Indicated for restoration of FRC, including airway clearance, CO₂ elimination, oxygenation, and recruitment of atelectatic lung tissue. Clinicians should receive hospital competency training on this device. For comprehensive instructions, refer to manual.

Following Hospital Protocol:
- Review patient chart, including chest X-ray and any medications.
- Prepare IPV®-1C control device and Phasitron® 5 (either new or from previous treatment).
- Add medications to nebulizer cup or fill to a total of 15-20 ml with normal saline.

### Preparation and Startup

<table>
<thead>
<tr>
<th>Control</th>
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<th>Pediatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Pressure (psi)</td>
<td>30-40</td>
<td>20-30</td>
</tr>
<tr>
<td>Percussion (Frequency)</td>
<td>300-400 for secretion clearance</td>
<td>300-400 for secretion clearance</td>
</tr>
<tr>
<td></td>
<td>150-250 for lung recruitment and thick secretions</td>
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</tr>
</tbody>
</table>

### Initiate Treatment

Instruct patient to breathe normally, through their mouth; maintain stiff cheeks; observe chest movement and offer nose clips, if needed; observe patient comfort.

### Adjustments

- Adjust operational pressure (if needed) to obtain good chest movement throughout the chest and for patient comfort.
- Adjust frequency in ± 5-minute intervals from easy to hard (± 9:00, 12:00, 3:00 position).
- Monitor patient throughout 15–20-minute treatment. For successive treatments, use amplitude & frequency that met patient’s needs.

**WARNING:** Use of non-Percussionaire® breathing circuits puts the patient and device at risk!
### IPV®-1C Quick Start Guide

**Artificial Airway**

Indicated for restoration of FRC, including airway clearance, CO₂ elimination, oxygenation, and recruitment of atelectatic lung tissue. Clinicians should receive hospital competency training on this device. For comprehensive instructions, refer to manual.

Following Hospital Protocol:
- Review patient chart, including chest X-ray and any medications.
- Prepare IPV®-1C control device and Phasitron® 5 (either new or from previous treatment).
- Add medications to nebulizer cup or fill to a total of 15-20 ml with normal saline.

### Preparation and Startup

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### Initiate Treatment

Connect to the patient airway and observe chest movement; conventional ventilator placed in standby mode; monitor SpO₂ and patient comfort. Cuff may need to be deflated or inflated to improve percussion or aid in secretion removal.

### Adjustments

- Adjust operational pressure up or down (if needed) to obtain good chest movement throughout the chest and for patient comfort.
- Adjust frequency in ± 5-minute intervals from easy to hard (± 9:00, 12:00, 3:00 position).
- Monitor patient throughout 15–20-minute treatment. For successive treatments, use amplitude & frequency that met patient’s needs.

⚠️ For Warning and Caution statements, and operational instructions, refer to the IPV®-1C System manual (P20045).