

Indicated for restoration of FRC, including airway clearance, CO₂ 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®-2C 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	Neonatal
Operating Pressure (psi)	35-40	30-40	20-25
Yellow CPAP (cmH ₂ O)	Arrow straight up for 4-6 cmH ₂ O	Arrow straight up for 3-5 cmH ₂ O	Arrow straight up for 2-3 cmH ₂ O
"A" Inspiratory Time (seconds)	Arrow straight up for 1:2 ratio	Arrow straight up for 1:2 ratio	Arrow straight up for 1:2 ratio
"B" Frequency (seconds)	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	300-400 for secretion clearance 250-350 for lung recruitment and thick secretions
Green Inspiratory Flow/ Amplitude (cmH ₂ O)	MAP 10-25 cmH ₂ O	MAP 10-20 cmH ₂ O	MAP 8-15 cmH ₂ O

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 green inspiratory flow (if needed) to obtain good chest movement throughout the chest and for patient comfort.
- Adjust frequency in ± 5-minute intervals from easy to hard (± 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.

 **WARNING:** Use of non-Percussionaire® breathing circuits puts the patient and device at risk!

IPV®-2C

Quick Start Guide

Artificial Airway

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Preparation and Startup

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Green Inspiratory Flow/ Amplitude (cmH ₂ O)	MAP 10-25 cmH ₂ O	MAP 10-20 cmH ₂ O	MAP 8-15 cmH ₂ O

Initiate Treatment

Connect to the patient airway and observe chest movement; conventional ventilator placed in standby mode; monitor SpO₂ and patient comfort. Cuff may need to be deflated or inflated to improve percussion or aid in secretion removal.

Adjustments

- Adjust green inspiratory flow (if needed) to obtain good chest movement throughout the chest and for patient comfort.
- Adjust frequency in ± 5-minute intervals from easy to hard (± 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®-2C System manual (P20046).