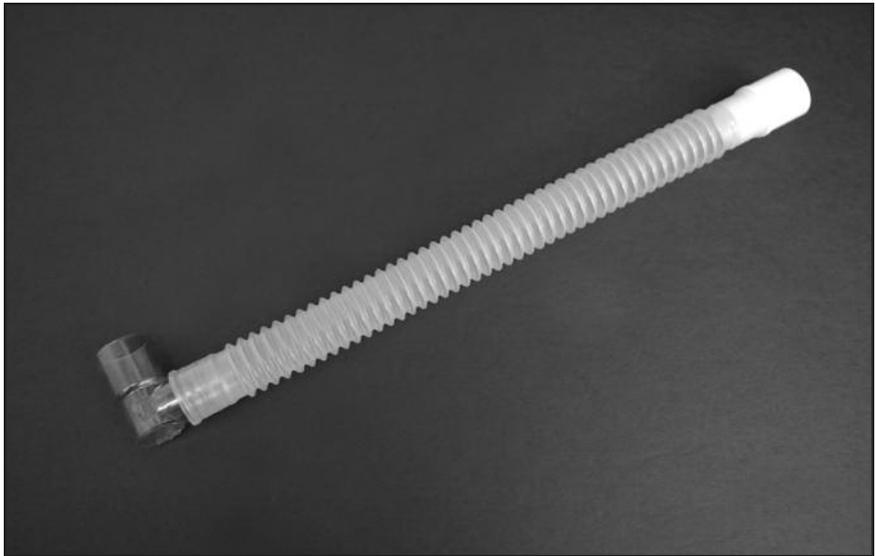


VENTI-PAK CONVENIENCE KIT

FOR AEROTECH I RADIOAEROSOL SYSTEM

INSTRUCTIONS FOR USE

REF 177-325 Convenience Kit, Venti-Pak



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Instructions for the following Biodex product:

177-325 Convenience Kits, Venti-Pak for AeroTech™ I, 5/pkg
(*adapter kit for ventilator assisted patents*)

INTRODUCTION

Radioaerosol inhalation lung scanning in ventilator assisted patients is not only feasible, but a valuable tool that can lead to important changes in patient management.

The AeroTech™ I Venti-Pak can be easily adapted into the ventilator circuit and serve as an interface between the AeroTech™ I aerosol delivery system and the ventilator.

Using the AeroTech™ I Venti-Pak with the AeroTech™ I disposable kit can result in scans of an excellent quality and less central bronchial deposition, plus more peripheral penetration, in the ventilator assisted patient.

ASSEMBLY INSTRUCTIONS

(*See Figures 1 and 2.*)

1. Remove the AeroTech™ I respirator accessory tail (J) from the plastic bag.
2. Attach the elbow of the respirator accessory tail to the bottom of the filter (C) on the delivery system. Ensure that, when installed, the elbow aligns in the same direction as the injection septum (D) and that the respirator accessory tail remains on the filter side of the release mechanism at the base of the shield.
3. Place the aerosol unit in the shield. Insert the bottom tip of the nebulizer (B) into the O₂/air inlet (E). Ensure the injection port and the aerosol flow lines are positioned in the shield cutouts (H).
4. Feed the white end of the respirator tail through the round opening in the shield lid (I).
5. Place the lid on the shield with the lead flap (F) to the side of the injection septum (D), allowing access for injection.
6. Connect the O₂/air supply tube to the oxygen supply. Test the O₂ and connection by slowly turning on the O₂/air to a flow rate of 10 to 11 liters per minute (LPM). Turn off O₂/air supply.

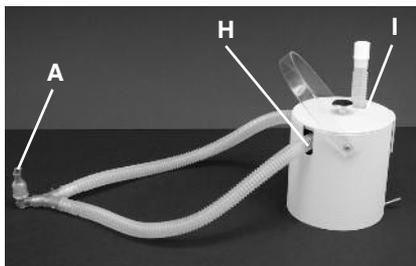


Figure 1. The AeroTech™ I Venti-Pak in shield with aerosol unit, top view.

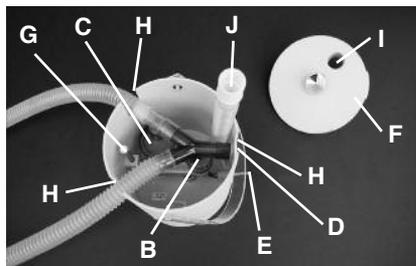


Figure 2. The AeroTech™ I Venti-Pak in shield with aerosol unit.

Parts:

- A. Mouthpiece/Y-tube Assembly*
- B. Nebulizer*
- C. Filter*
- D. Injection Septum*
- E. O₂/Air Inlet Tube*
- F. Lead Flap*
- G. Ejection Button*
- H. Shield Cutouts*
- I. Opening for Respirator Tail*
- J. AeroTech™ I Respirator Tail*

OPERATION

Pre-perfusion: The generally accepted dosage of radioactivity is 15 to 30 mCi in 2 ml of injectable saline. Three to five minutes of breathing time should be adequate to collect 100,000 to 200,000 counts.

Post-perfusion: The generally accepted dosage of radioactivity is 40 mCi in 2 ml of injectable saline. Four to six minutes of breathing time should be adequate to collect sufficient counts to override base counts by 1.5 times.

NOTE: *Individual patient breathing times may vary. (More extended breathing time may be required when using the small Particle Delivery System, #177-324.)*

CONNECTING THE PATIENT TO THE AEROTECH™ I

1. Using a syringe and needle, inject 2 ml of the solution to be aerosolized through the center of the rubber septum and into the nebulizer.
2. Rotate the AeroTech™ I shield lid to cover the injection port with the lead cover flap.
3. Remove the mechanical ventilator connection from the patient and connect it to the white end of the respirator accessory tail protruding through the shield lid.
4. Connect the blue y-tube with elbow (A) at the end of the AeroTech™ I unit to the patient's face mask or tracheotomy connection.

NOTE: *You have now incorporated the AeroTech™ I unit as part of the mechanical ventilator air line. Adjustment to the ventilator pressure may be required to compensate for the added tubing volume.*

During aerosolization, the AeroTech™ I nebulizer is receiving O₂/air.

5. Slowly turn on the O₂/air supply to a maximum flow rate of 10 to 11 LPM.
6. **Connect the O₂/air supply tube to the AeroTech O₂ fitting and the test is started.**
7. Once aerosol delivery procedure has been completed, **turn off the O₂/air supply** which is connected to the AeroTech™ I shield inlet tube. Continue respirator breathing cycle for an additional 15 seconds to clear the system of any residual aerosol.

TO RECONNECT PATIENT TO MECHANICAL RESPIRATOR

1. Disconnect the AeroTech™ I unit from the patient's face mask or tracheotomy connection.
2. Disconnect the mechanical ventilator fitting from the respirator accessory tail on the AeroTech™ I unit. Reattach the mechanical ventilator fitting to the patient's face mask or tracheotomy connection (the patient should now be connected directly to the mechanical ventilator).

NOTE: Review the ventilator pressure and make adjustments as required to correct for compensation made during administering of the aerosol.

3. Imaging Procedure: Collect 100,000 to 200,000 counts per image. For post perfusion studies, repeat anatomical views obtained during the perfusion study as required. Multiple views can be taken during one diagnostic study.

INSTRUCTIONS FOR DISPOSAL

1. Disconnect the oxygen/air supply from the AeroTech I shield oxygen/air inlet tube.
2. Remove the lid from the AeroTech I Shield. Locate delivery system ejection button.
3. Press down firmly on ejection button. The nebulizer will disconnect from the oxygen/air inlet tube.
4. Remove the delivery system from the shield and place it in the plastic disposal bag provided.
5. Label and dispose of entire bagged system in accordance with departmental radioactive and biohazard waste disposal procedures.

U.S. PATENTS #4,510,929 #4,703,753 #4,598,704 #4,823,784



BIODEX

Biodex Medical Systems, Inc.