

Insta/Vent™
Radioaerosol Lung Imaging System
for
Ventilator Dependent Patients:

Instructions for Use



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IV-600V Step by Step Instructions Rev B

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Insta/Vent™ Radioaerosol Kit Selection

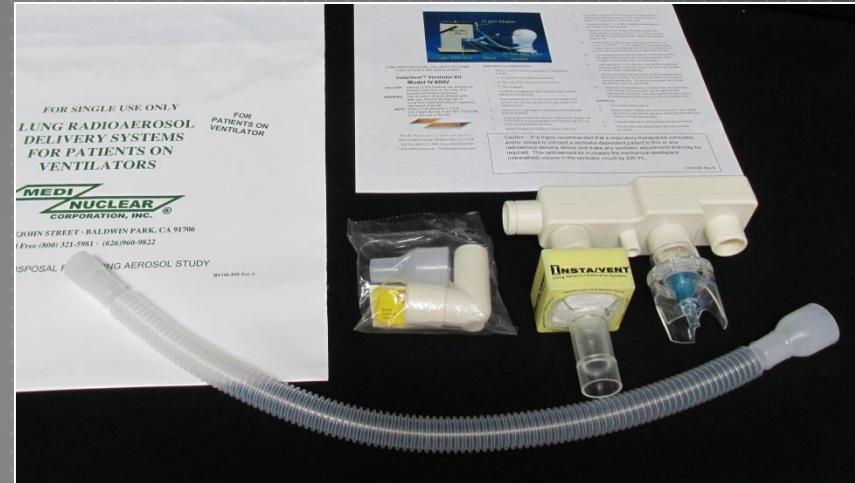
Special Breathing Situation	Radioaerosol Kit to Use
Tracheotomy	Use special kit for ventilator dependent patients (#IV-600V).
Trach Opening (ventilator not required for breathing)	Cover trach opening and use regular kit with mouthpiece or face mask. <u>Do not</u> use special kit for ventilator dependent patients.
Tracheal Intubation	Use special kit for ventilator dependent patients (#IV-600V).
Nasotracheal Intubation	Use special kit for ventilator dependent patients (#IV-600V).
Bi-Pap Machine	Remove patient from Bi-Pap machine. Use regular kit with face mask (Single Tube System #IV-600M, Two Tube System #IV-600PM).



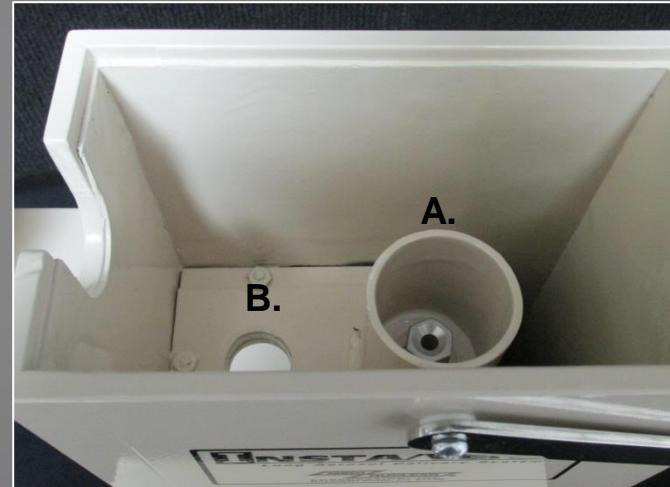
Assembly

- Remove components from plastic bag.
 - Insta/Vent™ manifold with attached nebulizer and HEPA filter.
 - Flex tube with 15mm airway connector
 - Elbow/adapter

Note: Retain the re-sealable bag for disposal of the Insta/Vent™ after the ventilation study.



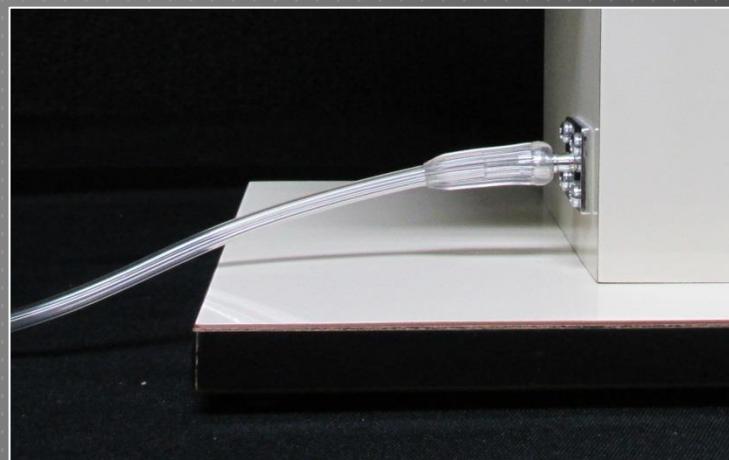
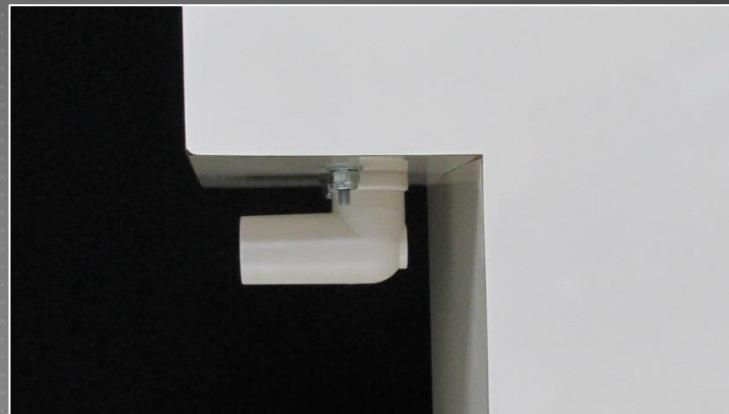
- Open the lid of Insta/Vent™ shield.
- Properly seat the Insta/Vent™ manifold in the lead shield.
 - A. The nebulizer will be directed into the lead cylinder.
 - B. The HEPA filter will extend through the exhaust opening at the bottom.
- Press down firmly so that the nebulizer is seated completely into the silver oxygen/air port.



- While holding down the Insta/Vent™ manifold, attach the elbow/adapter to the HEPA filter. The HEPA filter can be reached through the exhaust opening in the underside of the Insta/Vent™ shield.
- Connect the oxygen tube to the chrome inlet on the front of the Insta/Vent™ lead shield.

Note: Use only the provided oxygen tube. Other oxygen tubes may be slightly over-sized and could cause oxygen leakage.

- Recheck the seating of the Insta/Vent™ manifold in the shield.



- Prepare ^{99m}Tc -DTPA, or an equivalent alternative, in accordance with the manufacturer's instructions.
- Using a shielded syringe and needle, inject 2 mL of ^{99m}Tc -DTPA solution through the grey stopper in the top of the Insta/Vent™ manifold and into the nebulizer.

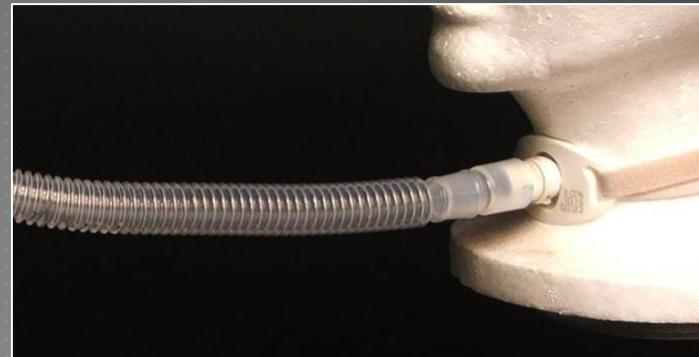
Note: Keep syringe vertically upright to inject maximum amount of liquid directly into nebulizer.

- Prior to closing the Insta/Vent™ shield, ensure that the manifold is seated firmly into the silver oxygen/air port.
- Close the lid of the Insta/Vent™ shield.



Patient Connection and Operation

- Disconnect ventilator “Y” from patient’s endotracheal or tracheotomy tube and connect the 15mm end of the flex tube to the patient’s endotracheal or tracheotomy tube.
- A removable 22mm x 15mm adapter is provided for connecting the “Y” tube. Connect ventilator “Y” to elbow/adapter extending from the HEPA filter exhaust opening.



A Note to the Respiratory Therapist

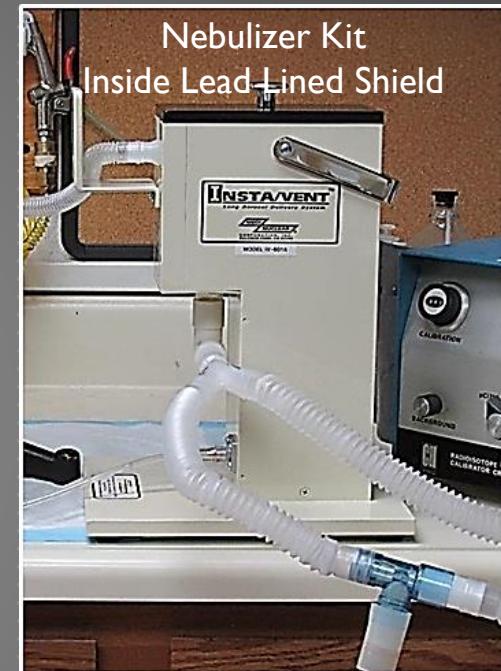
In simple terms, dosing for a lung scan on a ventilator dependent patient is basically the same as performing a nebulizer treatment. Therefore, Respiratory Therapists are recommended to be present during the exchange and connection of tubing from the ventilator to the Insta/Vent™ Radioaerosol System should ventilator related questions arise.



A Note to the Respiratory Therapist (Continued)

The main differences between a nebulizer treatment and radioaerosol delivery are:

1. The oxygen flow rate delivered to the Insta/Vent™ Radioaerosol System must be 8-10L/minute to allow the liquid radioisotope in the nebulizer to create a mist. Dosing requires approximately 3-5 minutes, which is less than most nebulizer treatments.
2. Because a radioisotope is being nebulized, the Insta/Vent™ nebulizer kit is housed in a lead lined shield to provide personal protection, and includes a HEPA filter for exhalation to protect the ventilator from contamination. Please note: The radioisotope has been deemed medically safe for healthcare workers to continue caring for their patients.



A Note to the Respiratory Therapist (Continued)



1. Airflow will always take the path of least resistance. Air will always move from areas of high pressure to areas of low pressure.
2. If for any reason there is excess airflow, all ventilators have an expiratory relief valve to prevent over ventilation and to avoid Volutrauma/Barotrauma.



Dosing the Patient

- Gradually turn on the oxygen, setting the flow rate at 10 liters/minute.
- Caution:** At the normal 50 PSI pressure for the oxygen supply, an abrupt increase of flow rate from 0 to 10 liters/minute may detach the air line from the Insta/Vent™ shield.
- Ventilate the patient until the desired amount of radioactive DTPA, or an equivalent alternative, has deposited in the lungs for imaging purposes. This will normally be in the order of 3-5 minutes.



- After radioactive DTPA delivery, turn off the oxygen and continue the patient ventilation process for four or five breaths to clear the system of radioaerosol.
- Quickly disconnect the aerosol system from the patient and reattach the ventilator “Y” piece to the patient’s tracheotomy or endotracheal tube.
- Optionally, if the patient has a tracheotomy, the disposable inner cannula (if so equipped) may be replaced after radioaerosol delivery to reduce the tracheal hot spot caused by accumulation of radioactivity in the trach tube.
- The patient imaging procedure may be started as soon as convenient.



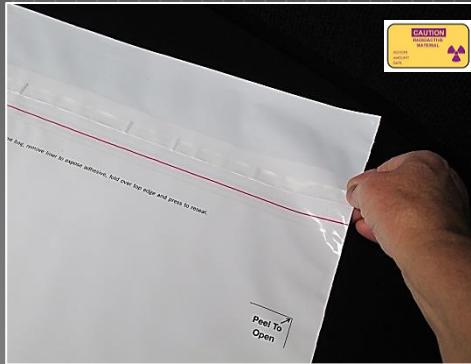
Disposal

- Remove elbow/adapter from HEPA filter extension.
- Open shield lid. Remove used aerosol kit from the shield and place all used items in storage bag provided.
- Quickly attach yellow, “caution” label and place unit in a shielded disposal area for radioactive decay.
- Discard decayed waste according to radioactive waste procedures established by your facility.

Note: Do not disconnect oxygen tubing until aerosol kit has been removed.



- Place all used items in disposal bag provided. Remove seal strip from the bag to expose the unused tape. Seal the bag securely.
- Quickly attach the radiation label, and place the unit in a shielded disposal area to allow for radioactive decay.
- Discard decayed waste according to the radioactive waste procedures established by your facility.



Insta/Vent™ Ordering Information

Catalog No.	Product Description	Qty/ Units
IV-600	Insta/Vent™ Radioaerosol Kit, Single Tube System	24/cs
IV-600M	Insta/Vent™ Radioaerosol Kit with Mask, Single Tube System	24/cs
IV-600P	Insta/Vent™ Radioaerosol Kit, Two Tube System	24/cs
IV-600PM	Insta/Vent™ Radioaerosol Kit with Mask, Two Tube System	24/cs
IV-600V	Insta/Vent™ Ventilator Kit for Ventilator Dependent Patients	6/cs
IV-605	Oxygen Supply Tubing, Secure-Fit Connectors, 7 ft.	3/pk
IV-601A	Insta/Vent™ Portable Lead Shield, Aluminum	Each
IV-603	Insta/Vent™ Mobile Cabinet	Each
UV-204	Universal Mobile Cabinet™	Each



For additional information, please contact:



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We're here to be of assistance!

