How to use the active self-warming blanket BARRIER® EasyWarm®+



Tear package open using pre-cut tab located in top left corner. Remove the blanket from the outer protective package to expose BARRIER® EasyWarm®+ to air.



Open and unfold BARRIER EasyWarm+ completely and do not fold it over itself. When the blanket is exposed to air it reaches operational temperature in approximately 30 minutes and maintains an average temperature of 44°C for up to 10 hours. The skin temperature under each warmer reaches a maximum of 42°C.



Place BARRIER EasyWarm+ with warming pads facing up with the white side of the blanket towards patient. The blanket is flexible and designed to suit various types of surgical patient positions through the ability to be split into several parts. The blanket's upper and lower part can easily be detached and re-attached via the hook-an-loop. (The lower part can be split in two additional parts by cutting it at the indicated line.)



Do



Open and unfold the blanket completely **30 minutes** prior to use



Warming pads should be **placed facing up**



To be **handled under supervision** of healthcare provider

Do not



Do not fold the blanket over itself



Do not place weight or put fixation belts, additional bedding or

on top of warming pads

Must be removed

devices

prior to images being

taken by MRI or X-ray

Key benefits

- Helps to prevent hypothermia in the peri-operative setting^{1-5,7,9,10}
- Easy and quick set up^{6,9}
- Easy to use before, during and after surgery^{6,9}
- Easily available to more surgical patients thanks to no need for additional equipment^{6,9}
- Innovative design possible to split for upper or lower body coverage^{8,9}
- Noiseless due to no additional equipment being used⁹



The blanket is not designed to be used in paediatric surgery and patients below 18 years of age

30 MN



Start using the blanket 30 minutes prior to surgery to keep body temperature during surgical procedure

flow of oxygen-based therapy or devices.



After use, **dispose** the blanket **with regular waste** (possible to incinerate)



Patient's skin should be monitored regularly



Do not place the blanket under the patient, nor on patient's face



Must not be used in an oxygenrich environment**



Shall not be used on patients with severe impairment to peripheral (including skin) circulation*

References: on the back



Find out more at www.molnlycke.com

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* Severe hypotension; where prolonged hypotension can be expected; severe peripheral vascular disease; aortic surgery, distal to aortic cross clamping;

severe heart failure/cardiogenic shock. ** i.e. blanket must not be used in hyperbaric medicine and the warming pads should not come in contact with the



References:

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2. Torossian A, Andrzejowski J, Raeder J. A new active self-warming blanket and forced-air warming are equally effective in preventing hypothermia in mid-duration surgery: a multinational non-inferiority trial. Poster presented at: the Anaesthesiology 2014 Annual Meeting 11-15 October 2014, New Orleans, LA.

3. Van de Velde M, Unenge T. An Open-Label, Multicenter, Randomised, Controlled Study to Evaluate the Efficacy and Safety of the BARRIER® EasyWarm Active Self-Warming Blanket Used for Continuous Active Warming to Prevent General Anaesthesia Induced Hypothermia During the Peri-operative Surgical Period. Mölnlycke Clinical Investigation Report PD-469972 Rev 01 2013. MD12-001.

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6. Brandes IF, Müller C, Perl T, Russo SG, Bauer M, Bräuer A. Efficacy of a novel warming blanket: Prospective randomized trial. Anaesthetist. 2013;62(2):137-42.

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9. Thapa HP, Kerton AJ, Peyton PJ. Comparison of the EasyWarm[®] self-heating blanket with the Cocoon forced-air warming blanket in preventing intraoperative hypothermia. Anaesthesia and Intensive Care. 2019;47(2):169-74.

10. Rosenkilde C, Vamosi M, Lauridsen JT, Hasfeldt D. Efficacy of Prewarming With a Self-Warming Blanket for the Prevention of Unintended Perioperative Hypothermia in Patients Undergoing Hip or Knee Arthroplasty. Journal of perianesthesia nursing : official journal of the American Society of PeriAnesthesia Nurses. 2017;32(5):419-28.

