



IPV[®]-2C Quick Reference Guide

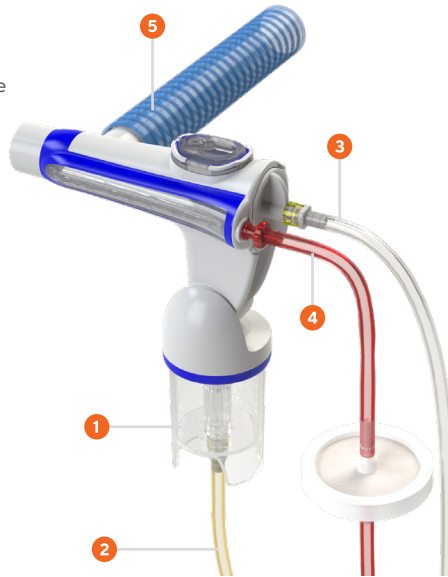
Before you start

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: For patients under five years of age without an artificial airway, mask configuration is recommended

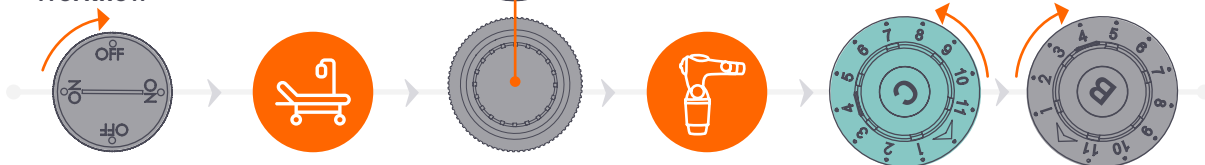
Controls + Starting Settings



- 1 Master Switch** turns the IPV®-2C controller ON and OFF.
▶ **Starting Position:** OFF
- 2 Operational Pressure** controls the peak operating pressure of the entire unit.
▶ **Starting Position:** Adjust according to patient population (see below)
- 3 Inspiratory Flow** determines the amplitude delivered to the patient during inspiratory time.
▶ **Starting Position:** Rotate Fully to the right in the OFF position. Note: for patients coming off respiratory support consider starting with inspiratory flow on (i.e. with the knob's arrow straight up) and quickly titrate to target the MAP delivered from previous support.
- 4 Frequency** controls the rate of pulses delivered.
▶ **Starting Position:** Rotated fully to the left.
- 5 Demand CPAP/PEEP** optimizes lung recruitment and reduces the work of breathing.
▶ **Starting Position:** Arrow pointing straight up.
- 6 Inspiratory Time** selects independent i:e ratio control.
▶ **Starting Position:** Arrow pointing straight up (approximately 1:2).
- 7 Nebulizer ON/OFF** Switch turns the aerosol delivery ON and OFF.
▶ **Starting Position:** ON

Delivering Therapy

Workflow



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

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

Set the starting **2 OPERATIONAL PRESSURE** according to patient population. (See below)

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

Gradually increase **3 INSPIRATORY FLOW** by turning the knob to the left until adequate chest wiggle is seen and pulses are heard throughout lung fields.

As patient acclimates to therapy, adjust **4 FREQUENCY** to a slower rate by turning the knob to the right. Rotate between fast and slow frequencies every few minutes.

Patient Settings

CONTROL	ADULT	PEDIATRIC	NEONATAL
STARTING OPERATIONAL PRESSURE (PSI)	40	30	20
	Operational Pressure can be increased if additional flow is needed.		
DEMAND CPAP	Arrow straight up for 4-6 cmH2O	Arrow straight up for 3-5 cmH2O	Arrow straight up for 2-3 cmH2O
	Adjust as needed to achieve desired MAP during therapy		
INSPIRATORY FLOW	Adjust by rotating the knob to the left until visible chest wiggle is obtained and pulses can be auscultated throughout lung fields.		
FREQUENCY	Fast/higher: secretion mobilization and quickly improving gas exchange. Slow/lower: mobilizing thicker secretions as well as recruiting the lung.		

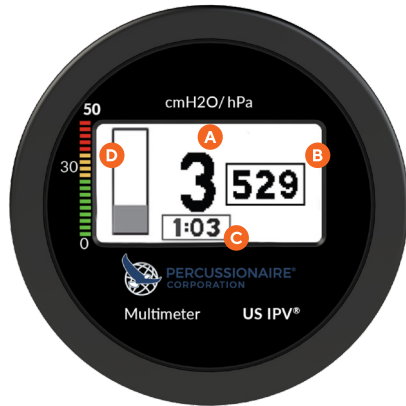
NOTE: Before administering IPV® therapy, ensure knobs are in their recommended starting positions.

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.

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®-2C Manual >



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 cmH₂O). 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[®] pressure must be > 2.5 cmH₂O at the Phasitron before the display turns on. Consider occluding the end of the Phasitron, allowing the Digital Display to read 2.5 cmH₂O 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, make sure Inspiratory Flow knob is not in the OFF position, and adjust Frequency 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[®]-2C for warnings, cautions, and additional information. Always follow hospital protocol and use good clinical judgement when delivering IPV[®] therapy. Absolute contraindications for IPV[®] usage include untreated tension pneumothorax and/or an untrained or unskilled operator.



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Product support

