

# IPV®-1C

# Quick Start Guide

# Mouthpiece/Mask

Indicated for restoration of FRC, including airway clearance, CO<sub>2</sub> 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

Control	Adult	Pediatric
Operating Pressure (psi)	30-40	20-30
Percussion (Frequency)	300-400 for secretion clearance 150-250 for lung recruitment and thick secretions	300-400 for secretion clearance 150-250 for lung recruitment and thick secretions

### 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  $\pm$  5-minute intervals from easy to hard ( $\pm$  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.

# IPV®-1C

# Quick Start Guide

# Artificial Airway

Indicated for restoration of FRC, including airway clearance, CO<sub>2</sub> 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

Control	Adult	Pediatric
Operating Pressure (psi)	30-40	20-30
Percussion (Frequency)	300-400 for secretion clearance 150-250 for lung recruitment and thick secretions	300-400 for secretion clearance 150-250 for lung recruitment and thick secretions

### Initiate Treatment

Connect to the patient airway and observe chest movement; conventional ventilator placed in standby mode; monitor SpO<sub>2</sub> 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  $\pm$  5-minute intervals from easy to hard ( $\pm$  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).