



# IPV®-1C Quick Reference Guide

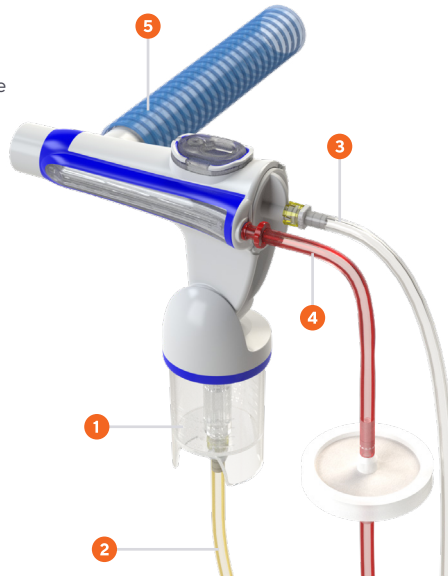
## Before you start

### Assembling Phasitron

- 1 Place a maximum of 20 ml of normal saline or prescribed medication in the nebulizer cup.
- 2 Connect yellow tubing quick-connect fitting to nebulizer cup.
- 3 Connect clear tubing quick-connect fitting to the cap.
- 4 Press red tubing onto connector.
- 5 Connect blue corrugated tubing to exhalation port.
- 6 Connect the tubing to the corresponding-colored connectors. Do not obstruct green remote port



- 7 Ensure Master Switch is OFF. Then, connect the IPV® to a 50 psi gas source.



### Patient Connections



#### Mouthpiece

Instruct patient to keep lips and cheeks splinted to ensure the pulses are directed into the lungs.



#### Mask

It is recommended to use a resuscitation mask or similar non-vented mask.



#### Direct

The Phasitron can be attached directly to an artificial airway or airway adaptor.

**NOTE:** The IPV®-1C is not recommended for use in neonates. For patients under five years of age without an artificial airway, mask configuration is recommended

# Controls + Starting Settings



- 1 **Master Switch** turns the IPV®-1C controller ON and OFF.  
‣ **Starting Position:** OFF

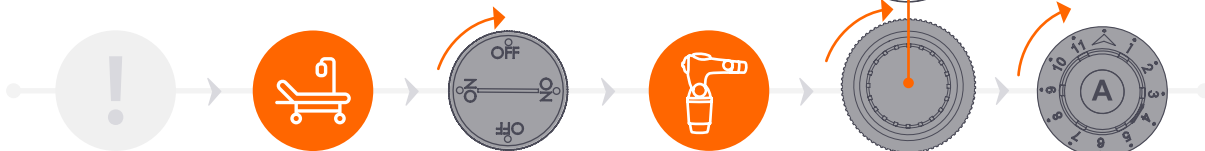
- 2 **Operational Pressure** controls the peak operating pressure of the entire unit.  
‣ **Starting Position:** Rotate fully to the left in the OFF position.

**NOTE:** for patients coming off respiratory support consider starting with Operational Pressure on (i.e. knob turned slightly to the right) and quickly titrate to target the MAP delivered from previous support.

- 3 **Percussion** determines the rate of high-frequency percussive pulses delivered to the patient  
‣ **Starting Position:** Rotated fully to the left.

# Delivering Therapy

## Workflow



Before administering IPV® therapy, ensure knobs are in their recommended starting positions.

Ensure the patient is in an upright, comfortable position, or is lying with head and shoulders elevated by pillows.

Ensure **1 MASTER SWITCH** is OFF. Then, connect the IPV® to a 50 psi gas source. Then, turn the switch ON and listen for flow.

Connect the Phasitron to the patient using mouthpiece, mask, or direct to patient airway.

Gradually increase the **2 OPERATIONAL PRESSURE** by turning the knob to the right to obtain adequate chest wiggle and aeration of pulses throughout lung fields.

As patient becomes acclimated to the therapy, rotate **3 PERCUSSION** knob to the right. Rotate between fast and slow frequencies every few minutes, or as indicated by the patient's response to therapy or lung condition.

## Patient Settings

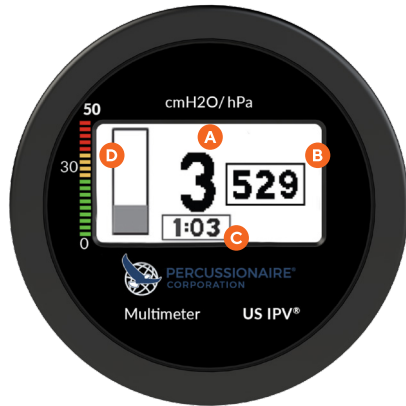
CONTROL	ADJUSTMENTS
<b>OPERATIONAL PRESSURE</b>	Adjust by rotating the knob to the right until visible chest wiggle is obtained and pulses can be auscultated throughout lung fields.
<b>PERCUSSION</b>	Fast/easy: secretion mobilization and quickly improving gas exchange. Slow/hard: mobilizing thicker secretions as well as recruiting the lung.

**NOTE:** It is recommended to perform a pre-use check of device operation before attaching the Phasitron to the patient interface, as described in the IPV®- 1C Manual



**NOTE:** It is recommended to perform therapy for 15 to 20 minutes every 6 or 8 hours, or per provider orders. Patient should be monitored throughout therapy.

## Digital Display



- A Mean Airway Pressure (MAP)** is the average pressure (amplitude + CPAP) in the lung over 5 seconds.
- B Pulse Frequency Rate** represents the number of pulses per minute.
- C Usage Timer** displays the total time of the current usage.
- D Pulsating Bar Graph** measuring pulse amplitude (0-50 cmH<sub>2</sub>O). PEEP is represented by a solid bar at the base and Average Inspiratory Pressure (AIP) is represented by the pulsating peaks of the Bar Graph display.

**NOTE:** Display numbers are for reference only.

## Troubleshooting

### Digital display off

The IPV<sup>®</sup> pressure must be > 2.5 cmH<sub>2</sub>O at the Phasitron before the display turns on. Consider occluding the end of the Phasitron, allowing the Digital Display to read 2.5 cmH<sub>2</sub>O to wake digital display. Check connections and/or the digital display battery.

### Nebulizer not aerosolizing

Ensure there is liquid present in the nebulizer cup and check for flow out of the nebulizer baffle. Disconnect the yellow tubing and verify flow. If flow is present, turn the Master Switch to the OFF position and reconnect the yellow tubing to the nebulizer bowl. If the issue persists, contact product support.

### Slow or no percussions

Check that the inlet gas source is properly connected. Check the device to ensure the Master Switch is in the ON position, increase the Operational Pressure by turning the knob to the right, and adjust the Percussion knob for a higher rate. Finally, check the green REMOTE connector for blockage. If issue persists, contact service.

**NOTE:** Refer to the Instruction Manual for the IPV<sup>®</sup>-1C for warnings, cautions, and additional information. Always follow hospital protocol and use good clinical judgement when delivering IPV<sup>®</sup> therapy. Absolute contraindications for IPV<sup>®</sup> usage include untreated tension pneumothorax and/or an untrained or unskilled operator.



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**Product support**

