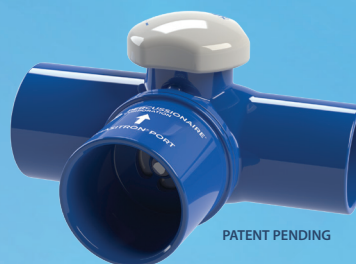


QUICK REFERENCE GUIDE

In-Line Valve *For Conventional Ventilator*



TRUE-IPV™ In-Line Valve set up

Pediatric to Adult Application; recommended to install as close to the patient wye as allowable.

Neonatal Application; recommended to install in between heater and inspiratory limb.

Insert IPV® In-Line Valve into inspiratory limb of ventilator circuit.

- ⚠ Ensure pressure relief valve is closed.
- ⚠ Allow ventilator to cycle with valve in place.

Adding Phasitron to In-Line Valve

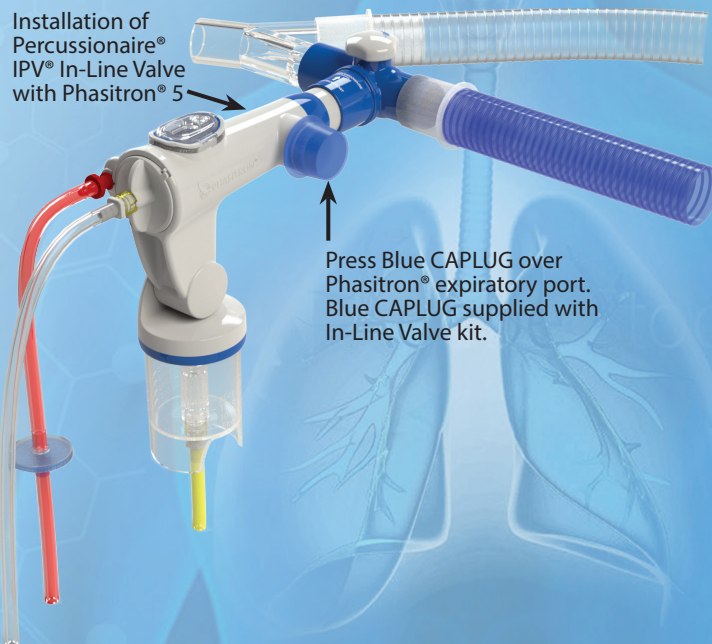
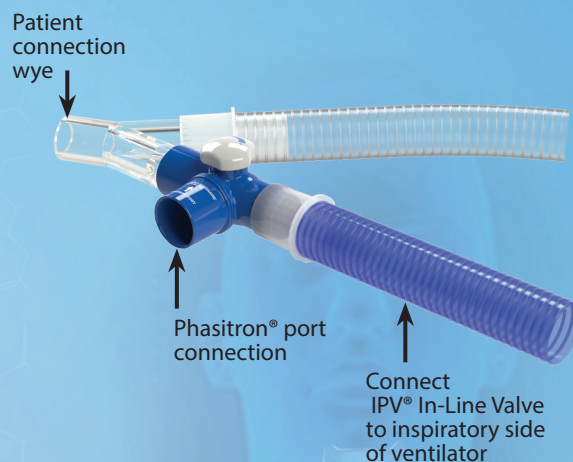
Install provided Blue CAPLUG, on to the Phasitron® Expiratory Port. Fill nebulizer with 15 to 20 cc of normal saline or prescribed medication. Aerosol consumption approximately .75cc per minute. Connect Phasitron® to inlet port located on In-Line Valve.

Administering Treatment:

Follow Institutional Protocol or begin using the suggested method below.

⚠ When using the ventilator in pressure control the In-Line valve may remain closed. When using the ventilator in volume control the In-Line valve may be opened to create a leak.

1. Ensure your TRUE-IPV™ controller is off and connected to a 50 psi/3.2 bar gas source.
2. Turn incoming air/gas pressure regulator on IPV® device anticlockwise to the stop.
3. Turn TRUE-IPV™ device on.
4. Adjust pressure regulator clockwise to a starting drive pressure Neonate 15 psi (1.03 bar) Pediatric 20 psi (1.37 bar) Adult 30 psi (2.06 bar) with a frequency of approximately 200 ppm (pulses per minute) is recommended.
5. Percussion should continue through two complete ventilator cycles to allow ventilator to deliver several machine breaths.
6. Tune pressure relief valve, depending which ventilator mode is used, and observe visible chest movement.
7. Monitor breath sounds and observe pulse oximeter for oxygen saturation improvement.
8. Observe aerosol mist in nebulizer bowl.



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Part # P5-TEE-20
Sold in packs of 20

TRUE-IPV™ IN-LINE

- ⚠ If chest percussion is inadequate, increase inspiratory flow or raise drive pressure (PSI gauge) and scan frequency rate to mobilize secretions.
- ⚠ Source pressure, percussive frequency, and inspiratory flow amplitude can be adjusted to increase and decrease amount of “chest wiggle”.
- ⚠ Suctioning should be performed as needed. Notate the current ventilator alarm and mode settings.
- ⚠ NEVER run device without liquid in nebulizer during treatment. This is required for airway hydration.
- ⚠ May take multiple treatments to identify optimal therapeutic effect for each patient.

Therapy should continue for approximately fifteen to twenty minutes, or per hospital/institutional protocol.

- ! Patients who are performing T-tube trials or CPAP sprinting may be taken off of the ventilator for the IPV® treatment utilizing a flex adapter. Decreasing cuff pressure still applies to this patient population.
- ! Following your institutional protocols for cuffed endotracheal tubed patient, the cuff pressure may be lowered.
- ! Lowering of the cuff pressure facilitates secretion removal into the oral cavity where they may be suctioned. This also helps in the prevention of tube obstruction in the event copious secretions are mobilized.

At Completion of Therapy

1. If cuff was deflated during treatment, reset cuff pressure.
2. Turn OFF TRUE-IPV™ Device.
3. Close Pressure Relief Valve.
4. Disconnect Phasitron® from TRUE-IPV™ In-Line Valve and store appropriately.
5. Restore ventilator to the settings that were present before starting IPV® treatment.

⚠ **Remove CAPLUG from Phasitron 5.**

- ⚠ It is not recommended to remove In-Line Valve for cleaning or disinfection. It is intended to stay in the ventilator circuit.



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P20042 Rev A



Insert Phasitron Here →

Single Patient Use Only