

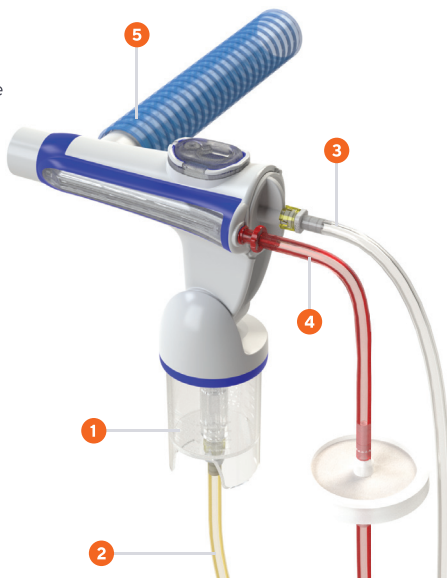


# IPV® 1 Quick Reference Guide

## 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 universal connector to the bottom of the IPV® 1 device, then place the Phasitron in the holder.
- 7 Ensure Gas Source knob is in the OFF position. 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:** For patients under five years of age without an artificial airway, mask configuration is recommended



## Controls + Starting Settings

- 1 Gas Source** knob turns on the IPV® 1 and allows selection of air or oxygen or turns off the IPV® 1.  
➤ **Starting Position:** OFF
- 2 Frequency** determines the rate of high-frequency percussive pulses delivered to the patient.  
➤ **Starting Position:** Rotated fully to the left.
- 3 Amplitude** determines the pressure delivered to the patient.  
➤ **Starting Position:** Rotate Fully to the right in the OFF position.

**NOTE:** for patients coming off respiratory support consider starting with amplitude on (i.e. knob pointing straight up) and quickly titrate to target the MAP delivered from previous support.

# 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 GAS SOURCE** is in the OFF position. Then, connect the IPV® to either a 50 psi oxygen or air gas source. Then turn the GAS SOURCE knob to the appropriate source of gas.

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

Gradually increase the **3 AMPLITUDE** by turning the knob to the left to obtain adequate chest wiggle and aeration of pulses throughout lung fields.

As patient becomes acclimated to the therapy, rotate **2 FREQUENCY** 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

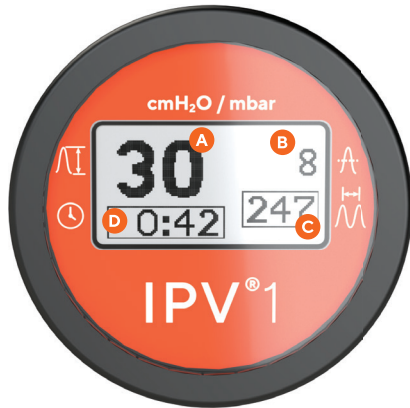
CONTROL	ADJUSTMENTS
<b>AMPLITUDE</b>	Adjust by rotating the knob to the left until visible chest wiggle is obtained and pulses can be auscultated throughout lung fields.
<b>FREQUENCY</b>	Fast/higher: secretion mobilization and quickly improving gas exchange. Slow/lower: mobilizing thicker secretions 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® 1 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 Pulse Amplitude:**  
Calculated from measuring the difference between the peak and minimum pulse pressure, averaged over 5 seconds.
- B Mean Airway Pressure (MAP):** is the average pressure (amplitude + CPAP) in the lungs over 5 seconds.
- C Pulse Frequency Rate:**  
represents the number of pulses per minute.
- D Usage Timer:** total usage time of the current session

**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 device to measure at least 2.5 cmH<sub>2</sub>O to wake digital display. Check connections and/or 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 Gas Source knob 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 Gas Source is turned on to the correct source, make sure Amplitude is not in the OFF position, and adjust Frequency knob for higher rate. If the issue persists, contact service.

**NOTE:** Refer to the Instruction Manual for the IPV<sup>®</sup> 1 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.

