Warm fluids easily and efficiently without a stand-alone fluid warmer.

241 blood/fluid warming set specifications
- Natural, latex-free fluid pathway
- Sterile (for single use only)
- Recommended for flow rates from KVO to 3,000 mL/hr (50 mL/min)
- Non-pyrogenic
- 34 mL priming volume
- In-line liquid crystal temperature display on outlet tubing

Order Information
PN 24110  Bair Hugger brand 241 Fluid Warming Set  10 units/case
PN 90004  Series 500 Hose, Std. Length/Swivel Hose Flange  1 each
PN 90005  Series 500 Hose, Ext. Length  1 each
PN 90018  IV Pole Option for 500/OR (base not included)  1 each
PN 90026  Reusable Hose Cap  12 units/case
PN 90046  Series 700 Hose with Sensor Assembly  1 each

For more information, to order, or to arrange an evaluation of the 241 fluid warming set, please call 1-800-733-7775.
The Bair Hugger® brand and 241™ blood/fluid warming set gives you two warming modalities from one piece of equipment.

- No stand-alone fluid warmer required
- More economical than using two separate systems
- Inexpensive disposable sets

One of the simplest and most economical ways to add fluid warming to your Bair Hugger forced air warming is by using the Bair Hugger brand 241 blood/fluid warming set. The 241 set attaches to any Series 500 or 700 Bair Hugger warming unit and allows you to infuse up to 3 liters per hour — so it’s perfect for cases where you may not want to bother with a stand-alone fluid warming unit.

When you need to infuse more fluids, we recommend the Ranger™ blood/fluid warmer, which handles flow rates from KVO to 30 liters per hour.

Temperature management is now recognized as an important aspect of patient care.

Combining fluid warming with forced air warming helps clinicians prevent unintended hypothermia.1


Infusing cold fluids may cause several complications for patients:
- Peripheral vasoconstriction
- Cardiac arrhythmias or arrest
- Bleeding complications
- Cold fluids also lower patient temperature, increasing the risk of unintended hypothermia1

Warming fluids alone will not warm patients:
- Warming fluids will reduce temperature loss however, it is not enough to compensate for the chilling effects of anesthesia, cold OR, and the heat redistribution that result in unintended hypothermia1

Using fluid warming in combination with forced-air warming actively warms your patients while protecting them against the harmful consequences of infusing cold fluids.