wound with high levels of exudate may need:	Unit should be shipped fully charged but occasionally may need charging upon arrival. Do not use an oil-based dressing as oxygen will not
 An alginate, gelling fibre, or other absorbent dressing to cover wound bed. A hydrocolloid, alginate rope, gelling fibre rope or other 	penetrate.
absorbent dressing to frame/window-pane the wound to protect periwound skin.	See <u>Wound Packing Procedure</u> or QR Code below. Do not use an oil-based product as oxygen will not
For a wound with depth, choose appropriate wound filler for amount of exudate expected and the anticipated frequency of dressing change.	penetrate.
Preparation	
Cleanse wound and periwound/surrounding skin with sterile normal saline or agency approved wound cleanser. Ensure that wound bed is free of debris and devitalized tissue (e.g. eschar, slough).	See <u>Wound Cleansing Procedure</u> or QR Code below. Devitalized tissues may interfere with oxygen delivery. See <u>Conservative Sharp Wound Debridement (CSWD)</u> <u>Guideline/Procedure</u> or QR Code below if CSWD required.
Dry periwound / surrounding skin. Apply barrier film, silicone protectant, or zinc protectant to periwound skin.	To protect periwound skin from moisture associated skin damage (MASD). A significant increase in exudate may occur during the early phase of CDO Therapy.
	Do not use oil-based skin protectant products (e.g. petrolatum) as these will not allow oxygen to penetrate and will interfere with CDO Therapy.
Dressing Application	
 For wounds with large/copious amounts of exudate: Apply alginate, gellingfibre, or other absorbent wound filler to wound bed. 'Picture-frame' the wound with hydrocolloid, alginate rope, 	Picture-framing the wound with an absorbent dressing
gelling fibre rope or other absorbent dressing.Apply OxySpur dressing as described below.	will increase the wear time of OxySpur dressing and protect periwound skin from MASD as a significant increase in exudate may occur during the early phase of
For wounds with minimal depth (less than 1 cm) OxySpur dressing may be placed directly over wound bed as described below.	CDO Therapy. Do not use oil-based products as these will not allow
For wounds with depth (more than 1 cm) lightly fill dead space up to skin level with appropriate wound filler. Apply OxySpur dressing over wound filler as described below.	oxygen to penetrate and will interfere with CDO Therapy. A non-adherent contact layer may be used. Do not use an
For undermining/tunneling lightly pack with one piece (where possible) of appropriately sized wound filler. Leave a tail of the packing so it can easily be seen. If required, lightly fill dead	oil-based non-adherent contact layer. See <u>Wound Packing Procedure</u> or QR Code below. Oxygen

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Discost	Product Inform	
Directi		Rationale / Key Points
space up to skin level with appropriate wound filler. Apply OxySpur dressing over wound filler as described below.		will penetrate through wound filler. Do not use an oil- based wound filler.
		Use one piece of packing whenever possible.
		Overpacking undermining/tunneling can lead to tissue necrosis.
		The tail will facilitate the removal of packing.
		See <u>Wound Packing Procedure</u> or QR Code below.
Application of OxySpur Dressing Place OxySpur dressing over wound ensuring foam side of the dressing is face down and bubble print is facing out. Position the dressing:		Bubbles indicates outer side (cover film) of dressing.
 Centrally over the wound. With the tubing on top/facing up as it exits the dressing when the client is resting or standing. Ensuring the luer lock is accessible. 		Positioning the tubing upward will help to prevent exudate from entering the tubing.
Secure the dressing in place using transparent film, tape, self- adherent wrap, tubular bandage, or conforming gauze roll. For wounds with large/copious amounts of exudate secure all edges of dressing with tape.		To achieve the best possible air-tight seal around the wound. Gaps along the edge of the dressing allow exudate to leak out of the dressing causing skin damage to the periwound /surrounding skin and may decrease the
Apply slight pressure over the entire dressing using a self- adherent wrap, tubular bandage, or a sock. If appropriate for client use compression stockings or wraps.		oxygen level within the wound. Slight pressure ensures that dressing is in contact with the surface of the wound. This enables wicking of exudate
		from wound into dressing.
The OxyGeni Oxygen Generator		
Top of OxyGeni Generator		Front of OxyGeni Generator
	Battery Charging Port	
0 0 0 M	Luer Lock	CxyGeni LCD Display Screen
- 1002-0	Power Switch	Green OK Light
	Battery Charging Light	Red Blockage Light
		Set Button
		Mute Button
		Up/Down Buttons
		Battery Charge Indicator
Setting up the CDO Therapy		
Connecting the Dressing to the O	-	
If required, connect the Extensi	on Set to the luer lock	

- If required, connect the Extension Set to the luer lock located at the top of the OxyGeniGenerator – turn clockwise until secure (about ¼ turn).
- Connect the other end of the Extension Set to the luer lock of OxySpur dressing cannula turn clockwise until secure not long enough to reach from wound to where OxyGeni

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Dir	ections	Rationale / Key Points
(about ¼ turn).		will be placed.
 Loop the dressing cannula tul or to the skin adjacent to the Route the Extension Set insid skin with tape. 	e dressing.	Provides extra security so dressing/tubing remain intact.
 Turning the OxyGeni unit 'ON Turn the unit 'ON' by depress the top of the OxyGeni from 	sing the Power Switch located at	When turned on, the alarm will sound, and the lights will turn on briefly.
 The device will begin self-cali Display Screen will display 'C 		Self-calibration takes approximately 3 minutes.
 Following calibration, the ox displayed on the LCD Display The Green OK Light indicates properly. 	/ Screen.	The oxygen flow rate will occasionally change as the OxyGeni adjusts to accommodate environmental variances.
Setting Oxygen Flow Rate		
Flow rate is adjustable from 3 m shipped with the oxygen flow	-	Variable flow rates are available to accommodate various wound sizes.
Based on client and wound ass dimensions of the wound and tl below can be used as a guide i	he amount of exudate the chart	This is a guide and provides a starting point for the oxygen flow rate. Oxygen flow rate can be increased and decreased as appropriate for client and wound (see
Wound Surface Area (cm ²)	Flow Setting (ml/hr)	below).
13	3	The measurement (cm) of the length and width of the
26	6	wound is used to calculate the wound surface area: L(cm)
39	9	x W(cm) = Area (cm2)
52 65	12 15	
 If there are small gaps along on the edges of the dressing slightly increase the flow rate. If it is difficult to achieve a firm seal around the edges, the flow rate may be increased to the maximum of 15ml/hr to achieve higher oxygen concentrations. To change the oxygen flow rate: Press and hold both the 'Set" and "Mute" buttons at the same time for 5 seconds. Once the oxygen flow rate begins flashing: Press the 'Up' button to increase flow. Press the 'Down' button to decrease flow. Once the desired oxygen flow rate is displayed, press the 'Set' button. 		If the 'Set' button is not pressed within 60 seconds the flow rate will revert back to the previous setting.
when turned back on.	-	The system responds to environmental conditions and
It is normal for the oxygen flow values will change.	to vary once set, and on-screen	The system responds to environmental conditions and adjusts so the rate may fluctuate on the unit.
Carrying Case Universal Carrying Case		
 Can be worn over shoulder, 	around the hip or on belt.	
 Hook the straps onto the Car Unzip case, insert OxyGeni a 	rrying Case. nd Power Pack (if attached), the front side of the OxyGeni	

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Directions	Rationale / Key Points
• Turn the case over and lift Velcro top to see the unit.	
Arm/Leg Strap Carrying CasePlace OxyGeni inside the strap's pouch.	
 Frace OxyGeni Inside the strap s pouch. Secure Velcro strap over the top of the OxyGeni to close the 	
carrying case.	
 Place arm or leg through the strap, tighten it to a 	
comfortable fit and secure it with the Velcro strap. If using	
an off-loading boot, the OxyGeni can be strapped directly to	
the boot.	
Humidicant Pack	Humidicant Pack provides the necessary humidity for the
Tear open the foil pouch using the tear slits on the edge of the	OxyGeni to function optimally.
pouch. Do not dry off.	, , , ,
Remove the Humidicant Pack from the foil pouch.	Will initially feel very wet as humidity has condensed on
Place the Humidicant Pack next to the back side of the	the outside of the package.
OxyGeni inside the carrying case and zip the carrying case shut	
Replace the Humidicant Pack when it dries out and becomes	May last up to 3 weeks depending on the humidity in the
hard.	surrounding environment.
OxyGeni Troubleshooting	
Alarms	
Press the Mute Button to temporarily silence audible alarms.	
Determine cause of alarm.	Turning the device off and on will sometimes resolve the
	alarm.
If unable to determine cause of alarm – turn unit off and on.	
Exudate is difficult to manage	
Lower the oxygen flow rate by 25-40% until the exudate is	Decreasing the oxygen flow rate will decrease the amount
under control, then slowly increase the flow rate weekly/	of wound exudate.
biweekly until back to original flow rate.	
Blockage	
When a blockage occurs the Red Blockage Light will illuminate,	
and an alarm will sound.	The elermination of the (Marter butter is a second
Mute the audible alarm by pressing the Mute Button.	The alarm will continue until the 'Mute' button is pressed
	or the blockage is cleared.
Determine the location of the blockage:	
Inspect the tubing starting at the connection with the	
OxyGeni. Make sure there are no kinks or objects	
constricting the tubing.	During the calibration cycle, the flow rate goes to its
• If there is exudate or water in the tubing, turning the device	maximum and this pressure can remove the fluid from the
off and then back on can clear the liquid.	tubing.
• If unable to identify a kink in the tubing, the blockage could be at the wound under the dressing. Conthy null on the	······································
be at the wound under the dressing. Gently pull on the tubing at the dressing to try to move the tubing within the	
dressing. If this does not resolve the blockage change the	
dressing.	
Low Battery	
When the battery is at 25% remaining charge the fourth green	
Battery Charge Indicator light is illuminated, 'BAT' is displayed	
on the screen and an audible alarm sounds once.	
When the battery is low the amber (last) Battery Charge	
Indicator light is illuminated, 'BAT' is displayed on the screen	
and an audible alarm sounds once. Green OK Light will start	











	Rationale / Key Points	
Directions	Rationale / Key Points	
flashing. Charge as soon as possible. If the battery is completely drained the OxyGeni will shut off and stop producing oxygen. Charge as soon as possible. DO NOT remove the dressing.	OxySpur dressing provides moist wound healing when oxygen is not being delivered.	
Charge battery as described below. Daily Care		
Showering		
Before showering disconnect the OxyGeni from the dressing and protect the dressing and the end of the tubing attached to the dressing so no water enters the tubing or the dressing.		
Charging Battery OxyGeni Generator battery should be recharged daily.	A good practice is to only use the Power Pack to recharge	
To charge the generator use the provided USB charging cable to connect the Power Pack (external battery) to the magnetic charging port on top of the OxyGeni Device. DO NOT turn the generator off. Remove the power pack when the Battery	the Generator at night and leave the Pack on the charger during the day. That way the client can be mobile during the night to use the washroom, etc.	
Charging Light turns green.	Can be charged using any USB charger, not only the one supplied with the system.	
When charging is complete, attach the OxyGeni Power Pack (external battery) to the USB Charger and plug in to a wall outlet to recharge the Power Pack so that a full charge is maintained.	The Battery Charging Light will turn red, and the Battery Charge Indicator lights will flash in sequence when the battery is being charged. The Battery Charging Light turns	
 The lights of the OxyGeni Generator Battery Charge Indicator Imoves from left to right and shows the approximate remaining charge. First green light – at least 85% remaining (18-24 hours) Second green light – at least 65% remaining (15-18 hours) Third green light – at least 45% remaining (10-15 hours) Fourth green light – at least 25% remaining (6-10 hours) Amber light – less than 25% remaining (less than 6 hours) 	green when the battery is fully charged. The battery car last up to 24 hours.	
Charging the Power Pack The Power Pack should be connected to the charger after each use to maintain a full charge level.		
Insert the charger into a standard wall outlet.		
Using the provided USB connector, insert one end into the charger and the other end into the Power Pack top port. A light in the Power Pack will start flashing either red, yellow, or green depending on the charge level of the power pack.	EÓ	
When the light turns green, and the flashing has stopped (from 1-3 hours) the Power Pack is fully charged.	The Power Pack can be left connected to the charge until needed.	
Cleansing of OxyGeni, Charger and Power Pack		
Wipe down all hard surface components as per HA/agency procedures.		
Clean all organic material (visible soil or body secretions) prior to disinfection.		
Use hospital-grade cleaners and disinfectants containing quaternary ammonium compounds or other similar disinfectant products.	Avoid products containing bleach.	





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taking care to clean crevices and corners.with fluids to avoid damage to the electronics.Removing OxySpur DressingImage: Consider using adhesive remover to remove adhesives (e.g. tape).To decrease risk of medical adhesive related skin injur (MARSI).Disconnect the OxySpur dressing cannula from the extension set or OxyGeni with a counterclockwise turn.If difficulty is experienced on removing the dressing, irrigate with normal saline or similar solution.Frequency of Dressing and Tubing ChangeImage: Constant of the state of t	Directions	Rationale / Key Points
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For further information please contact NSWOC/Wound Clinician		