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Times

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Technology and the Standard of Care | 5

The standard of care and the potential for liability make upgrading equipment mandatory whenever there are significant safety benefits to be obtained. By Anthony L. DeWitt, JD, RRT, FAARC

A Brief History of Mechanical Ventilation | 7

Technological evolution firmly established the need for highly trained respiratory care specialists and challenges us to grow with future demands. By Richard Kallet, MS, RRT, FAARC

Value-added RTs | 43

Seven AARC members share their challenges, insights, and successes, beginning on page 43 and scattered throughout the Buyer's Guide.

A Glimpse of What RTs Want To See in New Equipment Today | 49

A respiratory care manager and investigator lists issues RTs need to know when considering new equipment.

7 Questions for an RT Inventor | 76

Beginning on page 76 and scattered throughout the Buyer's Guide are three interviews that give you a peek into the minds of inventors James Moriarty, Dan Grady, and Robert Chatburn.

Tough Times Equal Tough Challenges | 84

Two AARC Corporate Partners converse on the economy, health care reform, and their impact on technology.

Inspiring Patients | 93

Beginning on page 93 and appearing throughout the Buyer's Guide are six stories by AARC members sharing their personal experiences with patients they have attended.

2011 AARC Buyer's Guide for Respiratory Care | 14

This annual special issue lists over 400 respiratory companies and provides a convenient tool for locating the products and services you need. Start by reading this introduction, with instructions on navigating the three sections for clinicians: Company Directory, Products & Services, and Trademarks & Brand Names. A fourth section, the Consumer Buyer's Guide, is intended for you to copy and share with your patients as an education tool.

Buyer's Guide Products & Services | 16

Buyer's Guide Company Directory | 52

Buyer's Guide Trademarks & Brand Names | 124

2011 AARC Consumer Buyer's Guide | 148

RC Currents | 160

Marketplace | 170

New Members | 172

Classified Advertising | 178

Calendar of Events | 180

Advertiser Index | 183

AARC Strategic Plan

AARC Vision/Mission Statement: The American Association for Respiratory Care (AARC) will continue to be the leading national and international professional association for respiratory care. The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession, and the respiratory therapist.

AARC Strategic Objectives

- Validate the science of respiratory care and the value of the respiratory therapist (RT) in providing respiratory care by supporting, conducting, and publishing research information.
- Promote respiratory therapists as the best providers of respiratory care by assuring that the science that clarifies the value and role of the RT is provided to those stakeholders whose decisions and actions need to be guided by that information.
- Promote respiratory therapists and the American Association for Respiratory Care by developing and implementing promotion and marketing campaigns targeted to unique audiences.
- Assure the Association has the resources to meet the needs of its members and that the AARC has the needed financial, volunteer, and staff resources needed to accomplish the implementation of the strategic plan of the Association.

The complete version of the Association's Strategic Plan is available to AARC members online at www.aarc.org/members_area/resources/strategic.asp.

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Technology and the Standard of Care

by Anthony L. DeWitt, JD, RRT, FAARC

What do a microscope, boiling water, oxygen, corn mold, and the pulse oximeter all have in common? The answer is, they are technological innovations that changed the standards of care in medicine. Until the microscope came into use, germs could not be identified. Until the use of boiling water to sterilize instruments, patients often got as sick from the surgical tools used as from the surgery itself. Corn mold revolutionized medicine by making antibiotics available in large quantities, and the pulse oximeter changed forever how patients are monitored in the ICU and in surgery.

Technology always has the potential to change the standard of care because the standard of care is what an expert — any qualified expert — says it is. And in any hospital with more than two physicians, the standard of care varies greatly by the prescribing habits of the individual physician. One physician may decide to rely on a pulse oximeter reading for oxygenation, while another may not trust the device and want an arterial blood gas. Wherever there are differences of opinion on the proper course of medical care, there are potential medical malpractice lawsuits waiting to develop. As time marches on, a consensus develops about what the right approach is. In respiratory care that consensus is expressed in the AARC's Clinical Practice Guidelines, which most therapists would agree state the current standards of care in the profession.

When to buy

The issue of technology, however, is a dicey one because technology often advances more quickly than medical disciplines can keep pace. Devices are in the FDA clearance stage today that will revolutionize medicine in the next few years. Must a hospital always have the newest and best?

The answer, of course, is no. A hospital should have what is reasonable and prudent, and should provide for the patient within its means. No one expects a 50-bed hospital to have a cardiac surgeon and open-heart bypass team on standby in a community with a population of 5,000. The medical system is designed to get patients to more definitive help. But what is clear is that hospitals are expected to have the minimum equipment necessary to assess and stabilize patients. Thus, at a minimum, every hospital should have adequate pulse oximetry equipment.

Each advancement in the technology takes time to catch on nationally. There is a lag time of about three years for new technology to make a full penetration into the national market; but when it does, it's dangerous not to have it available.

Through the years, the pulse oximeter has evolved into a much different device than the original devices that monitored only oxygen saturation. One manufacturer has recently developed devices based on the standard pulse oximeter that are certain to affect the standard of care. These devices monitor not only oxygen saturation but also carboxyhemoglobin saturation, methemoglobin, hemoglobin, and pleth variability index. Recent studies have shown that the devices may have a role in detecting post-operative hemorrhage in addition to their well-accepted role in monitoring oxygen saturation.

about the author...



Anthony L. DeWitt, JD, RRT, FAARC, is an attorney and a partner in the firm Bartimus, Frickleton, Robertson & Gorny, PC, and resides in Jefferson City, MO. He has also authored two books and numerous legal journal articles. This article is not a substitute for legal advice.

Purchasing wisely

Yet, innovations in all areas of medical technology come with a cost. Newer equipment means increased costs. A hospital that wants to have the best in new equipment must pay for it, and there is frequently a feeling in the hospital that medical devices should not be

rendered obsolete after only a few years. But, unfortunately, the standard of care and the potential for liability make upgrading equipment mandatory whenever there are significant safety benefits to be obtained.

Until a few years ago, most pulse oximeters could not read through motion and in patients with diminished perfusion. These were well-known limitations in the use of oximeters, and clinicians simply considered these factors when evaluating the data stream. When newer equipment eliminated those concerns, most clinicians saw the benefits but often could not shake additional funding loose from hospital boards for the newly enhanced equipment. Not spending the money for appropriate monitoring equipment is *not* a good risk management approach. Everyone wants the best of care, but hospitals often cannot spend unlimited amounts on newer technologies. For that reason, clinicians should do their homework and purchase only that newer technology that peer-reviewed clinical studies have shown to benefit their patients.

The problem of acquiring new technology is worst for the smaller 100–300 bed hospitals that may not have large capital equipment budgets and that may be cutting back on spending due to the recession. How does a clinician convince a hospital to spend on newer technology when

the current technology may only be five years old? The answers are found in something called a “jury verdict reporting service” available at most law libraries and on Westlaw and Lexis-Nexis computer-based services.

A quick review of the top malpractice verdicts over the past few years shows awards by juries ranging from \$6.2 million for a man on whom nurses failed to check oxygen saturation prior to a CT scan, to \$23.8 million for anoxic brain injury. Interestingly, in both cases the issues were not with the absence of technology but with the failure of the clinicians involved to *use* the technology. Investing in newer technology is usually a very smart investment decision because, if done properly, it should reduce liability.

Staff training on new devices

Just buying newer equipment carefully selected on the basis of peer-reviewed published studies, however, is only half of the answer. Afterward, employees must be trained and physicians must be shown the advantages of the newer equipment. As importantly, managers and supervisors must carefully triage patients and use technology that is available on a limited basis on those patients who will derive the greatest benefit. ■

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A Brief History of Mechanical Ventilation

by Richard Kallet, MS, RRT, FAARC

The practical daily considerations of delivering respiratory care do not incline most of us to consider how mechanical ventilation actually came into being. In this brief paper, I hope to tell a very modest version of a fascinating story.

Breathing and the mystery of life

*Breathing: you invisible poem! Complete interchange of our own essence with world space. You counter weight in which I rhythmically happen.*¹

– Rainier Maria Rilke

Breathing is the essence of life and, as such, was imbued with mystical powers among the ancient philosophers and physicians of Egypt, China, India, and Greece. They all shared a common belief that the substance of the soul is transmitted through breathing. By at least 2000 B.C., Chinese philosophers described “lien ch’i” as a process of transmitting “soul substance” through inspired breath.² Similarly, the ancient Greeks believed “pneuma” (breath) to be the essence of all things: “as our soul, being air, sustains us, so pneuma and air, pervade the whole world.”² Across millennia and civilizations, from ancient Hindu meditative practices to the 20th century European mystical poetry of Rilke, the common theme has been that “the lungs are the center of the universe and the seat of the soul.”³

Yet in spite of this supernatural awe, humans early on showed a predilection toward intervention. The idea of artificial ventilation might extend as far back as 3100 B.C. and the myth of the Egyptian goddess Isis, who resurrected her murdered brother Osiris with the “breath of life.”⁴ Approximately 800 B.C., the Old Testament de-

scribed the Prophet Elisha reviving a dying child with mouth-to-mouth breathing.⁴ Tangentially, the origins of the artificial airway extend just as far back into human history. Tracheostomy was first described in the Hindu book of medicine, the “Rig Veda” (circa 2000 B.C.),⁵ as well as in ancient Egypt around 1500 B.C. The fifth century B.C. Greek physician Hippocrates described a technique for endotracheal intubation,⁴ whereas in the second century A.D., the Greek physician Galen temporarily revived a moribund animal by performing a tracheotomy and then using a bellows to inflate the lungs. During the same period, the Judaic “Talmud” described tracheostomy and artificial breathing using a reed to revive asphyxiated newborns.⁵ But the ancients were unable to comprehend the relationship between the heart and lungs. Hippocrates believed that the purpose of respiration was to cool the heart, which distributed the soul (“innate heat”) via the blood to various parts of the body.

about the author...



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The renaissance, the rise of science, and the emerging world economy

“But that life may in a manner of speaking be restored to the animal, an opening must be attempted in the trunk of the trachea into which a tube of reed or cane should be put; you will then blow into this, so that the lungs may rise again and the animal take in air... the lung will swell to the

*full extent and the heart become strong and exhibit a wondrous variety of motion.”*⁴

– Andreas Vesalius

It was only with the rise of science during the Renaissance of the late 15th and 16th centuries that circu-

lation, ventilation, and gas exchange were beginning to be understood. This explosion of knowledge came about from the rediscovery of ancient Greek texts (preserved for centuries by Muslim cultures) that were used to guide new experiments. During this time, the Italian anatomist and physician Andreas Vesalius described a technique of tracheostomy and positive-pressure ventilation similar to that of Galen. In 1550 the Swiss physician Paracelsus used a fire bellows connected to a tube inserted into a patient's mouth in an attempt at resuscitation.^{3,4} But these scientific discoveries often came at a tremendous price. Servetus, a colleague of Vesalius who theorized that the lungs cleansed the blood of "sooty vapors" (and speculated about the existence of the pulmonary microcirculation), was charged with heresy and burned at the stake in 1553, along with copies of his scientific treatise.²

By the 18th century an emerging world economy brought with it increased maritime trade and the construction of canal systems. The consequential rise in drowning accidents stimulated the formation of societies throughout Europe advocating resuscitation, particularly mechanical techniques. In 1776, a British physician named Hunter described a double bellows for resuscitation (the first stroke delivered fresh air and the second stroke removed expired air).² But with positive-pressure ventilation came the problem of pneumothorax. In 1825, Leroy d'Etiolles demonstrated how aggressive bellows ventilation caused lung rupture and proposed his solution: age-based gradations on the bellows handle to control tidal volume.⁶ Unfortunately, reports of pneumothorax diminished enthusiasm for positive-pressure ventilation for decades. One of the most successful resuscitation devices was Johann Dräger's "pulmotor," a portable bi-directional pump that could incorporate supplemental oxygen. The pulmotor became popular following its successful use during the Courrières mining disaster of 1906.⁷

Early attempts at mechanical ventilation in medicine and surgery

By the mid-19th century, a variety of chest cuirasses and tank ventilators were developed, primarily for resuscitation. The majority were cuirasses that could assist, but not completely power, ventilation. Likewise, the tank ventilators were not conducive for sustained mechanical support but were used intermittently to treat asthma and bronchitis. The first widely successful negative pressure ventilator only appeared in 1928 with the Drinker-Shaw "Iron Lung."² Interestingly, it was designed specifically for the Consolidated Gas Companies of New York for prolonged ventilation of gas-poisoning victims.⁷

But in 1931, Boston inventor Jack Emerson greatly refined the design of the iron lung. Emerson did this at the urging of his father, an epidemiologist who feared an imminent polio outbreak.⁸ When the polio pandemic occurred in the early 1950s, the Emerson iron lung was widely used.

In the late 19th century, advances in inhaled anesthesia and aseptic surgical techniques allowed for the first time successful attempts at thoracic surgery.⁷ The two greatest limitations were endotracheal intubation and cardiopulmonary collapse from pneumothorax. In 1895 the German surgeon Alfred Kirstein invented the first laryngoscope (the "auto scope").⁷ Positive-pressure breathing apparatuses (primarily for countering lung collapse) were invented that could be used without intubation. The most famous of these was developed by Brauer in 1905 and used a cylindrical head piece attached to a hand-operated compressor that created what we now recognize as continuous positive airway pressure (CPAP).⁷ In the 1930s a different type of positive-pressure breathing apparatus was invented when New York physician Alvin Barach used a flow generator attached to an expiratory resistor to treat patients with pulmonary edema and bronchial asthma.⁹

Between 1909 and 1913, a particularly fascinating series of positive-pressure ventilators were designed by New York surgeons Nathan Green and Henry Janeway. The most evolved of these had settings for respiratory rate, tidal volume, and I:E ratio, as well as a trigger mechanism to allow synchronization with a patient's inspiratory efforts!⁷ Unfortunately, these technological advances languished for several decades, largely due to a lack of interest among surgeons in maintaining the technical proficiency required to use these ventilators.

World War II and mechanical ventilation

During the 1930s, advances were made in gas anesthesia (cyclopropane), endotracheal tube design, and better CO₂ absorbers that helped advance the use of mechanical ventilation during surgery. Swedish, Danish, and British anesthesiologists independently developed air-powered, positive-pressure ventilators. Particularly interesting was the Swedish Spiropulsator, which utilized flashing timers from maritime light buoys to control the triggering and cycling of the ventilator.⁷ These improvements allowed for effective ventilation, which made routine thoracic surgery possible. The advent of World War II (WWII), with the massive increase in thoracic trauma, provided a stable niche for positive-pressure ventilation during the 1940s.



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A concurrent development during WWII was the strategic need for both high-altitude aviation bombers as well as underwater breathing regulators for the Navy. This necessitated the invention of demand flow valves for positive-pressure breathing. Several future giants in the field of critical care mechanical ventilation — including Emerson, Dr. Forrest Bird, and V. Ray Bennett — were at the forefront of this research and development.¹⁰ In particular, the development of the flow-sensitive positive-pressure valves by Bennett was crucial.¹¹ Following the war, the flow-sensitive valve was incorporated into a commercial positive-pressure ventilator (TV-2P) that played a significant role during the polio epidemic.⁷

Mechanical ventilation also found its way into the field hospitals as survivors of thoracic and abdominal trauma developed a deadly condition known as “wet lung.” In early 1944, Army surgeons in Italy used a positive-pressure breathing circuit based on the design of Dr. Barach to treat severe pulmonary edema. This system used tank oxygen connected to an anesthesia bag to create continuous flow and an expiratory threshold resistor made from a water column. Rather than a mouth piece, they used an aviation mask and hosing.¹² The utilization of positive-pressure breathing for battle casualties coincided with and occurred in “shock wards”: the precursor of the surgical intensive care unit (ICU).⁶

In a corresponding development during the war, the U.S. nursing shortage necessitated the creation of the post-anesthetic “recovery room” to reduce preventable post-operative deaths from airway obstruction and hemorrhage. A study at the time showed that approximately one-third of post-operative deaths could be averted by creating wards with intensive monitoring and nursing care.⁶ These experiences would provide the foundation for the eventual creation of the surgical ICU.

The polio epidemic and the birth of the respiratory care unit

Probably the most important event to bring mechanical ventilation into widespread clinical use was the polio epidemics of the late 1940s and early 1950s. Between July and December 1952 in Copenhagen alone, 315 patients suffered from respiratory muscle paralysis with only a single iron lung ventilator and six cuirasses available. Nearly 90% of the initial 31 patients treated with negative-pressure ventilation died within three days.^{6,13} However, when the 32nd patient (a 12-year-old girl named “Vivi”) was near death, a consulting anesthesiologist, Dr. Bjorn Ibsen, requested that a tracheostomy be performed so he could initiate positive-pressure ventilation (which quickly revived her).¹⁴ The superiority of surgical airway

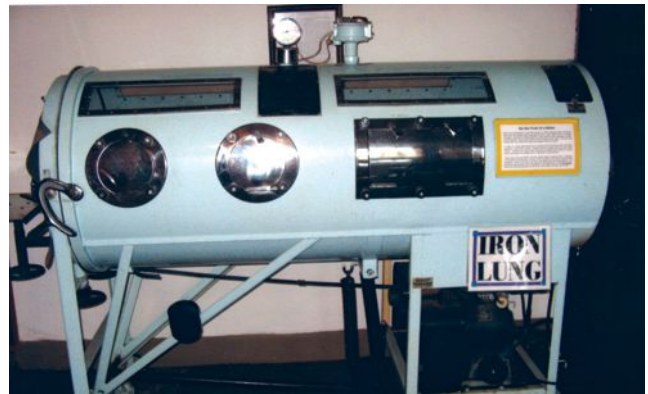


Photo courtesy of Museum for East Texas Culture and Hugh Summers, Esq., Palestine, TX

control and positive-pressure ventilation readily became apparent as the overall mortality rate dropped below 30%.¹³ However, this necessitated manual ventilation teams that consisted of 1,500 caregivers, including anesthesiologists, interns, nurses, and medical students who worked in shifts to provide ventilation for as many as 70 patients at a time.^{6,13,14} The widespread need for mechanical ventilation during this epidemic led to the creation of specialized care units.

Within a year of the epidemic, numerous positive-pressure ventilators became available to replace the ventilation teams. As the target population consisted of neurologic patients with only ventilatory failure and normal chest compliance, mechanical ventilation requirements were simplistic. Therefore, most ventilators only needed pressure capabilities of 25 cm H₂O, adjustable rates between 10–20, and minute ventilation delivery less than 10 L/min.⁹

ICUs, mechanical ventilation, and the respiratory care profession

As the polio epidemic subsided, the specialized respiratory units were closed; and patients requiring prolonged mechanical ventilation were cared for in the general hospital ward. The exception was Copenhagen, Denmark, where Dr. Ibsen converted the post-anesthetic recovery room into an “intensive therapy unit” to care for all patients requiring intensive care.¹⁴ Unfortunately, outside Copenhagen the mortality rate for those patients receiving care on the general ward was extremely high due to mechanical failure of the ventilators and artificial airways. In response, by the early 1960s respiratory ICUs had reopened in hospitals throughout Europe and North America.¹³



Throughout the 1950s, advances in the complexity of cardiothoracic surgery increased the need for prolonged mechanical ventilation during the postoperative phase. In particular, the Swedish cardiothoracic surgeon Engström popularized the use of mechanical ventilation and invented a piston-driven ventilator that provided a consistent tidal volume at a constant minute ventilation.¹¹ The piston pressurized a glass cylinder containing an anesthesia bag filled at a continuous rate with blended gases. In this design, patients were able to breathe spontaneously in between the mechanical breaths. Thus, Dr. Engström's ventilator anticipated the creation of intermittent mandatory ventilation by almost two decades. In passing, it should be mentioned that many ventilators from the 1940s–1970s followed a “double-circuit design” wherein a bellows containing the therapeutic (or anesthetic) gas mixture was placed inside a chamber that was intermittently pressured by a piston to mimic how an anesthesiologist would normally “squeeze the bag” during manual ventilation.

Over the course of the 1950s and 1960s, more complicated surgical procedures were undertaken and the subspecialty of trauma surgery became more prominent. Patients requiring mechanical ventilation became more difficult to manage with the available technology. Many of these were pressure-limited/pressure-cycled ventilators that could only achieve a maximum pressure of 40 cm H₂O. Tidal volume, inspiratory time, and FiO₂ could be highly variable depending upon how quickly the maximum pressure was reached. The limitations of pressure-cycled ventilators was unacceptable for these critically ill patients who had abnormal chest mechanics and tenuous gas exchange function due to sepsis, fluid overload, and acute lung injury.

This situation necessitated the development of more powerful, sophisticated volume-cycled ventilators. By the early 1970s, the Emerson Post-Operative, Bennett MA-1, and Ohio 560 ventilators became prevalent as they could better maintain minute ventilation at pressures up to 60–100 cm H₂O. Ventilator management also was facilitated markedly with the availability of blood gas analysis technology in the early 1960s.¹¹ It was also widely recognized that a specialized allied health profession would be needed to help monitor and troubleshoot mechanical ventilation. The 1960s and 1970s saw the rapid expansion and transformation of the inhalation therapy services into the bona fide profession that is now respiratory care.

Mechanical ventilation in the postmodern world

“Unfortunately, this trend to multiplicity of controls originated from, and has been encouraged by, the respiratory ther-

apy technicians in the USA. These are highly intelligent and skilled personnel who take full responsibility for maintaining the equipment and for adjusting the ventilators. However, the resulting complexity and design now prevents all but the most dedicated physicians and nurses from gaining any insight into the workings of the modern machines.”¹⁵

– MK Sykes 1993

From the time of Galen, the predominant paradigm for mechanical ventilation was the positive-pressure bellows. However, the Spiropulsator of the 1930s (described earlier) as well as the Bird Mark and Bennett PR series ventilators of the 1960s presaged an alternative approach that focused on controlling a high-pressure gas source to achieve artificial breathing. During most of the 20th century, the major limitation to mechanical ventilation was the lack of dependable electronic and pneumatic circuitry. The technology revolution of the later 20th century solved these problems.

In 1972, the Siemens 900 series ventilators represented a conceptual departure in design that eventually led away from the use of the piston and bellows-based ventilator in the critical care setting. The Siemens 900 coupled electronic servo-control technology with a simplistic high-pressure gas reservoir and a very precise pneumatic valve system controlled by stepping motors. This design concept ultimately allowed for sophisticated pressure-targeted ventilation. Within a decade, microprocessors were used to control ventilators. This extended the servo-control concept to allow for ever more complex algorithms that ultimately led to closed-loop mechanical ventilation.

Advances in mechanical ventilation that began in the 1980s were emblematic of an inevitable shift within the macroeconomy toward full automation.¹⁶ In the early years of intensive care, mechanical ventilators required



direct monitoring and the manual transcription of variables onto paper log forms. In the 21st century, information from ventilators can be automatically downloaded into larger monitoring systems. In addition, advances in closed-loop ventilation obviate the necessity for many manual ventilator adjustments.¹⁷

Furthermore, it is now possible for real-time mechanical ventilator data to be integrated into computer systems along with concurrent hemodynamic, neurologic, and oxygenation information. This integrated information increasingly is being used in research to study human disease processes. Currently, neural nets are being developed to help interpret complex arrays of data with the goal of improved decision making in clinical practice.¹⁸ In the next 20–30 years, it is very likely that global automation will be introduced into patient management with significant impact for the practice of respiratory care.

At first glance, these trends may appear to have somber implications for our profession. Yet, I believe they also present an enormous opportunity. In this regard, Dr. Sykes' lament is instructive. Back when mechanical ventilators were relatively simplistic, the need for respiratory therapists in the ICU was not universally accepted. Since the late 1960s our profession has fought hard to obtain legitimacy in critical care. This battle was greatly facilitated by the astonishing advances in mechanical ventilation (and associated monitoring) that occurred over the past 30 years. This technological evolution firmly established the need for highly trained respiratory care specialists.

If fully automated mechanical ventilation is our future, it will not materially alter this necessity. However, it will change how critical care respiratory therapy is delivered. And it is likely that future respiratory therapists will interact with far more complex life support systems that require they possess a great deal more training, knowledge, and sophistication. This scenario was predicted 20 years ago when Robert Kacmarek, PhD, RRT, FAARC, foresaw the opportunities and challenges presented by these inevitable advancements and encouraged our profession to “seize the day!”¹⁹ ■

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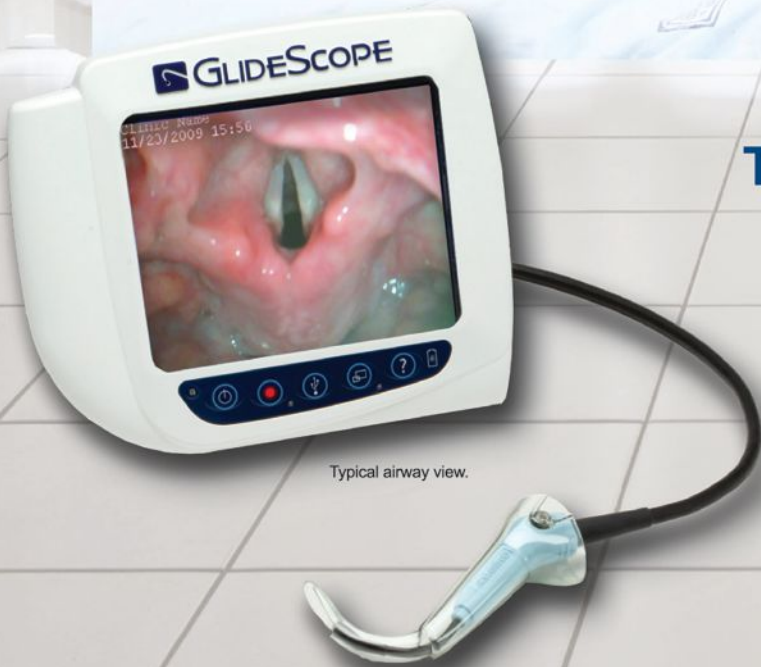
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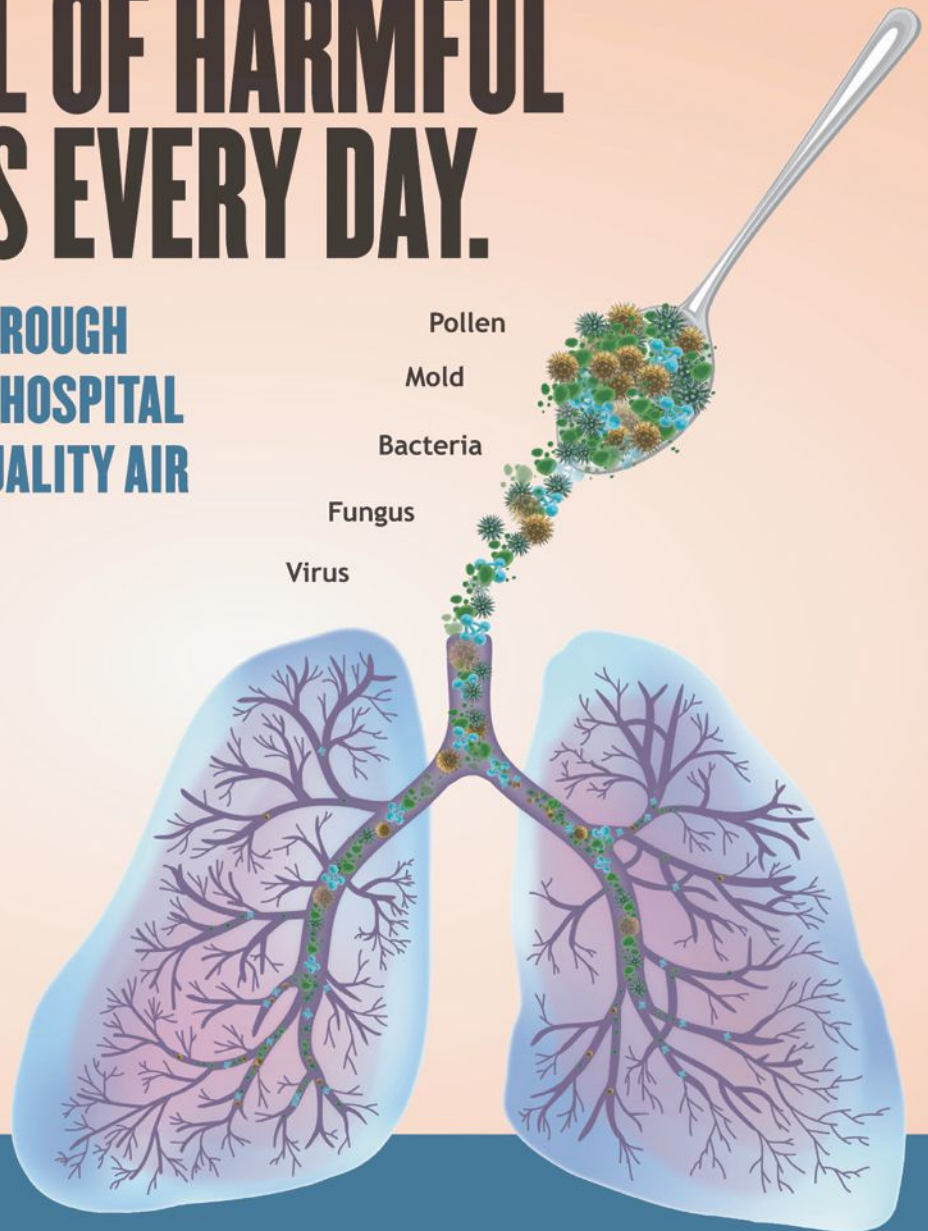
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Ventilator Management Training Redefined

Ventilator management is a critical responsibility that demands sophisticated skills. According to the 46th Respiratory Care Journal Conference on Patient-Ventilator Interaction (PVI), patient ventilator asynchrony is extremely common and frequently unrecognized, with potentially serious adverse consequences for the patient. Optimizing PVI is challenging, and not necessarily made easier by the complexity of today's ventilators and the plethora of ventilation modes.

The RespiSim-PVI for the ASL 5000 Breathing Simulator is a new tool for interactive ventilator management training. With the RespiSim-PVI you can see both "patient" (ASL 5000) and ventilator data simultaneously, together with alarm events and instructor notes. The effects of adjusting ventilator settings and changes in patient condition become visible with an immediacy not previously possible. Entire training sessions, including waveforms and ventilator data, are recorded and can be played back for powerful debriefing.



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1. Hasani A, Chapman TH, McCool D, Smith RE, Dilworth JP, Agnew JE. Domiciliary humidification improves lung mucociliary clearance in patients with bronchiectasis. *Chron Respir Dis* 2008; 5: 81-6

2. Rea H, McAuley S, Jayaram L, Garrett J, Hockey H, Storey L, O'Donnell G, Haru L, Payton M, O'Donnell K. The clinical utility of long-term humidification therapy in chronic airway disease. *Respir Med* 2010; 104: 525-533



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 W.T. Farley, Inc.
 Western Medica

Gauge Protectors

Air Liquide Healthcare America Corp
 Air Products
 Cramer Decker Medical
 Erie Medical
 Flotec, Inc.
 Instrumentation Industries, Inc.
 Medline Industries, Inc.
 MES, Inc.
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 TRG, Inc.
 VacuMed
 W.T. Farley, Inc.
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Hose, High Pressure

Air Liquide Healthcare America Corp
 Airgas Puritan Medical

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1. When used from intubation to extubation. Data on file.

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 Erie Medical
 Flotec, Inc.
 GE Healthcare
 Genstar Technologies Co., Inc.
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 Medline Industries, Inc.
 Mercury Medical®
 Modern Medical Systems Co.
 Ohio Medical Corporation®
 Praxair Healthcare Services
 Precision Medical, Inc.
 R1 Technologies
 Tenacore Holdings, Inc.
 W.T. Farley, Inc.
 Western Medica

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Air Liquide Healthcare America Corp
 Air Products
 Airgas Puritan Medical
 Allied Healthcare Products, Inc.®
 Cramer Decker Medical
 Modern Medical Systems Co.
 Ohio Medical Corporation®
 Praxair Healthcare Services
 R1 Technologies
 Smart Tap inc
 Western Medica

Testing, Outlet

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 Modern Medical Systems Co.
 Praxair Healthcare Services
 Western Medica

Valves

1-Way

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 Instrumentation Industries, Inc.
 IQ Valves
 Parker Hannifin – Precision Fluidics Division
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2-Way, 3-Way, 4-Way

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 IQ Valves
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Demand

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 Praxair Healthcare Services

Nitric Oxide

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 Airgas Puritan Medical
 Flotec, Inc.
 Ikaria
 Praxair Healthcare Services

Nitrous Oxide

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 Amvex®
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 Airgas Puritan Medical
 Amvex®
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 DeVilbiss® Healthcare
 Erie Medical
 Flotec, Inc.
 Maxtec®
 Medline Industries, Inc.
 Oxigraf Inc.
 OxySure® Systems, Inc.
 Praxair Healthcare Services
 R1 Technologies
 Responsive Respiratory Inc.
 Salter Labs
 Spiracle Technology
 W.T. Farley, Inc.

Specialty Gases

Air Liquide Healthcare America Corp
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 Airgas Puritan Medical
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 Dey, L.P.
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 Precision Medical, Inc.
 R1 Technologies
 Spiracle Technology
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IPPB

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Metered-Dose Inhalers

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 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Thayer Medical

In-line (ventilator)

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 Smiths Medical, Critical Care
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Nebulizers

Breath-Actuated

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 Teleflex Medical
 Thayer Medical
 Westmed, Inc.

Medications

Anti-Inflammatories

3M Pharmaceuticals
 AstraZeneca Pharmaceuticals, LP
 Dey, L.P.
 Forest Pharmaceuticals, Inc.

Bronchodilators

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 Boehringer Ingelheim Pharmaceuticals
 Dey, L.P.
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 Novartis Pharmaceuticals Corporation
 Praxair Healthcare Services
 Sunovion Pharmaceuticals Inc.

Leukotriene Modifiers

AstraZeneca Pharmaceuticals, LP

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Mucolytics

Genentech, Inc.
 Praxair Healthcare Services

Saline

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 Dey, L.P.
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 Nephron Pharmaceuticals Corporation
 Praxair Healthcare Services
 Smiths Medical, Critical Care
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Sterile Water

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Monitors


Airway Pressure

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Carbon Dioxide

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Carbon Monoxide

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Cardiac

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 Zoll Medical Corporation

Hemodynamic

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 Schiller America Inc

Holter

Cardiac Science
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Nitrogen

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Nitrogen Dioxide

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 Thought Technology
 Tri-anim

Transcutaneous, Carbon Dioxide/Oxygen

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 Radiometer America Inc.
 SenTec™ AG

Ventilator

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 CareFusion
 Draeger Medical, Inc.
 Futuremed
 Hamilton Medical, Inc.
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N**Nitric Oxide Devices****Delivery/Analysis**

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Nightingale-Alan Medical Inc
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Nose Clips

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O

Oxygen Delivery

Blenders

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Cannulas

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Nidek Medical Products, Inc.
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R1 Technologies
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Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vapotherm, Inc.
Vital Signs
Western Medica
Westmed, Inc.

Catheters, Nasal

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Neotech Products, Inc.
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Teleflex Medical
Vital Signs

Catheters, Transtracheal

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Transtracheal Systems

Concentrators

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Cylinders

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Western Medica

Entrainment Devices

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Vital Signs

Face Tents

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Teleflex Medical

High-Pressure Hoses

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MAQUET, Inc
Maxtec®
Medical Support Products
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Michigan Instruments, Inc.
Praxair Healthcare Services
Precision Medical, Inc.
Salter Labs
Western Medica

Hoods

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Praxair Healthcare Services

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Airgas Puritan Medical
Caire, Inc.
Covidien
Inspired Technologies
Praxair Healthcare Services
TRG, Inc.

Liquid Systems, Hospital

Air Liquide Healthcare America
Air Products
Airgas Puritan Medical
Caire, Inc.
Praxair Healthcare Services

Lotions/Gels

Cann-Ease Co.
LouSal Enterprises Inc.

Masks**Nonrebreathing**

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Teleflex Medical
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Partial Rebreathing

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Intersurgical Inc®
Medline Industries, Inc.
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Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs

Simple Oxygen

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Emergent Respiratory Products
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Hsiner Co., Ltd.
Intersurgical Inc®
Koo Americas, Inc.
Medline Industries, Inc.
Mercury Medical®
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Praxair Healthcare Services
Salter Labs
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Teleflex Medical
Vital Signs

Tracheostomy

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Intersurgical Inc®
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Teleflex Medical
Vital Signs
Westmed, Inc.

Venturi

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Teleflex Medical

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Portable Oxygen Accessories

Air Lift Oxygen Carriers
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Cramer Decker Medical
DeVilbiss® Healthcare
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Flotec, Inc.
GaleMed® Corporation
Luxfer Gas Cylinders
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Passy-Muir Inc.
Pentair
Porous Media Corporation
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Teleflex Medical
Transtracheal Systems
TRG, Inc.
Western Medica

Regulators

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Airgas Puritan Medical
Allied Healthcare Products®
Amvex®
CareFusion
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Ceodeux, Inc.
CHAD® Therapeutics
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Erie Medical
Flotec, Inc.
FWF Medical Products
Genstar Technologies Co., Inc.

Medical Support Products
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Spiracle Technology
Teleflex Medical
Tenacore Holdings, Inc.
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Reservoirs

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Teleflex Medical
TRG, Inc.

Sensors

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Cramer Decker Medical
Innovative Medical Marketing of Virginia
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Sensidyne, LP
Teleflex Medical
VacuMed

Tubing

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Value-added RTs

by Charles Friderici, BS, RRT, EMT-P

R-E-S-P-E-C-T

Several years ago I was working in a 16-bed surgery/trauma unit in a Level 1 trauma center and teaching hospital that was staffed by intensivists. On rounds, there were always interns, students, and residents. Respiratory therapists regularly attended rounds with the physicians, especially on the ventilated patients.

One particular evening, the group was discussing a very complex patient, one who was on pressure control with inverse ratio and high PEEP. The attending intensivist and I entered into a fairly detailed

discussion of the patient's response to the ventilator, lung compliance, and so on, and discussed a plan for changes through the night. When we were finished, she turned to the rest of the group (comprised of the aforementioned interns, residents, and students) and said, "I don't expect any of you to understand what we just discussed. I will explain it to you later. If you have any questions, ask Charlie or any of the other respiratory therapists tonight."

If that's not respect, I don't know what is. ■

AARC member Charles Friderici is manager of respiratory care and the emergency preparedness coordinator at Seton Health/ St. Mary's Hospital in Troy, NY.



Charles Friderici's know-how garnered kudos from physicians.

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A Glimpse of What RTs Want To See in New Equipment Today

Respiratory care equipment has come a long way since the oxygen tent of the early 1900s. But somewhere in between the truly groundbreaking technological advances and seriously necessary sophistication, we've picked up a fair number of other features, as well.

Is that new mode or modality something your hospital would pay extra to get? We challenged a leading respiratory care manager and investigator — Robert Kacmarek, PhD, RRT, FAARC, from Massachusetts General Hospital in Boston — to provide a checklist to guide us through the world of respiratory care equipment today.

Bob's List

When referring to a mechanical ventilator mode or adjunct to providing ventilation, the new feature should be able to:

- ✓ **Make** ventilation safer by reducing the likelihood of ventilator-induced lung injury or reduced hemodynamic compromise
- ✓ **Improve** patient-ventilator synchrony
- ✓ **Improve** ventilation or oxygenation
- ✓ **Wean** patients faster.

The manufacturer should provide evidence of at least one of the above.

On any piece of equipment, the new feature should:

- ✓ **Reduce** complications by providing better humidification, more stable oxygen delivery, less skin breakdown, etc.

- ✓ **Improve** patient outcome by making it easier to transition a patient to a less demanding care unit or a patient home, improve care provided in the home, improve secretion removal, etc.
- ✓ **Be less** expensive and provide the same level of care
- ✓ **Be easier** to operate and provide the same level of care
- ✓ **Be less** likely to break down and provide the same level of care, and/or
- ✓ **Be less** expensive to repair and provide the same level of care.

Bob Kacmarek



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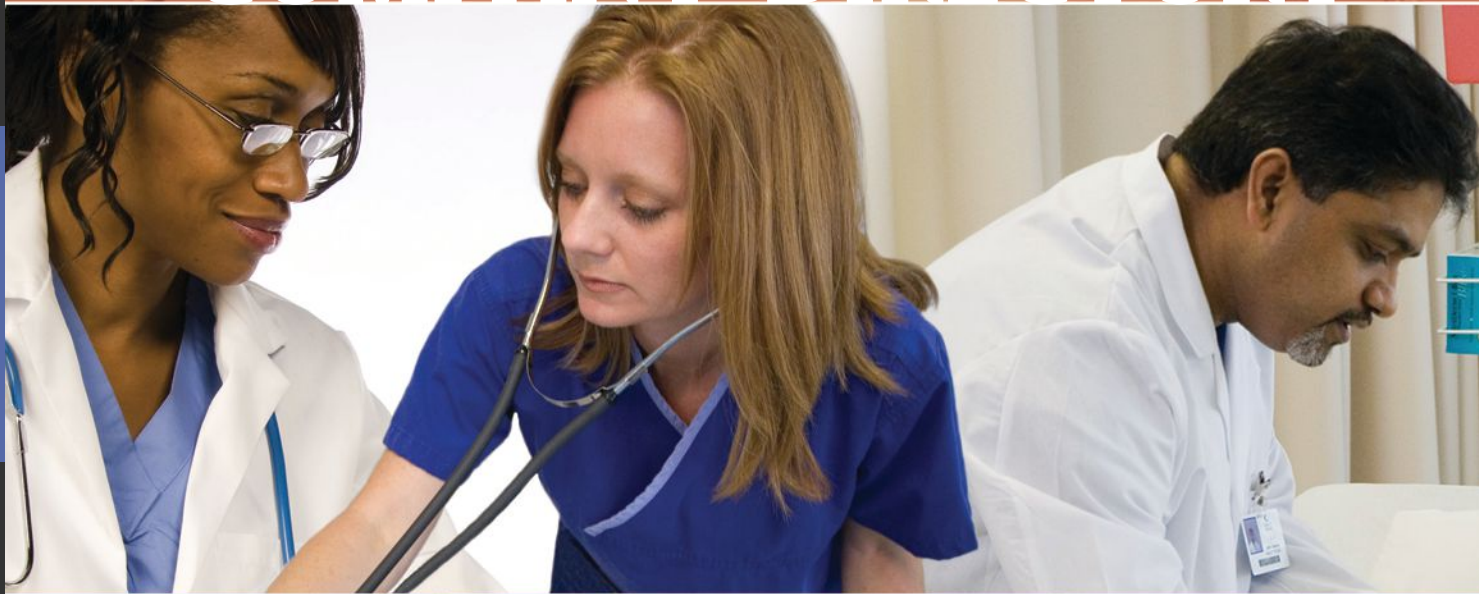
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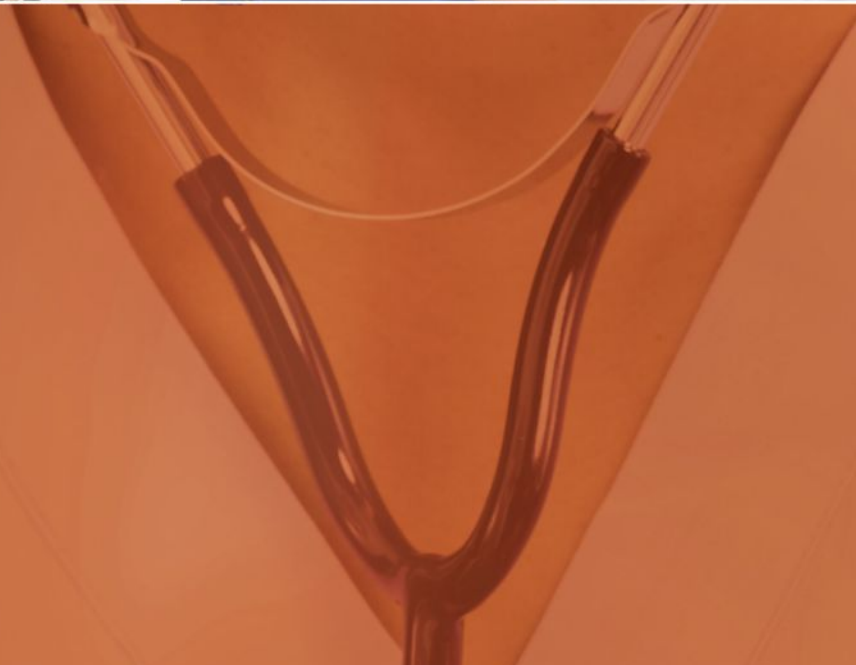
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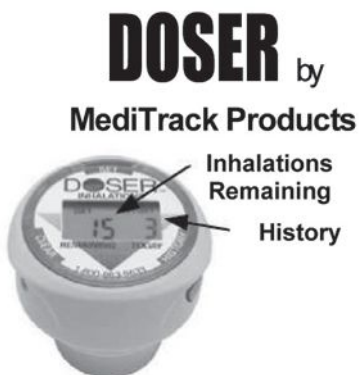
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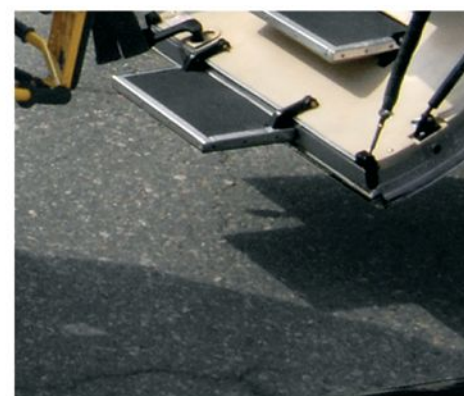
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AARC member William Fromm is CEO of Independent Respiratory Services Group, Incorporated, a non-profit, 501-c3 organization in Lawn, PA.

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Value-added RTs

by Chris Lee, BS, CRT-NPS

Partnering with Pulmonologists

At the Colorado Acute Hospital, a long-term acute care hospital in Denver, the respiratory department is at the forefront of adding value to patient care outcomes and revenue for the hospital. Thanks in part to a partnership with pulmonologists at National Jewish Health (also in Denver), we have been able to provide top-quality pulmonary care for our patients, yielding high wean rates and a low rate of ventilator-associated pneumonia.

Our medical director, Dr. Kenneth Lyn-Kew, and pulmonary director, Dr. Josh Solomon, have been extremely hands-on in the process of updating and adding new respiratory-driven protocols to enhance patient care and the role of the respiratory therapist. Our respiratory therapists are now assisting the physician with new procedures here, allowing us to have a better continuity of care for our patients and keep costs down that would normally be associated

with sending the patient to another hospital for a procedure.

Because we work in a smaller hospital, our staff focuses a lot on teamwork. Our therapists don't just speak it, but live it every day by working with the nurses as well as our PT/OT staff. We just introduced a new ICU mobility protocol that was a joint venture developed by our respiratory and physical therapy staff. This protocol directly involves the therapists in daily mobility exercises for the patients, which helps to increase ventilator weaning. With many more changes on the horizon, we are excited about the future. ■

AARC member Chris Lee is director of respiratory care at the Colorado Acute Hospital in Denver, one of 20 LifeCare specialty acute care hospitals in nine states.



Therapists from the Colorado Acute Hospital live the teamwork concept.

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Value-added RTs

by Marilyn Barclay, BS, RRT, CPFT

Proactive Protocol Pays Off

Several years ago our facility went completely tobacco free. That meant no tobacco use anywhere on the grounds. Before the tobacco-free initiative began, patients who were adamant about smoking were allowed to go outside to smoke if they were deemed capable of being on their own. After the initiative, it became necessary to walk quite a distance to be out of the tobacco-free zone. Staff members were uncomfortable with patients taking a hike in order to satisfy their tobacco addiction. Nurses had to tell patients they could not use tobacco during their hospital stay. Patient complaints increased, and we even saw some aggressive behaviors from smokers forced to give up the habit. Administration decided it was time to do more to keep pa-

tients comfortable during their hospital stay.

Luckily, our cardiopulmonary department had always been very proactive in tobacco-dependence treatment and had a solid process in place for tobacco-cessation counseling. We also had an under-utilized nicotine replacement protocol that had been in place for several years.

The hospital decided to make tobacco cessation and the protocol a part of every pre-printed order set. The use of nicotine inhalers was added to patches and gum as replacement therapy. Once the protocol was ordered, both respiratory therapists and nurses were able to initiate therapy. Use of our protocol skyrocketed, and today our patients who smoke are much more comfortable than they were when our smoke-free rule first went into operation ■

AARC member Marilyn Barclay is manager of cardiopulmonary and neurodiagnostic services at Samaritan Albany General Hospital in Albany, OR.

Marilyn Barclay (right) goes over the hospital's tobacco-free policies with fellow therapist Mary Jo Eyler, RRT.



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RT Inventor 7 Questions



James Moriarty displays his Nozguard Plus (left) and Strapparatus (right).

Who: James Moriarty, RRT

What: Owner, Strapparatus, Inc.; RT III, Palmetto Baptist Medical Center

Where: Columbia, SC

AARC Member Since: 2008

1 What inspired you to become an inventor of respiratory care devices?

Not every product works for every patient, especially critical care patients who require very specific respiratory devices. My initial inspirations have come primarily from actual hands-on use of currently available products. After reading many related articles in *AARC Times* and *RESPIRATORY CARE*, and the patents of other respiratory devices, I determined that there were needs not being filled by any other products.

2 How do you get your ideas?

My ideas are not always original, as you might think. Through observation and experience as an RRT, I can identify areas where simple

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for an RT Inventor

modifications or additions to existing products would help patients experience less discomfort and/or improve treatment success, with little or no increased expense.

3 What was your first invention, and what happened to it?

My first invention was the Strapparatus® headgear. It works best for small- and medium-sized patients. For them, standard headgear often slips, causes neck pain, and complicates healing. This product has a non-provisional patent and is awaiting a final patent exam by the U.S. Patent and Trademark Office.

4 How many devices have you invented so far?

I have five ready for ordering and shipping, and a sixth in

development. They are the Strapparatus, PAPSTRAP®, Nozguard™, EarZ™, PAPSEAL™, and an ETT holder.

5 What would you say are your top two, and why do these stand out from the crowd?

The top two are the Nozguard and PAPSEAL. Nozguard is simple, pre-cut, and pads the nasal bridge. PAPSEAL is used to reduce leaks with patients who have nasogastric tubes. These two devices prevent things that are uncomfortable for the patient, like pressure sores and asynchronous delivery of pressure. Reducing leaks improves respiration (i.e., air flow) without strapping a mask down tight, which often leads to pressure sores.

6 Who has helped you along the way?

Palmetto Health Baptist and Richland Memorial Hospitals in Columbia, SC, have been supportive and often helped in testing the devices. Since these are all Class 1 devices, the risk to the patient is minimal. A patent and licensing attorney at the University of South Carolina offered valuable start-up advice. My parents and family members have provided funding and assisted with production, promotion, and manufacturing.

7 What's the personal and professional payback from inventing devices for the care and treatment of people with respiratory conditions?

It's pretty simple. When you use PAPSEAL with a mask, you see almost instant improvement in synchrony (less leakage) and, thereby, less respiratory distress. Or place Nozguard on a patient using an oro-nasal mask continuously, wait 48 hours, take off the pad, and see no pressure sore whatsoever. When the product meets and even exceeds expectations and the patient improves, that makes inventing worth the effort. ■

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In the following interview, Ruth Lundstrom, MS, RPT, vice president of global marketing at CareFusion, and Paul Jansen, executive vice president of marketing and clinical development at Masimo, explain how the downturn in the economy and the passage of health care reform are affecting respiratory device manufacturers — and what they're doing to ensure technology moves forward despite these challenges.



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Tough Challenges

AARC Times: The economy has been in the doldrums since the meltdown in the banking and mortgage industries at the end of 2008. How has this impacted your business, both in the United States and worldwide?

Lundstrom: Last year, with U.S. hospitals reporting a decrease in patient admissions and elective procedures, 73% delayed capital purchases. This year we have seen a loosening of capital funds in the United States. Outside of the United States, and especially in Europe, there continue to be challenges with funding medical capital purchases due to the debt crisis.

Jansen: The impact is much less these days than when the meltdown first occurred. Initially, there was a deep freeze not only on spending but also on contracting activity. Today, there is still substantial pressure to keep costs down; but given that Masimo's products not only save lives and improve patient care but also reduce costs, we seem to be thriving.

AARC Times: Like everyone else, hospitals now have less to spend on new technology. Is this new fact of life changing the research and development (R&D) process at your company? If so, what are you doing to ensure that the most important aspects of your new technology still move forward?

Lundstrom: CareFusion's funding of R&D, as a percentage of revenue, is actually increasing. We feel that it's essential to continue programs that will result in improved outcomes, decreased hospital stay, more versatility, and innovations for the changing health care environment.

Jansen: From the first day we started Masimo, our mission has been to "improve patient outcomes and reduce the cost of care by taking noninvasive monitoring to new sites and applications," and this goal has never changed. Our R&D commitment remains true to this mission as we continue to focus on the research and development of innovative new medical technology solutions and products that improve the lives of patients while reducing health care costs.

Continued on next page

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Tough Times *continued*



Ruth Lundstrom, MS, RPT, vice president of global marketing, CareFusion



Paul Jansen, executive vice president of marketing and clinical development, Masimo

AARC Times: Are there any new devices and/or features that you are backing off of now, in order to concentrate on that which is most important to the lives of patients?

Lundstrom: We are concentrating our development efforts around the management of information coming from our medical devices as integrated into decision support and best practice.

Jansen: We believe our role is to develop products and medical technology solutions that help overwhelmed clinical staff do their jobs more effectively and efficiently. Automating their work and clinical processes is essential to improving patient care and outcomes.

AARC Times: In the midst of the economic crisis, major health care reform was signed into law in the United States. What's the buzz in your company about how this might affect technological advancements?

Lundstrom: Technological advancements have to come with outcome improvements, whether that is improved hospital/care-giver efficiency or direct patient benefits at costs that are affordable. Technologies that move patients across the continuum of care to lower cost venues will accelerate. CareFusion has a 20-year history of providing outcome-based products and solutions to the medical community and will continue to focus on this in future innovation.

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Jansen: Our fear is that it will force rationing of care. Rationing will severely restrict innovation and make it harder for companies like ours to introduce innovative new technologies needed not only for the betterment of patients but also for the reduction of costs. We hope this will not happen; but we also know that unless we stay committed to protecting and fostering medical technology innovation, health care reform has the potential to diminish the level of care we are all accustomed to. In President Barack Obama's most recent State of the Union Address, he emphasized the need to preserve and foster medical innovation in the United States. We remain hopeful that U.S. health care reform will ultimately ensure that more people will gain access to the greatest health care available and innovation will not be stifled.

AARC Times: How do you believe these two challenges — the economic downturn and health care reform — will define the way your company and others in the respiratory market operate in the coming years?

Lundstrom: The regulatory uncertainties we face today may actually have an equal, or larger, effect than the economic downturn or health care reform. Medical technology companies will be making difficult decisions on their U.S. go-to-market strategies. Products and features could possibly be introduced into the global markets months (if not years) before the U.S. market, based on the changing regulatory environment. With regard to health care reform, we have some concern with the medical device excise tax included in the law that seeks to raise \$40 billion over 10 years, starting in 2013. Medical device companies like

ours may be forced to invest less to compensate for this new tax. On the other hand, we see an enhanced partnership with our customers and caregivers to provide overall solutions that improve care and reduce cost.

Jansen: Clinicians, patients, and the entire health care system depend on life-saving and life-extending medical technology products that innovative companies like Masimo develop. However, the reality of today's financial and care constraints makes higher quality care at lower costs the order of the day for manufacturers. We understand this and focus on ways we can help clinicians to do and see more as cost effectively and efficiently as possible. This is exactly how our company has operated for over 20 years, and it is how we plan to continue operating in the future. ■

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Value-added RTs

by Michael Nibert, BSRT, RRT

“Managing Up”

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AARC member Michael Nibert is the CEO of Nibert Consulting in College Station, TX.

Michael Nibert believes in diversifying respiratory therapists' services.



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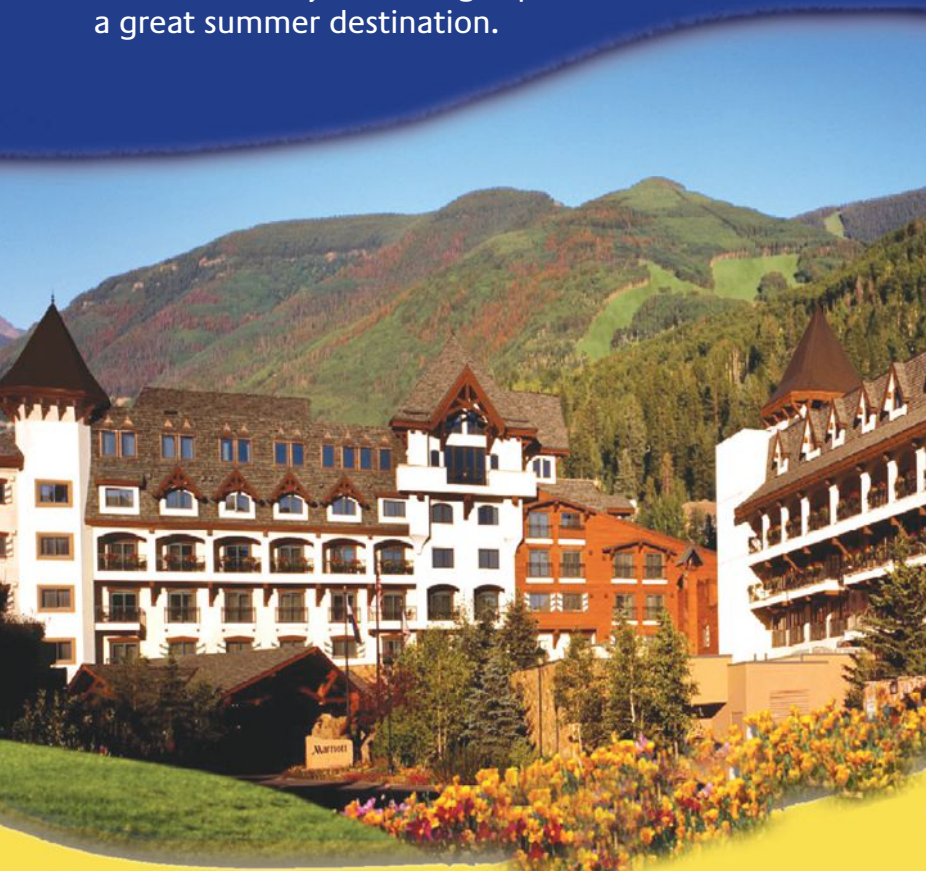
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Inspiring Patients

by Dorothy Potter, BS, RRT

PR Grad Goes Above and Beyond

The volunteers in our pulmonary rehabilitation program are graduates of our program. They welcome our new patients by sharing experiences and offering words of encouragement and helping hands. As relationships are built, there is a sharing of personal information.

Just prior to the holidays, we enrolled a patient who had serious and significant psychosocial needs. The toilet in her home had to be flushed with a bucket of water, the hot water heater didn't heat, the home had numerous electrical issues, the floorboards had rotted in her bathroom, the stair railings on the outside of the house were loose or nonexistent, her furniture was in deplorable condition — the list goes on.

Her only son had died unexpectedly a few years earlier, leaving her alone and devastated. She depended on him physically, emotionally, and financially. His

loss was catastrophic, and the holidays were always a particularly difficult time for her.

Our volunteer, Dale, and a good buddy of his put their heads together, and over time the toilet was replaced, new electricity was run to the water heater, floorboards and joists were replaced, stair rails were made safe, and today there's a new sofa where the other one was. On Christmas Day, our patient enjoyed a hot dinner lovingly prepared just for her. This level of support and caring continues to this day. ■

AARC member Dorothy Potter is the program director for the pulmonary rehabilitation program at Durham Regional Hospital-Wellness in Durham, NC.



Dorothy Potter's pulmonary rehab patients know how to lend a hand.

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RT Inventor 7 Questions



Dan Grady shows his invention for dissolving oxygen in liquids using hyperbaric tonometry.

Who: Dan Grady, MEd, RRT, FAARC

What: Clinical Specialist for Research and Education, Respiratory Care Department, Mission Health System

Where: Asheville, NC

AARC Member Since: 1978

1 What inspired you to become an inventor of respiratory care devices?

Inventing respiratory care devices is a natural process for respiratory therapists since we frequently have to improvise in the clinical setting. I continuously look for better ways to do things.

2 How do you get your ideas?

What works for me is a process of creative problem solving, which starts by identifying a problem. Rather than trying to think of an invention out of the blue, I try to identify a problem to be solved. I guarantee that you can't walk through an ICU without identifying a problem that needs to be solved. So, there is no end to invention ideas using this process.

3 What was your first invention, and what happened to it?

My first invention was a neonatal laryngoscope blade that provided oxygen to babies during intubation. I showed a prototype to an

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for an RT Inventor

anesthesia products company president, George Lake, who was interested in the idea. He did some research and found that the invention had been done before. Of course, I was crushed. However, he provided me with some very helpful information about the invention process, such as how to evaluate new product ideas from a manufacturer's perspective and how to protect new product ideas.

How many devices have you invented so far?

I have invented about 10 products so far.

What would you say are your top two, and why do these stand out from the crowd?

One invention is for dissolving very high levels of oxygen in liquids. I discovered that oxygen tensions greater than 900 mm Hg could be dissolved in liquids — outside a hyperbaric chamber. This invention had

descendants of its own, since there are several different applications for this technology. The technology has been licensed to a company called TherOx, which has developed it and tested it in clinical trials. So far, the dissolved oxygen technology has been used to reduce the damage from myocardial infarction when infused after angioplasty, and it has been used to accelerate wound healing when applied to wounds as a topical emulsion.

Who has helped you along the way?

Many folks have helped me along the way, including my parents, who encouraged me to be both curious and creative in solving problems. Also, several respiratory therapists have helped me with some projects. They are Bob Taylor, RRT, John Riggs, PhD, RRT, FAARC, and Rick Leonard, RRT. My wife, Mary (Kit) Grady, RRT, is also a professional illustra-

tor and has done most of the drawings needed in the patent applications. David Bennett is a patent attorney and has provided some excellent advice and education. Bob Martin and George Lake are both presidents of medical manufacturing companies who have provided guidance and direction in product development.

What's the personal and professional payback from inventing devices for the care and treatment of people with respiratory conditions?

Respiratory therapists are natural inventors. It is incredibly rewarding to watch something that starts with an idea progress through the stages of prototype testing,

then go successfully through clinical trials and actually help patients. Initially, I knew nothing about the invention process and was curious about what it took to invent something. There is a definite sense of adventure during the ride. And make no mistake, it can be a wild ride, especially when you learn that one of your ideas may help millions of people (and make a little money as well). The inventing process allows you complete freedom to do something that may have never been done before and to go where no one has ever been. The invention process requires creativity, perseverance, a lot of hard work, and a little luck. But given all of these things, it is a lot of fun. I highly recommend it. ■

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Nonin Medical, Inc., designs, manufactures, and markets physiological monitoring devices. Nonin offers reliable and portable pulse oximeters, CO₂ detection monitors, NIBP, sensors, software, and accessories to health care professionals worldwide. Nonin's durable products are designed to perform in many medical locations and applications such as spot-checking, short-term and continuous monitoring, and overnight oximetry screening.

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We serve as a manufacturer's representative for Balder America, Joerns Healthcare, AEL Seating, Next Mobility, Pacific Rehab, Switch-it, Assistive Technology, and ETAC. Our products include standing and non-standing wheelchairs, seating systems, controls, bathing accessories, patient lifts and beds, bath sliders, tailwind power assist, and gait trainers.

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Nova offers the Stat Profile® pHox family of blood gas/critical care analyzers with test menus including pH, PCO₂, PO₂, NA, K, Ca, Cl, Glucose, BUN, Creatinine, Lactate, Hematocrit, Hemoglobin, Oxygen saturation, and Co-Oximetry. Stat Profile® pHox design features include a bright, color touch-screen user interface, simplified operation, snap-in reagent cartridges, auto-calibration, fully-

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nSpire Health develops and manufactures respiratory care products and provides related services. The company is focused on cardiopulmonary diagnostics, respiratory core lab services, and disease management solutions designed to improve health care productivity while increasing the overall quality of patient care. nSpire Health is the exclusive provider of PiKo® home health monitors and HDpft™ systems, the most accurate and precise pulmonary function testing systems worldwide. nSpire Health is dedicated to revolutionizing the way the world detects and treats respiratory diseases.

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Ocean Optics is a diversified electro-optics technology firm and a global leader in optical sensing, display optics, and biophotonics technologies. The company offers fiber optic chemical sensors for measuring pH and oxygen, including a system for real-time measurement of oxygen tension in respiratory gases. The latter consists of a reflective probe with a disposable or permanent reactive membrane that is integrated with an Ocean Optics fiber optic spectrometer for full spectral analysis.

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P

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RT Inventor 7 Questions



Before the commercial availability of high-frequency systems, Robert Chatburn's Rainbow Jet Ventilator was used to help save lives at Rainbow Babies and Children's Hospital in Cleveland.

Who: Robert Chatburn, MHHS, RRT, FAARC

What: Clinical Research Manager, Cleveland Clinic; Associate Professor, Case Western Reserve University

Where: Cleveland, OH

AARC Member Since: 1979

1 What inspired you to become an inventor of respiratory care devices?

I have been an inventor ever since I was a kid. Respiratory was a natural extension. Science is just organized curiosity, and curiosity is the father of invention (necessity being the mother).

2 How do you get your ideas?

I would like to quote from my book, "Handbook for Health Care Research," 2nd edition: "William I.B. Beveridge has said, 'It is not possible deliberately to create ideas or to control their creation. When a difficulty stimulates the mind, suggested solutions just automatically spring into the consciousness. The variety and quality of the suggestions are

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for an RT Inventor

functions of how well prepared our mind is by past experience and education pertinent to the particular problem. What we can do deliberately is to prepare our minds in this way, voluntarily direct our thoughts to a certain problem, hold attention on that problem, and appraise the various suggestions thrown up by the subconscious mind.” Or, as Louis Pasteur said, “Chance favors the prepared mind.”

3 What was your first invention, and what happened to it?

My first patented invention was a humidification system for high-frequency jet ventilators. It was never commercialized because the market was too small.

4 How many devices have you invented so far?

I have invented maybe a half dozen medical devices and actually sold one for awhile through my own company.

5 What would you say are your top two, and why do these stand out from the crowd?

My top two inventions were a high-frequency jet ventilator and the humidifier to go with it. These are the top because they saved children's lives. But the one that actually made money was a dosimeter for delivering methacholine challenges in the PFT lab.

6 Who has helped you along the way?

My science mentor was a PhD mechanical engineer at Case Western Reserve University. His name is Frank P. Primiano, Jr. We still collaborate. Another mentor in respiratory care was Marvin D. Lough, MBA, RRT, FAARC, the author of the first textbook on pediatric respiratory care. He taught me never to be afraid to tear something apart to see how it works. He also instilled in me the belief that anything can be improved.

7 What's the personal and professional payback from inventing devices for the care and treatment of people with respiratory conditions?

In my view, you are only as happy as you are creative. Creativity is the motivating force of the universe. As you align yourself with that force, you experience harmony and purpose, and the side effects are beneficence for yourself and others. What more could you ask for? ■

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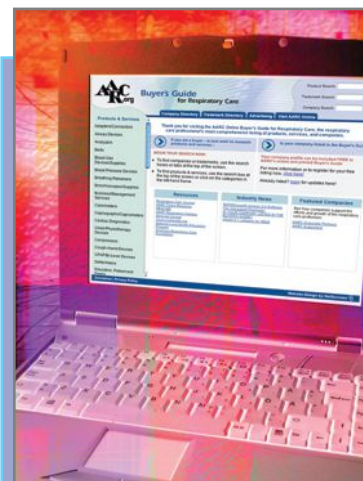
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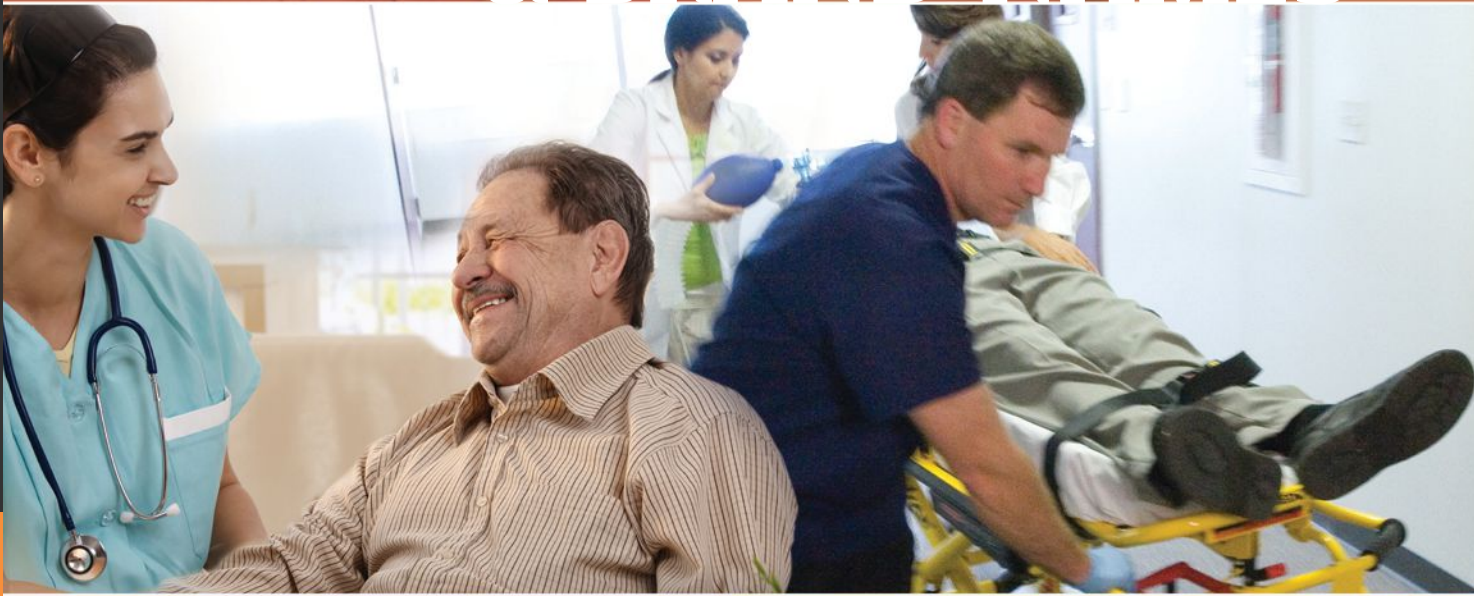
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CONCHATHERM® ... Contact: Teleflex Medical
ConchaTherm® Neptune™ ... Contact: Teleflex Medical
CONFORAIR® ... Contact: INMABU®
Congestac® Caplets ... Contact: B. F. Ascher & Co., Inc.
Connect2® ... Contact: Allied Healthcare Products, Inc.®
Conserve™ ... Contact: Pall Medical
Constant-Flow Cylinder Valve ... Contact: Ceodeux, Inc.
Constant-Flow Regulators ... Contact: Ceodeux, Inc.
Contour™ Breathing Bags ... Contact: King Systems Corporation
Contro-Vac™ ... Contact: Medline Industries, Inc.
Control III® Disinfectant Germicide ... Contact: Maril Products Inc.
Control III® ELITE ... Contact: Maril Products Inc.
Control III® Home Care Kits ... Contact: Maril Products Inc.
Control III® Laboratory Germicide ... Contact: Maril Products Inc.
Cook Spectrum® ... Contact: Cook Critical Care
Corometrics® ... Contact: GE Healthcare
CORR-A-FLEX® ... Contact: Teleflex Medical
CORR-A-TUBE® ... Contact: Teleflex Medical
CoughAssist® ... Contact: Philips Respironics
CozyCot™ Infant Warmer ... Contact: Fisher & Paykel Healthcare, Inc.
CPAP DME System™ ... Contact: DME Data Solutions
CPAP Moisture Therapy™ ... Contact: LouSal Enterprises Inc.
CPAP Supplies Management System™ ... Contact: DME Data Solutions
CPFS/D™ ... Contact: Medical Graphics Corporation
CPR-Super™ ... Contact: GaleMed® Corporation
CPRAM® ... Contact: Teleflex Medical
CPX Express® ... Contact: Medical Graphics Corporation
CRCE® ... Contact: American Association for Respiratory Care
Crickett™ ... Contact: Westmed, Inc.
Critical Thinking Case Studies ... And More® series ... Contact: College of DuPage Press
Crocigatorr™ ... Contact: Flotec, Inc.
Crossvent 2 ... Contact: Bio-Med Devices, Inc.
Crossvent 2i ... Contact: Bio-Med Devices, Inc.
Crossvent 3 ... Contact: Bio-Med Devices, Inc.
Crossvent 4 ... Contact: Bio-Med Devices, Inc.
Crowcon ... Contact: CEA Instruments, Inc.
Crystal Monitor® 20-B ... Contact: CleveMed
Crystal Monitor® 20-S ... Contact: CleveMed
CRYSTAL™ Respiratory Anesthesia Masks ... Contact: Koo Americas, Inc.
CT Mask ... Contact: AirGuard Medical Products Co.
Cuff-Able® ... Contact: Vital Signs a GE Healthcare Company
Curity® ... Contact: Covidien (Massachusetts)
Curosurf® ... Contact: Dey, L.P.
Cyanokit® ... Contact: Dey, L.P.
Cycle™ ... Contact: SunTech Medical
Cyl-Fil Oxygen System® ... Contact: Responsive Respiratory Inc.

D

D.I.C.® ... Contact: Smiths Medical, Critical Care
D405 ... Contact: Ceodeux, Inc.
Dale® 240 Blue™ Tracheostomy Tube Holder ... Contact: Dale Medical Products Inc.
Dale® PediPrints™ 241 Tracheostomy Tube Holder ... Contact: Dale Medical Products Inc.
Dale® PediPrints™ 242 Tracheostomy Tube Holder ... Contact: Dale Medical Products Inc.

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Dale® Stabilock Endotracheal Tube Holder ... Contact: Dale Medical Products Inc.
Danny Ties™ Trach Tie ... Contact: B&B Medical Technologies
DAR® Filters/HMEs ... Contact: Covidien
Dash® ... Contact: GE Healthcare
Datamatic ... Contact: Jones Medical Instrument Company
Datamite ... Contact: Jones Medical Instrument Company
Datex-Ohmeda® ... Contact: GE Healthcare
Datospir ... Contact: Sibel S.A.
Defibtech Lifeline™ AED ... Contact: Defibtech, LLC
Defibtech Revive™ AED ... Contact: Defibtech, LLC
DefiGard ... Contact: Schiller America Inc
Deluxe Nasal Masks™ Non-invasive Nasal Masks ... Contact: Koo Americas, Inc.
DENOX 88 ... Contact: ECO Physics Inc.
DentaSafe™ ... Contact: Salmon Medical Innovations, LLC
DermoJet – Needleless Injector® ... Contact: Robbins Instruments, Inc.
Det-O-Jet® ... Contact: Alconox, Inc.
Detergent 8® ... Contact: Alconox, Inc.
DeVilbiss iFill® Personal Oxygen Station ... Contact: DeVilbiss® Healthcare
DeVilbiss iGo® Portable Oxygen System ... Contact: DeVilbiss® Healthcare
DeVilbiss Traveler™ ... Contact: DeVilbiss® Healthcare
Devon Medical Supplies™ ... Contact: Devon Medical Products
DeZire™ ... Contact: GaleMed® Corporation
Digit® ... Contact: Smiths Medical North America – Patient Monitoring
DigitalPT ... Contact: AccuTest
DigiTrak Plus Digital Holter Monitor ... Contact: Philips Healthcare
Direct Digital Charting™ ... Contact: Bridge-Tech Medical Inc.
Direct Seal™ ... Contact: Philips Respironics
DirectConnect™ ... Contact: Medical Graphics Corporation
Discovery-2 Spirometer ... Contact: Futuremed
Disgard Pad™ ... Contact: Alliance Tech Medical, Inc.™
Disposa-Pole™ ... Contact: I.V. League Medical
Disposablade® ... Contact: Vital Signs a GE Healthcare Company
DLCo Simulator ... Contact: Hans Rudolph, inc.
Doc Monaghan® Character ... Contact: Monaghan Medical Corporation
Dofin™ ... Contact: GaleMed® Corporation
Dominant 35 c/i™ ... Contact: Medela, Inc.
Dominant 50™ ... Contact: Medela, Inc.
Doser for Clinical Trials ... Contact: Meditrack Products
Doser I ... Contact: Meditrack Products
Doser II ... Contact: Meditrack Products
DPM™ ... Contact: Pulmodyne®
DPM™ ... Contact: Engineered Medical Systems, Inc.
DR-24 EEG Receiver ... Contact: TeleDiagnostic Systems, Inc.
Dräger ... Contact: Draeger Medical, Inc.
DreamFit® Nasal Mask ... Contact: Covidien
DryFast™ Air Pumps ... Contact: Rochester Medical, Inc.
DS-5700 Dynascope Central Monitor ... Contact: Fukuda Denshi
DS-7000 Dynascope System ... Contact: Fukuda Denshi
DS-7200 Dynascope Bedside Monitor ... Contact: Fukuda Denshi
DS-7600 Dynascope Central Monitor ... Contact: Fukuda Denshi
DT-24 EEG Transmitter ... Contact: TeleDiagnostic Systems, Inc.
DU-O-VAC ... Contact: W.T. Farley, Inc.
DuoNeb® ... Contact: Dey, L.P.
DuoPack™ ... Contact: Philips Respironics
DuoSense™ Skin Sensor ... Contact: Fisher & Paykel Healthcare, Inc.
Durable PEAK Flow Meter ... Contact: Creative BioTech, Inc.
Duralife® ... Contact: Smiths Medical, Critical Care
Dynacor® ... Contact: Medline Industries, Inc.



A Salute to our 2011 Corporate Partners

Since 1947, the AARC has been leading the effort to advance the respiratory care profession and promote quality respiratory health care. Working with our 50 state organizations, we have successfully advocated for the profession at the federal, state and local level.

The link between the respiratory profession and manufacturers is clear. If respiratory practice expands, so too does the economy for our industry partners.

As health care budgets shrink and patient care becomes increasingly complex, our mutual challenges become greater. The synergy of the corporate partner concept is an effective way to address those needs utilizing our combined skills and resources.



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E

E-Scope® Electronic Stethoscope ... Contact: Cardionics, Inc.
E-Scope® EMS Electronic Stethoscope ... Contact: Cardionics, Inc.
E-Series™ ... Contact: Compumedics Ltd.
E-Surge Kit™ ... Contact: Vortran Medical Technology 1, Inc.®
E-Vent Case™ ... Contact: Vortran Medical Technology 1, Inc.®
Eagle II™ ... Contact: Impact Instrumentation, Inc.
Eagle™ ... Contact: Impact Instrumentation, Inc.
EasiVent Masks® ... Contact: Dey, L.P.
EasiVent Valved Holding Chamber® ... Contact: Dey, L.P.
Easy Cap® CO2 Detector ... Contact: Covidien
Easy ECG PC Based ECG ... Contact: Futuremed
Easy Glide® ... Contact: Ethox International, Inc.
Easy II Sleep™ ... Contact: Cadwell Laboratories, Inc.
Easy II™ ... Contact: Cadwell Laboratories, Inc.
Easy One™ ... Contact: ndd Medical Technologies, Inc.
Easy Ware™ ... Contact: ndd Medical Technologies, Inc.
EasyBloodGas ... Contact: Medica Corporation
EasyLife™ ... Contact: Philips Respironics
EasyLyte Calcium ... Contact: Medica Corporation
EasyLyte Lithium ... Contact: Medica Corporation
EasyLyte Plus ... Contact: Medica Corporation
EasyOne™ Pro ... Contact: ndd Medical Technologies, Inc.
EasyStat ... Contact: Medica Corporation
EBS 3000 ... Contact: Equilibrated Bio Systems Inc
EBS 4000 ... Contact: Equilibrated Bio Systems Inc
EC2® ... Contact: Grass Technologies, an Astro-Med, Inc. Subsidiary
Eclipse 2™ ... Contact: SeQual Technologies Inc.
Eclipse™ ... Contact: SunTech Medical
ECO MEDICS ... Contact: ECO Physics Inc.
EcoAnesthesia™ Mask ... Contact: Intersurgical Inc®
ECOM™ Endotracheal Cardiac Output Monitor ... Contact: ConMed Corporation
EcoMask™ ... Contact: Intersurgical Inc®
EconO2 Regulators ... Contact: Responsive Respiratory Inc.
EDD™ ... Contact: ARC Medical Inc.
Electric Suction ... Contact: GE Healthcare
Electronic Escort® 2007 ... Contact: TRG, Inc.
ElectroPolish™ Cleaning Paste ... Contact: Rochester Medical, Inc.
Elite™ Series ... Contact: Medical Graphics Corporation
Embla® ... Contact: Embla®
Embletta® ... Contact: Embla®
EMV+® ... Contact: Impact Instrumentation, Inc.
en Guard® ... Contact: GE Healthcare
Encore® Pro Data Management Software ... Contact: Philips Respironics
Encore® Pro SmartCard® ... Contact: Philips Respironics
EncoreAnywhere® ... Contact: Philips Respironics
Endo-Tie® ... Contact: Pepper Medical Inc®
ENDURO2™ ... Contact: Medline Industries, Inc.
Engstrom® Carestation® ... Contact: GE Healthcare
Enterprise™ ... Contact: Embla®
EPC, Systems Solutions ... Contact: Parker Hannifin – Precision Fluidics Division
EPER 500 Electrical Percussor ... Contact: EPER Ltd.
EpiPen 2-Pak Auto-Injector® ... Contact: Dey, L.P.
EpiPen Auto-Injector® ... Contact: Dey, L.P.
EpiPen Jr. 2-Pak Auto-Injector® ... Contact: Dey, L.P.
EpiPen Jr. Auto-Injector® ... Contact: Dey, L.P.
EPOC® BGE Test Card ... Contact: Epocal Inc.

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EPOC® BGEM® Test Card ... Contact: Epocal Inc.
EPOC® Data Manager ... Contact: Epocal Inc.
EPOC® Enterprise Point of Care Blood Gas System ... Contact: Epocal Inc.
EPOC® Host ... Contact: Epocal Inc.
EPOC® Mobile Computer ... Contact: Epocal Inc.
EPOC® Reader ... Contact: Epocal Inc.
EPOCHSat™ ... Contact: Invivo
ePOD® ... Contact: Philips Respironics
EQUIL® Controls ... Contact: RNA Medical, Division of Bionostics, Inc.
ERGO & TANGO™ ... Contact: GaleMed® Corporation
ErgoMask™ ... Contact: King Systems Corporation
Erie Litermeter ... Contact: Erie Medical
Erie Traveler ... Contact: Erie Medical
Esco2rt® Pulse Conserving Regulator ... Contact: TRG, Inc.
Esco2rt® Ultra Lightweight Portable LOX System ... Contact: TRG, Inc.
Escort ... Contact: TRG, Inc.
Escort® ... Contact: TRG, Inc.
Escort® Link ... Contact: TRG, Inc.
Escort® XL Conserving One Liter LOX Portable ... Contact: TRG, Inc.
Esophageal Balloon Catheter Set ... Contact: CooperSurgical
Essential Bath® ... Contact: Sage Products Inc.
ET Adhesive Securement ... Contact: Marpac Inc.
ET Tape II™ ... Contact: B&B Medical Technologies
ET Tape™ ... Contact: B&B Medical Technologies
ETO Sleuth® ... Contact: Breathe E-Z Systems Inc.
Everest & Jennings® ... Contact: GF Health Products, Inc.
Everest2 ... Contact: evo Medical Solutions
EverFlo™ ... Contact: Philips Respironics
EverGo® ... Contact: Philips Respironics
Evergreen™ Oxygen and Aerosol Masks ... Contact: Koo Americas, Inc.
EverLast™ Cup Electrodes ... Contact: Rochester Medical, Inc.
Evita Infinity V500 ... Contact: Draeger Medical, Inc.
Evita XL ... Contact: Draeger Medical, Inc.
evo Medical Solutions Collection Canisters ... Contact: evo Medical Solutions
Excel® ... Contact: Cadwell Laboratories, Inc.
Exhalizer ... Contact: ECO Physics Inc.
Exhalizer D ... Contact: ECO Physics Inc.
Exophery™ ... Contact: Sage Products Inc.
ExpressNeb™ ... Contact: Healthline Medical, Inc.
EXTENDEX® Tubing ... Contact: W.A. Baum Co. Inc.
Ez PAP® ... Contact: Smiths Medical, Critical Care
EZ Wrap™ ... Contact: Salter Labs
EZ-3 ECG ... Contact: Futuremed
EZ-Hold® Cannula Holder ... Contact: Neotech Products, Inc.
EZflow™ ... Contact: Mercury Medical®

F

FENEM® CO2 Indicator ... Contact: Pulmodyne®
FENEM® CO2 Indicator ... Contact: Engineered Medical Systems, Inc.
FernO2 CPR Mask ... Contact: Spiracle Technology
FernO2 HFOC™ Oxygen Conservor ... Contact: Spiracle Technology
FernO2 MVP Suction Unit ... Contact: Spiracle Technology
FernO2 OX-Series Inhalator Valve ... Contact: Spiracle Technology
FetalSAT™ ... Contact: Nonin Medical, Inc.
Filta-Guard® ... Contact: Intersurgical Inc®
Filta-Therm® ... Contact: Intersurgical Inc®
Filter-Pro® ... Contact: Smiths Medical, Critical Care
FilterFlo™ ... Contact: ARC Medical Inc.
FilterLine® ... Contact: Oridion Medical Ltd.

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Filtrette™ ... Contact: SDI Diagnostics®
 Filtrette™ ... Contact: Quset Medical
 Finger-Pulse Oximeter ... Contact: Innovative Medical Marketing of Virginia, LLC
 FingerPrint® ... Contact: Smiths Medical North America – Patient Monitoring
 FingerPrint® Sleep ... Contact: Smiths Medical North America – Patient Monitoring
 First Breath™ ... Contact: Smiths Medical, Critical Care
 FitLife™ ... Contact: Philips Respironics
 FitPack™ ... Contact: Philips Respironics
 Flex-Aire® Mask ... Contact: DeVilbiss® Healthcare
 FLEX-C-PAP® ... Contact: Teleflex Medical
 FlexBlue™ Bite Block ... Contact: King Systems Corporation
 FlexCards® ... Contact: Epocal Inc.
 FlexComp Infiniti™ ... Contact: Thought Technology
 Flexi-Form® ... Contact: Nonin Medical, Inc.
 Flexi-Wrap® ... Contact: Nonin Medical, Inc.
 FLEXIBEND® ... Contact: Teleflex Medical
 FlexiFit™ Series HC405 Mask ... Contact: Fisher & Paykel Healthcare, Inc.
 FlexSet® Mask ... Contact: DeVilbiss® Healthcare
 Flo-PAP™ ... Contact: Flotec, Inc.
 FLO2™ ... Contact: Smiths Medical, Critical Care
 Flopac™ ... Contact: Flotec, Inc.
 FloPulse™ ... Contact: Flotec, Inc.
 FloSense II™ ... Contact: Quset Medical
 FloSense II™ ... Contact: SDI Diagnostics®
 FloSense™ ... Contact: SDI Diagnostics®
 FloSense™ ... Contact: Quset Medical
 Flotec™ ... Contact: Flotec, Inc.
 Flow-Trol ... Contact: Vital Signs a GE Healthcare Company
 Flow-Volume Calibrator ... Contact: Jones Medical Instrument Company
 Flow/Volume Simulator ... Contact: Hans Rudolph, inc.
 Flowmir™ ... Contact: MIR Medical International Research
 FlowScreen Pro ... Contact: CareFusion
 Flufficuff ... Contact: Vital Signs a GE Healthcare Company
 Fluidics-on-Flex® ... Contact: Epocal Inc.
 FLUTTER® ... Contact: Axcan Pharma Inc.
 FOB Watch ... Contact: Product Technologies Design, LLC
 Focus™ Portable Oxygen Concentrator ... Contact: AirSep® Corporation
 Foley-Tie® ... Contact: Pepper Medical Inc®
 Foradil® ... Contact: Novartis Pharmaceuticals Corporation
 FORE-SIGHT® ... Contact: CASMED® – CAS Medical Systems, Inc.
 Fred ... Contact: Schiller America Inc
 Fred Easy ... Contact: Schiller America Inc
 Free Flow Oxygen Concentrator Filters ... Contact: AG Industries
 Freedom Vent Carrier ... Contact: Freedom Vent Systems, Inc.
 Freedom-Neb® ... Contact: Philips Respironics
 FreeFlow ... Contact: CareFusion
 FreeStyle™ 5 Portable Oxygen Concentrator ... Contact: AirSep® Corporation
 FreeStyle™ Portable Oxygen Concentrator ... Contact: AirSep® Corporation
 Frequencer™ ... Contact: Dymedso
 Fresh Scent™ Face Mask ... Contact: King Systems Corporation
 FullLife™ ... Contact: Philips Respironics

G

G5 ... Contact: Hamilton Medical, Inc.
 G5™ Flimm-Fighter® ... Contact: General Physiotherapy Inc.

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G5™ Gemini™ ... Contact: General Physiotherapy Inc.
 G5™ GK-3® ... Contact: General Physiotherapy Inc.
 G5™ Multimatic® ... Contact: General Physiotherapy Inc.
 G5™ Neocussor® ... Contact: General Physiotherapy Inc.
 G5™ TherAssist® ... Contact: General Physiotherapy Inc.
 G5™ Vibracare® ... Contact: General Physiotherapy Inc.
 G5™ Vibramatic® ... Contact: General Physiotherapy Inc.
 Galileo Gold ... Contact: Hamilton Medical, Inc.
 Galileo® ... Contact: Hamilton Medical, Inc.
 Gamimune® ... Contact: Talecris Biotherapeutics
 Gamunex® ... Contact: Talecris Biotherapeutics
 Ganesco, Inc.® ... Contact: Ganesco, Inc.
 Gas Data ... Contact: CEA Instruments, Inc.
 Gas Lyte® ... Contact: Vital Signs a GE Healthcare Company
 Gauge Guard® ... Contact: Smiths Medical, Critical Care
 GD-888 ... Contact: CEA Instruments, Inc.
 Gel Mask® ... Contact: Philips Respironics
 GEM OPL™ ... Contact: Instrumentation Laboratory
 Gem Scope ... Contact: Ren-Lor Medical
 GEM® ... Contact: Instrumentation Laboratory
 GEM® Premier™ 3000 ... Contact: Instrumentation Laboratory
 GEM® Premier™ 3500 ... Contact: Instrumentation Laboratory
 GEM® Premier™ 4000 ... Contact: Instrumentation Laboratory
 Gemini® ... Contact: Dymedix Corporation
 GEMweb® ... Contact: Instrumentation Laboratory
 GENTEC® ... Contact: Genstar Technologies Co., Inc. (GENTEC®)
 GIBECK™ ... Contact: Teleflex Medical
 Gilian 3500 Air Sampling Pump ... Contact: Sensidyne, LP
 Giraffe® ... Contact: GE Healthcare
 GlideRite® ... Contact: Verathon Medical
 GlideScope® Video Laryngoscope ... Contact: Verathon Medical
 GO2 ... Contact: Nonin Medical, Inc.
 GO2 Achieve ... Contact: Nonin Medical, Inc.
 GoLOX™ ... Contact: Philips Respironics
 Gomco® ... Contact: Allied Healthcare Products, Inc.®
 GoodKnight H2O Heated Humidifier ... Contact: Covidien
 GoodKnight® 425 Bi-Level® Device ... Contact: Covidien
 GoodKnight® Sleep Therapy Devices ... Contact: Covidien
 Grab 'n Go® Portable Medical Oxygen System ... Contact: Praxair Healthcare Services
 Grafco® ... Contact: GF Health Products, Inc.
 Grandma Chase™ ... Contact: Armstrong Medical Industries Inc.
 GreenPrep ... Contact: Mavidon Medical Products
 GVL® ... Contact: Verathon Medical

H

Handi™ ... Contact: Mextec®
 HandiHaler® ... Contact: Pfizer Inc
 HARMONIE-ETM ... Contact: Stellate Systems
 HARMONIE-STM ... Contact: Stellate Systems
 HARMONIETM ... Contact: Stellate Systems
 Hauge™ Airway ... Contact: Westmed, Inc.
 HAVE MASK, WILL TRAVEL® Kit ... Contact: I Can Breathe! Inc.
 HBT Sleuth® ... Contact: Breathe E-Z Systems Inc.
 HC1 ... Contact: CareFusion
 HDpft™ Pulmonary Function Testing ... Contact: nSpire Health™
 Healthcair® ... Contact: Ohio Medical Corporation®
 Healthmate ... Contact: Austin Air Systems
 HealthyResources™ ... Contact: New Technology Publishing Inc.
 Heart Hugger™ ... Contact: Heart Hugger Sternum Support Harness

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Heart[®] ... Contact: Westmed, Inc.
HeartCentrix™ Integrated EMR Software Solution ... Contact: Cardiac Science
Heartman[®] Infrared Headphones ... Contact: Cardionics, Inc.
Helios[®] Marathon[®] Portable Oxygen Unit ... Contact: Covidien
HELIOS[®] Personal Oxygen System ... Contact: Covidien
HELIOS[®] Plus Portable Oxygen Unit ... Contact: Covidien
HemosL[®] ... Contact: Instrumentation Laboratory
Hepastatic™ ... Contact: ARC Medical Inc.
HFOC Oxygen Conserver ... Contact: Spiracle Technology
Hi Flow ... Contact: Caire, Inc.
Hi-Flo MiniHeart[®] ... Contact: Westmed, Inc.
Hi-Flow 70™ ... Contact: Vortran Medical Technology 1, Inc.[®]
Hi-Ox80 ... Contact: CareFusion
Hi/Lo[®] ... Contact: W.A. Baum Co. Inc.
Hideaway[®] ... Contact: DeVilbiss[®] Healthcare
Hinkle ... Contact: Vital Signs a GE Healthcare Company
HLD Systems 610: Single-Tank Washer/Pasteurizer ... Contact: Cenorin
HLD Systems 610HT: Single-Tank High-Throughput Washer/Pasteurizer ... Contact: Cenorin
HME Compact™ ... Contact: GaleMed[®] Corporation
Hoffman[®] ... Contact: Pentair
Hold[®] Lozenges ... Contact: B. F. Ascher & Co. Inc.
Holter for Windows+™ ... Contact: The ScottCare Corporation
HomeFill[®] ... Contact: Invacare Corporation
HomeLox™ ... Contact: Philips Respironics
HOPE Nebulizer™ ... Contact: B&B Medical Technologies
Hot Top Plus[®] ... Contact: Intersurgical Inc[®]
HR Trak II ... Contact: Equilibrated Bio Systems Inc
HSINER[®] ... Contact: Hsiner Co., Ltd.
Hudson RCI[®] ... Contact: Teleflex Medical
Humi.AIDE™ ... Contact: GaleMed[®] Corporation
HUMID HEAT™ ... Contact: Teleflex Medical
HUMID-VENT™ ... Contact: Teleflex Medical
HumidAire 2i™ ... Contact: ResMed Corp
HumidAire 2iC™ ... Contact: ResMed Corp
HumidAire 3i™ ... Contact: ResMed Corp
HumidAire[®] ... Contact: ResMed Corp
Humidiflow™ ... Contact: Porous Media Corporation
Hy-Tape[®] ... Contact: Hy-Tape International
Hybrid[®] Universal Face Mask ... Contact: RespCare, Inc.
Hydrate[®] OMNI ... Contact: Hydrate, Inc.
Hydro-Therm[®] ... Contact: Intersurgical Inc[®]
Hydro-Trach[®] ... Contact: Intersurgical Inc[®]
Hypermunex[®] ... Contact: Talecris Biotherapeutics

I Can Breathe![®] Masks ... Contact: I Can Breathe! Inc.
I Can Sleep...™ Eye Shade ... Contact: I Can Breathe! Inc.
i-gel™ ... Contact: Intersurgical Inc[®]
i-STAT[®] ... Contact: Abbott Point of Care
Ibis™ ... Contact: Beijing Vanbonmed Co., Ltd.
IC-2A ... Contact: Bio-Med Devices, Inc.
Icon™ Clean Air Delivery System ... Contact: American Innovative Research Corp.
IMPACT[®] ... Contact: Allied Healthcare Products, Inc.[®]
Impact[®] ... Contact: Impact Instrumentation, Inc.
Impreva Bath™ ... Contact: Sage Products Inc.
In-Check DIAL[®] ... Contact: Alliance Tech Medical, Inc.™
In-Check[®] ... Contact: Alliance Tech Medical, Inc.™

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INARGO™ ... Contact: Aerocrine, Inc.
INCA[®] Nasal Cannulae Set ... Contact: CooperSurgical
InCourage System ... Contact: RespiTech
IncuTemp[®] Temperature Sensor ... Contact: Covidien
INdGO[®] Manual Resuscitator ... Contact: Covidien
Inductotrace System ... Contact: Ambulatory Monitoring, Inc.
Infant Flow ... Contact: CareFusion
Infantry[®] ... Contact: Vital Signs a GE Healthcare Company
Infasurf[®] ... Contact: Forest Pharmaceuticals, Inc.
Infu-Surg[®] ... Contact: Ethox International, Inc.
Infusable[®] ... Contact: Vital Signs a GE Healthcare Company
InGage™ ... Contact: Flotec, Inc.
Ingenium RT ... Contact: Ingenium Business Solutions
Inogen One™ ... Contact: Inogen, Inc.
INOrmax[®] ... Contact: Ikaria
INOvent™ ... Contact: Ikaria
Inspiration[®] Compressor-driven Nebulizer for Aerosol Therapy ... Contact: Philips Respironics
Inspiration[®] Infant LS Ventilator ... Contact: eVent Medical
Inspiration[®] LS Ventilator ... Contact: eVent Medical
Instavac[®] ... Contact: Ohio Medical Corporation[®]
Integra™ ... Contact: SeQual Technologies Inc.
Integrated CPAP & Humidification System Ambient Tracking™ ... Contact: Fisher & Paykel Healthcare, Inc.
Integrated Flowmeter ... Contact: Amvex[®]
Intellicuff ... Contact: Hamilton Medical, Inc.
Intelligent Ventilation ... Contact: Hamilton Medical, Inc.
IntelliPAP[®] ... Contact: DeVilbiss[®] Healthcare
IntelliSense™ ... Contact: Omron Healthcare Inc.
Intellitrig ... Contact: Hamilton Medical, Inc.
International Council for Respiratory Care™ ... Contact: American Association for Respiratory Care
International Education Recognition SystemSM ... Contact: American Association for Respiratory Care
International Respiratory CongressSM ... Contact: American Association for Respiratory Care
Intersorb Plus[®] ... Contact: Intersurgical Inc[®]
Intra-Pulmonary Percussive Ventilation IPV[®] ... Contact: Percussionaire Corp.
IntubaidFlex™ ... Contact: ARC Medical Inc.
Invacare[®] ... Contact: Invacare Corporation
INview™ ... Contact: GE Healthcare
IPAP Max[®] ... Contact: ResMed Corp
IPAP Min™ ... Contact: ResMed Corp
iPM-9800 Patient Monitor ... Contact: Mindray Co., Ltd.
iPSG™ ... Contact: CleveMed
IQ[®] ... Contact: Sleepnet Corporation
IQclassic™ ... Contact: Midmark
IQecg™ ... Contact: Midmark
IQholter™ ... Contact: Midmark
IQholter™ EP ... Contact: Midmark
IQholter™ EX ... Contact: Midmark
iQM[®] ... Contact: Instrumentation Laboratory
IQmanager™ Software ... Contact: Midmark
IQspiro™ ... Contact: Midmark
IQstress™ ... Contact: Midmark
IQvitals™ ... Contact: Midmark
IQvitals™ PC ... Contact: Midmark
IRMA TruPoint[®] Blood Analysis System ... Contact: ITC
Irri-Cath[®] ... Contact: Smiths Medical, Critical Care
Irrigatorr ... Contact: Vital Signs a GE Healthcare Company
ISIS™ ... Contact: Teleflex Medical

Trademark/Brand Name Manufacturer or Exclusive Distributor

iSleep™ ... Contact: Breas Medical, Inc
ISO-GARD™ ... Contact: Teleflex Medical
Isocath® ... Contact: Vital Signs a GE Healthcare Company
IsoPort™ isolation enclosure ... Contact: Biological Controls Inc.
Itamar WatchPAT 100 ... Contact: evo Medical Solutions
Itch-X® Gel and Spray ... Contact: B. F. Ascher & Co. Inc.
iVent® ... Contact: GE Healthcare

————— **J** —————

Jaeger Baby Body ... Contact: CareFusion
Joerns Healthcare- Hoyer Lift® ... Contact: Northern Pacific Medical LLC®

Trademark/Brand Name Manufacturer or Exclusive Distributor

Joeybabybed™ ... Contact: BOMImed
Joeybabywarmer™ ... Contact: BOMImed
John Bunn® ... Contact: GF Health Products, Inc.

————— **K** —————

K4 b2 ... Contact: COSMED, SRL
KAB CO2 Absorber™ ... Contact: King Systems Corporation
KarmelSonix® ... Contact: KarmelSonix
KimVent* 24-Hour Oral Care Kit (q4) ... Contact: Kimberly-Clark Health Care
KimVent* Oral Care Individual Components and Packs ... Contact: Kimberly-Clark Health Care

Value-added RTs

by **Rebecca Strebeck, RRT**

Bringing the Kids Home

Norco Medical in Spokane, WA, is an unlikely medical oxygen company in that it started out selling welding supplies. Slowly, it gravitated toward medical oxygen and began hiring respiratory therapists to provide subacute care at home. Today we are one of only a few durable medical equipment companies in the Eastern Washington/Northern Idaho area to provide equipment, care, and training for pediatric ventilator patients.

Infants and children in our area who are unable to wean from ventilatory support in the neonatal and pediatric ICUs have no choice but to

remain in the hospital because the Spokane area does not have any pediatric subacute facilities or step-down units. In many cases, children who remain in the ICUs are separated from their parents and siblings due to distance, visitation rules, or because the parents need to return to work.

Respiratory therapists at Norco work tirelessly to take the ICU and bring it into the patient's home. We provide all of the equipment, including the ventilators, oximeters, oxygen, end-tidal CO₂ monitors, suction units, nebulizers, and tracheostomy supplies. We strive to make this equipment portable and provide battery backups, making the kids portable in every way. Our goal is for our small patients not to grow up in their bedrooms but, instead, to get out and experience all of the normal activities of childhood. These kids

learn to sit up, crawl, walk, go to school, and attend doctor's appointments. They can roam from room to room in their homes, have dinner with their families, or go on an excursion to the park with their siblings.

Our therapists also provide all of the training and moral support for the parents and nurses. Most of the parents have no medical background but after a few short months are capable of performing the same tasks as any well-trained ICU nurse. The home care nurses adopt the children as their own and soon feel like part of the family. The one-to-one nurse/patient ratio allows the babies to thrive in a loving environment, and Norco has built a successful program to keep the kids at home, with few rehospitalizations. ■

AARC member Rebecca Strebeck is a respiratory therapist at Norco Medical in Spokane, WA.



Deloah Browne, RRT (left), and Rebecca Strebeck ensure special needs kids have what they need to grow up at home.

How do you add value?
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L

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M

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O

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 Pedi-Tie® ... Contact: Pepper Medical Inc®
 Pedia-Trake ... Contact: Smiths Medical, Critical Care
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 Pole-in-the-Box™ ... Contact: I.V. League Medical
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 PolyMount® ... Contact: GCX® Corporation
 PolyQuip® ... Contact: GCX® Corporation
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Value-added RTs

by Robin Kidder, BA, RRT, AE-C

Providing Exceptional, Compassionate Care

Our RT advanced career development program at Barnes-Jewish Hospital in St. Louis, MO, is one component of ensuring we provide excellent patient care at our facility. Each level of the program represents a ladder of professionalism, accountability, responsibility, and stewardship. Participation in the program allows for well-rounded therapists who are able to represent the respiratory care profession at its finest. We also support our professional organization by rewarding high-performing employees who are AARC members with attendance at the AARC Congress and our state respiratory congress.

On the educational front, all staff members receive training throughout the year on various aspects of cultural

competency, such as health literacy, worldview, and using interpreters. We also provide more thorough presentations, online competency testing, videos, real life case studies, and more. The annual critical care course focuses on developing and enhancing the clinical evaluation of the patient as a whole and the diagnostic skills needed by the advanced respiratory care professional. The course is required for our internal staff, and we offer it to other RTs in the community as well. We provide clinical experience to students from eight respiratory therapy programs, while maintaining an overall satisfaction score of 92–95% on program surveys.

Employees stay engaged through internal departmental committees on shared governance, unit practice, reward and recognition, evidence-based practice, research, process improvement, and more. Each of these groups is chaired by a staff member. Externally, RTs sit on committees dealing with pharmacy and therapeutics, clinical practice, hospital-wide evidence-based care, the Institutional Review Board, environmental health and safety, code, and more. We team-build utilizing the “True Colors” concept. ■

AARC member Robin Kidder is a clinical instructor in the respiratory care department at Barnes-Jewish Hospital in St. Louis, MO.



Respiratory therapists at Barnes-Jewish Hospital.



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Trach-Talk[™] ... Contact: Smiths Medical, Critical Care

Trach-Tie[®] ... Contact: Pepper Medical Inc[®]

Trach-Wedge[™] ... Contact: Smiths Medical, Critical Care

Tracheostomy Collar[™] ... Contact: Marpac Inc.

Tracheostomy T.O.M.[™] ... Contact: Passy-Muir Inc.

TrachGuard[™] ... Contact: B&B Medical Technologies

TrachStay[™] ... Contact: B&B Medical Technologies

TrachVox[™] ... Contact: Pulmodyne[®]

Tracoe[®] ... Contact: Boston Medical Products, Inc.

TRAKE-fit[™] ... Contact: CooperSurgical

Trakeez[™] ... Contact: ErgoMed Inc.

TransAir[®] ... Contact: Morgan Scientific, Inc.

Transport ... Contact: evo Medical Solutions

Traveler[®] ... Contact: Natus Medical Incorporated

Tri-Seal ... Contact: VacuMed

TriaDyne[®] II ... Contact: Kinetic Concepts, Inc. (KCI)

TriaDyne[®] Preventa[™] ... Contact: Kinetic Concepts, Inc. (KCI)

Troop Elevation Pillow[™] ... Contact: Mercury Medical[®]

TruZone[®] Peak Flow Meter ... Contact: Monaghan Medical Corporation

TTL[®] Lung Simulators ... Contact: Michigan Instruments, Inc.

TTL[®] Training/Test Lungs ... Contact: Michigan Instruments, Inc.

TTM for Windows+[™] ... Contact: The ScottCare Corporation

Tube Restraint[™] ... Contact: ErgoMed Inc.

Tube Tamer[®] ... Contact: ErgoMed Inc.

Tuff Sat[™] ... Contact: GE Healthcare

Tum-E-Vac[®] ... Contact: Ethox International, Inc.

Turboaire Challenger[™] ... Contact: Equilibrated Bio Systems Inc

TurboFit ... Contact: VacuMed

TWin[®] ... Contact: Grass Technologies, an Astro-Med, Inc. Subsidiary

TWinLOOK[®] ... Contact: Grass Technologies, an Astro-Med, Inc. Subsidiary

Twisty-Lock-Bite-Block[™] ... Contact: Kibu LLC

Txp[®] ... Contact: Percussionaire Corp.

U

U-Control[™] ... Contact: Thought Technology

Ultima CardioQ[®] ... Contact: Medical Graphics Corporation

Ultima PFX[®] ... Contact: Medical Graphics Corporation

Ultima[™] ... Contact: Medical Graphics Corporation

Ultima[™] CCM ... Contact: Medical Graphics Corporation

Ultima[™] CPX ... Contact: Medical Graphics Corporation

Ultima[™] PF ... Contact: Medical Graphics Corporation

Ultima[™] Sleep Sensors ... Contact: Braebon Medical

Ultipor[®] ... Contact: Pall Medical

Ultra Air[®] ... Contact: Omron Healthcare Inc.

Ultra Mirage[™] ... Contact: ResMed Corp

Ultra-Lite[®] ... Contact: Impact Instrumentation, Inc.

ultraBright[™] ... Contact: ARC Medical Inc.

UltraFill[™] ... Contact: Philips Respironics

UltraFlow[™] Respiration Monitors ... Contact: Rochester Medical, Inc.

UltraLast[™] Cup Electrodes ... Contact: Rochester Medical, Inc.

UltraScope[®] ... Contact: UltraScope[®] Inc.

UltraSet[®] ... Contact: Smiths Medical, Critical Care

Ultraview[®] SL Patient Monitoring System ... Contact: Spacelabs Healthcare

Uni-Lim[™] ... Contact: Westmed, Inc.

Uni-Vent 754[®] Eagle[™] ... Contact: Cowman & Associates, Inc.

Uni-Vent[®] ... Contact: Impact Instrumentation, Inc.

Unimed ... Contact: Unimed Medical Supplies Co. Ltd

Trademark/Brand Name Manufacturer or Exclusive Distributor

Universal Bite Block™ ... Contact: B&B Medical Technologies
 Universal Bite Block™ Pediatric ... Contact: B&B Medical Technologies
 Universal F® ... Contact: King Systems Corporation
 Universal F2® ... Contact: King Systems Corporation
 Universal Flex2™ ... Contact: King Systems Corporation
 Universal III Ultrasonic Nebulizer ... Contact: Methapharm Inc.
 Universal PedF2® ... Contact: King Systems Corporation
 UP-DRAFT II® ... Contact: Teleflex Medical
 UP-DRAFT® ... Contact: Teleflex Medical
 US Respiratory ... Contact: TRG, Inc.
 Utopia® AV & NE Full Face Mask ... Contact: RespCare, Inc.

V

V-Cue® Dynamic Air Therapy® Mattress Replacement ... Contact: Hill-Rom
 V-Sign™ ... Contact: SenTec™ AG
 V-STATS™ ... Contact: SenTec™ AG
 V.I.P. Bird Gold/STERLING ... Contact: CareFusion
 V.M.T.® ... Contact: Omron Healthcare Inc.
 V2™ Mask ... Contact: Hans Rudolph, inc.
 V200™ ... Contact: Philips
 V60™ ... Contact: Philips
 Vac-Pak® ... Contact: Impact Instrumentation, Inc.
 Vac-PakII™ ... Contact: Impact Instrumentation, Inc.
 Vacon® ... Contact: Smiths Medical, Critical Care
 Vacu-Aide® ... Contact: DeVilbiss® Healthcare
 VacuMax ... Contact: evo Medical Solutions
 Vacutron® ... Contact: Allied Healthcare Products, Inc.®
 Valved Tee™ ... Contact: Thayer Medical
 Vanbon™ ... Contact: Beijing Vanbonmed Co., Ltd.
 Vanbonmed™ ... Contact: Beijing Vanbonmed Co., Ltd.
 Vapofil™ ... Contact: Southmedic Inc
 Vapotherm 2000i® ... Contact: Vapotherm, Inc.
 Vapotherm Precision Flow® ... Contact: Vapotherm, Inc.
 VAR-Plus™ ... Contact: Vortran Medical Technology 1, Inc.®
 VARTM-Monitor ... Contact: Vortran Medical Technology 1, Inc.®
 VAR® ... Contact: Vortran Medical Technology 1, Inc.®
 Vario™ ... Contact: Medela, Inc.
 Vasceze® ... Contact: Vital Signs a GE Healthcare Company
 Vatican, the Board Game® ... Contact: College of DuPage Press
 VBMax™ Pulmonary Function Filters ... Contact: A-M Systems
 VeeVo™ ... Contact: Tenacore Holdings, Inc.
 Vela ... Contact: CareFusion
 Velocity® Humidifier ... Contact: AG Industries
 Vent Plus ... Contact: Vital Signs a GE Healthcare Company
 Vent-Straps® ... Contact: Pepper Medical Inc®
 Vent-Tie® ... Contact: Pepper Medical Inc®
 VENTI-COMP® ... Contact: Teleflex Medical
 Venti.Plus™ ... Contact: GaleMed® Corporation
 Venti.Plus™ ... Contact: A Plus Medical
 Venticaire® ... Contact: Flexicare Inc.
 VENTILARM® ... Contact: Teleflex Medical
 Ventimask® ... Contact: Flexicare Inc.
 VentiSure2™ ... Contact: Pulmodyne®
 Ventlab ... Contact: evo Medical Solutions
 VentLok® ... Contact: Smiths Medical, Critical Care
 VersaCable Ribbon Electrodes ... Contact: Rochester Medical, Inc.
 VHM™ ... Contact: GCX® Corporation
 VHRCTM Series Mobile EMR Solution ... Contact: GCX® Corporation
 VHRSTM ... Contact: GCX® Corporation

Trademark/Brand Name Manufacturer or Exclusive Distributor

VHS LT micro-dispense valves ... Contact: The Lee Company
 VHS micro-dispense valves ... Contact: The Lee Company
 VIAspire™ ... Contact: Inspired Technologies
 View O2 Pulse Oximeter™ ... Contact: Responsive Respiratory Inc.
 Vios™ Aerosol Delivery System ... Contact: PARI Respiratory Equipment, Inc.
 Viproxy® ... Contact: Cavagna North America, Inc.
 Viringe® ... Contact: Vital Signs a GE Healthcare Company
 ViroMax™ Viral and Bacterial Filters ... Contact: A-M Systems
 Visco-Jet micro mixers ... Contact: The Lee Company
 VisionAire™ Compact Oxygen Concentrator ... Contact: AirSep® Corporation
 VisionAire™ V Compact Oxygen Concentrator ... Contact: AirSep® Corporation
 VITA ICU™ ... Contact: Stellate Systems
 Vital Blue ... Contact: Vital Signs a GE Healthcare Company
 Vital Light ... Contact: Vital Signs a GE Healthcare Company
 Vital Oxide ... Contact: Vital Technologies, Inc.
 Vital Pak ... Contact: Vital Signs a GE Healthcare Company
 Vital Signs ... Contact: Vital Signs a GE Healthcare Company
 Vital Temp ... Contact: Vital Signs a GE Healthcare Company
 Vital View® ... Contact: Criticare Systems Inc.
 Vital-Trend ... Contact: Vital Signs a GE Healthcare Company
 VitalCap™ ... Contact: Oridion Medical Ltd.
 Vitalograph 2120 ... Contact: Vitalograph Inc.
 Vitalograph Alpha ... Contact: Vitalograph Inc.
 Vitalograph Compact ... Contact: Vitalograph Inc.
 Vitalograph Gold Standard ... Contact: Vitalograph Inc.
 Vitalograph Lung Age Meter ... Contact: Vitalograph Inc.
 Vitalograph Micro Spirometer ... Contact: Vitalograph Inc.
 Vitalograph Spirotrac 6800 ... Contact: Vitalograph Inc.
 Vitalview ... Contact: Vital Signs a GE Healthcare Company
 Vivo™ ... Contact: Breas Medical, Inc
 VixOne ... Contact: evo Medical Solutions
 Vixone™ ... Contact: Westmed, Inc.
 Vmask™ ... Contact: Hans Rudolph, inc.
 Vmax 10 ... Contact: CareFusion
 Vmax Netlink/IS ... Contact: CareFusion
 Vmax Spectra ... Contact: CareFusion
 Vmax ST ... Contact: CareFusion
 VO2000™ ... Contact: Medical Graphics Corporation
 VOLDYNE® ... Contact: Teleflex Medical
 Vollman Prone Positioner ... Contact: Hill-Rom
 Volumetric Diffusive Respirator VDR® ... Contact: Percussionaire Corp.
 Vortex® Non-Electrostatic Valved Holding Chamber ... Contact: PARI Respiratory Equipment, Inc.
 Vortran-IPPB™ ... Contact: Vortran Medical Technology 1, Inc.®
 VPAP Max® ... Contact: ResMed Corp
 VPAP® ... Contact: ResMed Corp
 VPAP® II ST-A ... Contact: ResMed Corp
 VPAP® III ... Contact: ResMed Corp
 VPAP® III ST ... Contact: ResMed Corp
 VPAP® III ST-A ... Contact: ResMed Corp
 VSO ... Contact: Parker Hannifin – Precision Fluidics Division
 Vsync with TiControl™ ... Contact: ResMed Corp
 Vsync™ ... Contact: ResMed Corp

W

Walk-O2-Bout® ... Contact: Airgas Puritan Medical
 Wang™ ... Contact: ConMed Corporation

Trademark/Brand Name Manufacturer or Exclusive Distributor

WarmTouch® Convective Air Warming System ... Contact: Covidien
WheezeRATE™ ... Contact: KarmelSonix
Whisper Jet ... Contact: Vital Signs a GE Healthcare Company
WhisperJet ... Contact: Bunnell Incorporated
WhistleWatch ... Contact: evo Medical Solutions
Wholter™ ... Contact: KarmelSonix
WinDX Reliable Spirometer ... Contact: Creative BioTech, Inc.
WinShield™ ... Contact: Westmed, Inc.
WinspiroPRO software ... Contact: MIR Medical International Research
Wrap-Safe™ ... Contact: B&B Medical Technologies
Wright® Respirometers ... Contact: nSpire Health™
WristOx® ... Contact: Nonin Medical, Inc.
www.proliability.com ... Contact: Marsh US Consumer

X

X-System ... Contact: Parker Hannifin – Precision Fluidics Division
X-Valve ... Contact: Parker Hannifin – Precision Fluidics Division
XactTrace™ ... Contact: Embla®
Xolair® ... Contact: Novartis Pharmaceuticals Corporation
XOPENEX® HFA ... Contact: Sunovion Pharmaceuticals Inc.
XOPENEX® Inhalation Solution ... Contact: Sunovion Pharmaceuticals Inc.

Trademark/Brand Name Manufacturer or Exclusive Distributor

XPO2™ ... Contact: Invacare Corporation
Xsera® ... Contact: RNA Medical, Division of Bionostics, Inc.
XTRA® ... Contact: Allied Healthcare Products, Inc.®

Y

Y-Sensor™ ... Contact: Dixtal Medical, Inc.™
Your Education Is Our Profession® ... Contact: RC Educational Consulting Services, Inc.
Your Medical Gas Fittings Specialist™ ... Contact: Bay Corporation

Z

Zaditen® ... Contact: Novartis Pharmaceuticals Corporation
ZAN® Measuring Instruments ... Contact: nSpire Health™
Zee-Frame™ ... Contact: Equilibrated Bio Systems Inc
Zephir™ CPAP Face Masks ... Contact: Koo Americas, Inc.
Zephyr® ... Contact: CareFore Medical®
Zephyr® ... Contact: Air Lift Oxygen Carriers
ZITHROMAX® ... Contact: Pfizer Inc
Zyrtec® ... Contact: Pfizer Inc

Inspiring Patients

by Susan Shipley, CRT

Precious Notes



Susan Shipley treasures the letters she's received from patients who have benefited from her care.

I have been lucky enough to have had several very inspiring patients in my 35 years of respiratory therapy, but a couple of them stand out from the crowd.

June was a 63-year-old who had idiopathic pulmonary fibrosis. She was advanced in her disease but was still a full code. As we were weaning her off the vent and the sedation was discontinued, she opened her eyes, and we bonded. I worked with her for several weeks during her hospital stay. We discussed hospice and end-of-life care. When she left the hospital, I received a note from her that I still have today. It says: "Sue, when I came back from the 'glimpse of heaven,' you poked your smiley face and said, 'Hey, look at you!' I have loved you ever since." A few weeks later she came back in on hospice and died a short time later.

Diane was 48 years old with advanced lung cancer. She was recently diagnosed and having a difficult time dealing with

it. She was getting radiation therapy to shrink one of her tumors for palliative reasons. Diane needed morphine nebs every two hours, and I made sure that she had one dose just before she left for radiology. We talked about death and hospice. She would ask for me even when I wasn't working. When she was going home on hospice, she gave me a card and an "Angel of Healing" figurine. In her letter she said, "You were an angel when I needed one the most."

I feel we all have our reasons for doing what we do. I know what mine is, and it keeps me going every day. ■

AARC member Susan Shipley is a respiratory therapist at HealthEast St. John's Hospital in St. Paul, MN.

Who inspires you?
Tell us on [AARConnect](#)



CONSUMER BUYER'S GUIDE



B

Beds

BOMImed
Hill-Rom
Kinetic Concepts, Inc. (KCI)
Medline Industries, Inc.
Northern Pacific Medical LLC®
Praxair Healthcare Services

Blood Pressure Devices**Cuffs**

Cardiac Science
Criticare Systems Inc.
Ethox International, Inc.
GE Healthcare
Invivo
Medical Instrumentation Repair, Inc.
Medline Industries, Inc.
Midmark
Omron Healthcare Inc.
Praxair Healthcare Services
Schiller America Inc
SunTech Medical
The ScottCare Cororation
Tri-anim
Vital Signs
W.A. Baum Co. Inc.

Monitors

Airborne Life Support Systems™
Cardiac Science
CASMED® – CAS Medical Systems, Inc.
Criticare Systems Inc.
Invivo
Mediaid, Inc.
Medical Instrumentation Repair, Inc.
Medline Industries, Inc.
Midmark
Nonin Medical, Inc.
Omron Healthcare Inc.
Parker Hannifin – Precision Fluidics Division
Praxair Healthcare Services
Schiller America Inc
Smiths Medical North America – Patient
Monitoring
SOMNOmedics America, Inc.
SunTech Medical
The ScottCare Corporation
Thought Technology
Tri-anim
W.A. Baum Co. Inc.

C

Chest Physiotherapy Devices (Percussors)

Covidien (Massachusetts)
Electromed, Inc.
Engineered Medical Systems, Inc.
EPER Ltd.
GaleMed® Corporation
General Physiotherapy Inc.

Hill-Rom
Medical Instrumentation Repair, Inc.
Medical Support Products, Inc.
Praxair Healthcare Services
Pulmodyne®
Smiths Medical, Critical Care
Thayer Medical
Vortran Medical Technology 1, Inc.®

Cough-Assist Devices

CareFore Medical®
Dymedso
General Physiotherapy Inc.
Heart Hugger Sternum Support Harness
Hill-Rom
Medical Acoustics, LLC
Mobile Medical Maintenance Co.
Nightingale-Alan Medical Inc
Philips Respironics
Praxair Healthcare Services
Smiths Medical, Critical Care
United Hayek Medical

CPAP/Bi-Level Devices**Chin Straps**

AG Industries
Altera A.S.
Avalon Aire Inc.
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Engineered Medical Systems, Inc.
evo Medical Solutions
Innomed Technologies Inc.
Medline Industries, Inc.
Pepper Medical Inc®
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
ResMed Corp
Tri-anim
VacuMed
Vital Signs
Vitaline, Inc.

Head Straps

AG Industries
Altera A.S.
Avalon Aire Inc.
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Engineered Medical Systems, Inc.
evo Medical Solutions
Fisher & Paykel Healthcare, Inc.
GaleMed® Corporation
Hans Rudolph, inc.
Hsiner Co., Ltd.
Innomed Technologies Inc.
Koo Americas, Inc.
Medline Industries, Inc.
NuMask Inc.
Pepper Medical Inc®
Philips Respironics

2011 AARC Consumer Buyer's Guide**A Publication of the American Association for Respiratory Care**

The "AARC Consumer Buyer's Guide" is designed especially for your patients (and their caregivers) who use respiratory equipment in their homes. This special section is designed to allow searches alphabetically by product type, as listed below. Under each category and subcategory are the manufacturers or exclusive distributors of the products. They can then link to the company they choose using the online "AARC Buyer's Guide for Respiratory Care" at <http://buyersguide.AARC.org>. Or they can log on to www.YourLungHealth.org to access this information anytime they need it by selecting "Finding Care," followed by "Consumer Buyer's Guide." ■

Main Categories

Beds
Blood Pressure Devices
Chest Physiotherapy Devices (Percussors)
Cough-Assist Devices
CPAP / Bi-Level Devices
Education
Equipment Accessories
Equipment Cleaning / Disinfection
Filters (Room Air)
Gas Administration Devices (Face Masks)
HEPA Filtration
Humidifiers (Room)
Medical Gas Administration Devices
Medical Gas Supplies (Oxygen)
Medication / Aerosol Delivery Devices
Medications
Monitors (Apnea Monitors / Recorders)
Oxygen Delivery
Peak Flow Meters
Personal Protective Equipment (Gloves)
Suction Devices & Supplies (Portable)
Ventilator Supplies (Tracheostomy Tubes)
Ventilators

Praxair Healthcare Services
 Pulmodyne®
 ResMed Corp
 RespCare, Inc.
 Strapparatus® Corporation
 Tri-anim
 VacuMed
 Vital Signs

Masks

Afton Medical LLC
 AG Industries
 Altera A.S.
 Breas Medical, Inc
 CareFore Medical®
 CareFusion
 Covidien
 DeVilbiss® Healthcare
 Discover Medical Devices
 Engineered Medical Systems, Inc.
 evo Medical Solutions
 Fisher & Paykel Healthcare, Inc.
 GaleMed® Corporation
 Hamilton Medical, Inc.
 Hans Rudolph, inc.
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Martab Medical
 Medline Industries, Inc.
 Neotech Products, Inc.
 Nihon Kohden America
 NuMask Inc.
 Philips
 Philips Respironics
 Praxair Healthcare Services
 Pulmodyne®
 R1 Technologies
 ResMed Corp
 RespCare, Inc.
 Sleepnet Corporation
 Tri-anim
 Vital Signs
 VitaLine, Inc.

Systems

AG Industries
 Airon Corporation
 Altera A.S.
 Automated Control Systems
 B&B Medical Technologies
 CareFore Medical®
 CareFusion
 CooperSurgical
 Covidien
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Embla®
 evo Medical Solutions
 Fisher & Paykel Healthcare, Inc.
 Hamilton Medical, Inc.
 Innomed Technologies Inc.
 Medline Industries, Inc.
 Neotech Products, Inc.
 Nightingale-Alan Medical Inc
 Philips Respironics
 Praxair Healthcare Services
 ResMed Corp
 RespCare, Inc.

Sleep Services of America, Inc.
 Vital Signs
 VitaLine, Inc.

Tubing

A-M Systems
 Afton Medical LLC
 AG Industries
 Altera A.S.
 Breas Medical, Inc
 CareFore Medical®
 CareFusion
 CooperSurgical
 Covidien
 DeVilbiss® Healthcare
 Engineered Medical Systems, Inc.
 evo Medical Solutions
 Fisher & Paykel Healthcare, Inc.
 GaleMed® Corporation
 Hamilton Medical, Inc.
 Hi-Tech Medical™
 Innomed Technologies Inc.
 Martab Medical
 Medline Industries, Inc.
 Neotech Products, Inc.
 Philips Respironics
 Praxair Healthcare Services
 Pulmodyne®
 R1 Technologies
 ResMed Corp
 Smooth-Bor Plastics
 VacuMed
 Vital Signs
 VitaLine, Inc.

E

Education, Patient and Family

Books/Pamphlets

American Association for Respiratory Care
 Arlen Medical Education Products
 BC Decker Inc.
 CareFusion
 College of DuPage Press
 Covidien
 Daedalus Enterprises Inc.
 Delmar Learning
 DeVilbiss® Healthcare
 Monaghan Medical Corporation
 Mosby/Saunders-Elsevier
 National Lung Health Education Program
 New Technology Publishing Inc.
 PARI Respiratory Equipment, Inc.
 Passy-Muir Inc.
 Pedipress, Inc.
 Philips Respironics
 Praxair Healthcare Services
 RC Educational Consulting Services, Inc.
 ResMed Corp
 Sleep Services of America, Inc.
 Thought Technology
 VacuMed

Internet-Based

American Association for Respiratory Care
 Boston Medical Products, Inc.

College of DuPage Press
 Delmar Learning
 GaleMed® Corporation
 National Lung Health Education Program
 Passy-Muir Inc.
 RC Educational Consulting Services, Inc.
 Sleep Services of America, Inc.

Software

Arlen Medical Education Products
 Cardionics, Inc.
 College of DuPage Press
 Delmar Learning
 Methapharm Inc.
 Sleep Multimedia, Inc.

Videotapes/CDs/DVDs

Arlen Medical Education Products
 Birthways, Inc
 Boston Medical Products, Inc.
 CareFusion
 College of DuPage Press
 Covidien
 Delmar Learning
 DeVilbiss® Healthcare
 Hollister Incorporated
 Monaghan Medical Corporation
 Mosby/Saunders-Elsevier
 Passy-Muir Inc.
 Philips Respironics
 ResMed Corp
 Sleep Multimedia, Inc.
 Sleep Services of America, Inc.
 Smiths Medical, Critical Care
 Spirometrics Medical Equipment Co.
 VacuMed

Equipment Accessories

Cases/Covers

Air Lift Oxygen Carriers
 CareFusion
 Cramer Decker Medical
 DeVilbiss® Healthcare
 EPER Ltd.
 Futuremed
 Instrumentation Industries, Inc.
 LeMans Industries
 MES, Inc.
 Michigan Instruments, Inc.
 Mobile Medical Maintenance Co.
 Northern Pacific Medical LLC®
 Pentair
 ResMed Corp
 Salter Labs
 Vortran Medical Technology 1, Inc.®

Mountings/holders/I.V.

A Plus Medical
 CareFusion
 FWF Medical Products
 GCX® Corporation
 I.V. League Medical
 Instrumentation Industries, Inc.
 Marpac Inc.
 MES, Inc.

Mobile Medical Maintenance Co.
Northern Pacific Medical LLC®
Tenacore Holdings, Inc.

Equipment Cleaning/ Disinfection

Detergents

Alconox, Inc.
Alliance Tech Medical, Inc.™
Maril Products Inc.
Medline Industries, Inc.
Praxair Healthcare Services
Vital Technologies, Inc.

Disinfectants/Deodorants

Alliance Tech Medical, Inc.™
Bio-Medical Devices International™
CareFore Medical®
Cramer Decker Medical
Maril Products Inc.
Medline Industries, Inc.

Praxair Healthcare Services
Sporicidin by Contec, Inc.
VacuMed
Vital Technologies, Inc.

Surface Sterilization

Alconox, Inc.
Maril Products Inc.
Medline Industries, Inc.
Sporicidin by Contec, Inc.
Tenacore Holdings, Inc.
Vital Technologies, Inc.

F

Filters (Room Air)

Airsonett, Inc.
Austin Air Systems
Biological Controls Inc.
Parker Hannifin Corporation – Finite Filter
Porous Media Corporation

Praxair Healthcare Services
Simplicity® Vacuums
Ultra Pure Products

G

Gas Administration Devices (Face Masks)

A-M Systems
Alliance Tech Medical, Inc.™
Allied Healthcare Products, Inc.®
Altera A.S.
Bio-Medical Devices International™
CareFusion
DeVilbiss® Healthcare
Erie Medical
GaleMed® Corporation
GE Healthcare
Hans Rudolph, inc.
King Systems Corporation
Koo Americas, Inc.

Inspiring Patients

by Beth Green, MBA, RRT, FAARC

One Amazing Teen



Nik Job on the ice for his high school hockey team.

Nikolas Job is one amazing teen and an inspiration to all of us. Diagnosed as an infant, Nik has never known life without cystic fibrosis. His parents say, “Our goal has always been to have Nikolas live a normal life. He just has to do a few things that the rest of us don’t do.”

Nik hasn’t let CF slow him down, especially when he’s on skates. He took to the ice as goalie for his high school hockey team and is now playing on a club team at the University of Minnesota. He inspires other CF patients and families with his accomplishments on the ice — like Max, a young boy who was diagnosed at age two. “When they came to watch me play hockey, I think it gave them hope that

Max could play sports and be like any other kid,” says Nik.

The college sophomore is also tapping into his love for hockey to help find a cure for CF. For the annual CF gala each year, Nik donates a hockey helmet for auction. His helmets are painted with a “65 roses” theme because when kids learn to pronounce “cystic fibrosis,” doctors tell them to pronounce it like “sixty-five roses.” Nik’s helmets raise thousands of dollars at the gala each year. ■

AARC member Beth Green is clinical services manager for the respiratory care division at Hill-Rom in St. Paul, MN.

Who inspires you?
Tell us on [AARConnect](#)

Medline Industries, Inc.
Mercury Medical®
MMS Sales Corporation
NASORCAP Medical, Inc.
Pall Medical
Praxair Healthcare Services
Smiths Medical, Critical Care
Spiracle Technology
Teleflex Medical
Vital Signs
Westmed, Inc.

H

HEPA Filtration

AG Industries
Airsonett, Inc.
Alen Corporation
Altera A.S.
ARC Medical Inc.
Biological Controls Inc.
CareFore Medical®
GaleMed® Corporation
INMABU®
King Systems Corporation
MMS Sales Corporation
Pentair
Porous Media Corporation
Praxair Healthcare Services
Rabbit Air
Simplicity® Vacuums
Smiths Medical, Critical Care
Teleflex Medical
Ultra Pure Products
VacuMed

Humidifiers (Room)

Medline Industries, Inc.
Smiths Medical, Critical Care

M

Medical Gas Administration Devices

Carriers/Stands

Air Lift Oxygen Carriers
Air Liquide Healthcare America Corp
Bio-Med Devices, Inc.
CareFore Medical®
Cramer Decker Medical
Erie Medical
FWF Medical Products
Genstar Technologies Co., Inc.
I.V. League Medical
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
R1 Technologies
Responsive Respiratory Inc.
Teleflex Medical
TRG, Inc.
Vortran Medical Technology 1, Inc.®
W.T. Farley, Inc.
Western Medica

Carts/Racks

Air Liquide Healthcare America Corp
Airgas Puritan Medical
CareFore Medical®
Cramer Decker Medical
Erie Medical
Flotec, Inc.
FWF Medical Products
Genstar Technologies Co., Inc.
I.V. League Medical
Medical Support Products, Inc.
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
TRG, Inc.
W.T. Farley, Inc.
Western Medica

Cylinders

Air Liquide Healthcare America Corp
Airgas Puritan Medical
Allied Healthcare Products, Inc.®
CareFore Medical®
Cramer Decker Medical
DeVilbiss® Healthcare
Erie Medical
Flotec, Inc.
FWF Medical Products
Luxfer Gas Cylinders
Medline Industries, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Spiracle Technology
TRG, Inc.
W.T. Farley, Inc.
Western Medica

Gauge Protectors

Air Liquide Healthcare America Corp
Air Products
Cramer Decker Medical
Erie Medical
Flotec, Inc.
Instrumentation Industries, Inc.
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
TRG, Inc.
VacuMed
W.T. Farley, Inc.
Western Medica

Medical Gas Supplies (Oxygen)

Advanced Aeromedical, Inc.
Air Liquide Healthcare America Corp
Air Products
Airgas Puritan Medical
Amvex®
Bio-Medical Devices International™
DeVilbiss® Healthcare
Erie Medical
Flotec, Inc.
Maxtec®
Medline Industries, Inc.

Oxigraf Inc.
OxySure® Systems, Inc.
Praxair Healthcare Services
R1 Technologies
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
W.T. Farley, Inc.

Medication/Aerosol Delivery Devices

Aerosol Masks

A-M Systems
Afton Medical LLC
Alliance Tech Medical, Inc.™
Allied Healthcare Products, Inc.®
Altera A.S.
Bio-Medical Devices International™
CareFore Medical®
DeVilbiss® Healthcare
Dey, L.P.
evo Medical Solutions
GaleMed® Corporation
Healthline Medical, Inc.
Hsiner Co., Ltd.
Koo Americas, Inc.
Medline Industries, Inc.
Mercury Medical®
MMS Sales Corporation
Nidek Medical Products, Inc.
Omron Healthcare Inc.
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs
Westmed, Inc.

Air Compressors

Airborne Life Support Systems™
Alliance Tech Medical, Inc.™
Allied Healthcare Products, Inc.®
CareFore Medical®
DeVilbiss® Healthcare
evo Medical Solutions
GE Healthcare
Hsiner Co., Ltd.
Medical Instrumentation Repair, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
Nidek Medical Products, Inc.
PARI Respiratory Equipment, Inc.
Pentair
Praxair Healthcare Services
Precision Medical, Inc.
Salter Labs
VacuMed
Vortran Medical Technology 1, Inc.®

Holding Chambers

Alliance Tech Medical, Inc.™
BirdSong Medical Devices, Inc.
Dey, L.P.

GaleMed® Corporation
Healthline Medical, Inc.
Koo Americas, Inc.
Martab Medical
Medline Industries, Inc.
Monaghan Medical Corporation
nSpire Health™
PARI Respiratory Equipment, Inc.
Praxair Healthcare Services
Respiratory Delivery Systems, Inc.
Smiths Medical, Critical Care
Thayer Medical

Medication Nebulizers

A-M Systems
Aerogen®
Allied Healthcare Products, Inc.®
B&B Medical Technologies
CareFore Medical®
DeVilbiss® Healthcare
evo Medical Solutions
GaleMed® Corporation
Healthline Medical, Inc.
Intersurgical Inc®
Koo Americas, Inc.

Medical Instrumentation Repair, Inc.
Meditrack Products
Medline Industries, Inc.
MMS Sales Corporation
Monaghan Medical Corporation
Omron Healthcare Inc.
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs
Vortran Medical Technology 1, Inc.®
Westmed, Inc.
Wolfe Tory Medical, Inc.

Metered-Dose Inhalers (Hand-held)

A-M Systems
Instrumentation Industries, Inc.
Meditrack Products
MMS Sales Corporation
Philips Respironics

Praxair Healthcare Services
Smiths Medical, Critical Care
Thayer Medical

Nebulizers

Breath-Actuated

Aerogen®
Cramer Decker Medical
evo Medical Solutions
Healthline Medical, Inc.
Koo Americas, Inc.
Meditrack Products
Medline Industries, Inc.
MMS Sales Corporation
Monaghan Medical Corporation
Praxair Healthcare Services

Continuous

Aerogen®
B&B Medical Technologies
Cramer Decker Medical
DeVilbiss® Healthcare
evo Medical Solutions

Inspiring Patients

by Kevin Fly Hill, RRT

Little Jessie



Kevin Fly Hill will never forget the bravery of one of his small patients.

Ten-year-old Jessie had agammaglobulinemia, which results in a severe respiratory disorder and death at an early age. By the time I met him, he might have weighed 70 pounds.

Jessie was the third of four children in the same family who suffered from this condition. His two older brothers had already run the course and died from its ravages. Much of Jessie's respiratory therapy was aimed at his developing bronchiectasis and incorporated frequent nebulizer and postural drainage/percussion.

At one point, even though his percussion treatments were very uncomfortable, he would never complain when his mother was in the room. When we were alone one night and he was complaining about his treatments and the pain, I asked him why he was always so quiet when his mother was there. Usually a

very joyful, loud child, he became quiet and serious and said, "I saw how much it hurt my mother when my brothers complained and cried with their treatments, and I don't want to hurt my mother like that."

I had to bite my lip and leave the room. I still tear up when thinking of the bravery and maturity of this 10-year-old who thought more of his mother and her feelings than of his own discomfort and difficulties. If we could all be more like little Jessie, this world would be a better place. ■

AARC member Kevin Fly Hill is a respiratory therapist at CPS Medical in Tyler, TX.

Who inspires you?
Tell us on [AARConnect](#)

Healthline Medical, Inc.
Hsiner Co., Ltd.
Koo Americas, Inc.
Medical Instrumentation Repair, Inc.
Mercury Medical®
Methapharm Inc.
MMS Sales Corporation
Philips Respironics
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
VacuMed
Vital Signs
Westmed, Inc.

Hand-held

A-M Systems
Aerogen®
Afton Medical LLC
Allied Healthcare Products, Inc.®
Cramer Decker Medical
DeVilbiss® Healthcare
evo Medical Solutions
GaleMed® Corporation
Healthline Medical, Inc.
Hsiner Co., Ltd.
Koo Americas, Inc.
Medline Industries, Inc.
Methapharm Inc.
MMS Sales Corporation
Omron Healthcare Inc.
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
VacuMed
Vital Signs
Vortran Medical Technology 1, Inc.®
Westmed, Inc.

Pneumatic

Allied Healthcare Products, Inc.®
DeVilbiss® Healthcare
evo Medical Solutions
Healthline Medical, Inc.
Hsiner Co., Ltd.
Koo Americas, Inc.
Medline Industries, Inc.
Nidek Medical Products, Inc.
Omron Healthcare Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
Vital Signs
Vortran Medical Technology 1, Inc.®

Ultrasonic

Medical Instrumentation Repair, Inc.
Omron Healthcare Inc.
Robbins Instruments, Inc.
Smiths Medical, Critical Care
Teleflex Medical

tubing

A-M Systems
Afton Medical LLC
Allied Healthcare Products, Inc.®
Altera A.S.
Bay Corporation
CareFore Medical®
Covidien (Massachusetts)
DeVilbiss® Healthcare
GaleMed® Corporation
Hi-Tech Medical™
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
Medline Industries, Inc.
Nidek Medical Products, Inc.
PARI Respiratory Equipment, Inc.
Perma Pure LLC
Praxair Healthcare Services
R1 Technologies
ResMed Corp
Salter Labs
Smiths Medical, Critical Care
Smooth-Bor Plastics
Teleflex Medical
Westmed, Inc.

Medications

Anti-Inflammatories

3M Pharmaceuticals
AstraZeneca Pharmaceuticals, LP
Dey, L.P.
Forest Pharmaceuticals, Inc.

Bronchodilators

3M Pharmaceuticals
Boehringer Ingelheim Pharmaceuticals
Dey, L.P.
Nephron Pharmaceuticals Corporation
Novartis Pharmaceuticals Corporation
Praxair Healthcare Services
Sunovion Pharmaceuticals Inc.

Leukotriene Modifiers

AstraZeneca Pharmaceuticals, LP

Mucolytics

Genentech, Inc.
Praxair Healthcare Services

Saline

B. F. Ascher & Co. Inc.
Dey, L.P.
Medline Industries, Inc.
Nephron Pharmaceuticals Corporation
Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical

Sterile Water

Dey, L.P.
Medline Industries, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical

Monitors (Apnea Monitors/Recorders)

Airborne Life Support Systems™
Ambulatory Monitoring, Inc.
Braebon Medical
CareFusion
CleveMed
Embla®
Grass Technologies
Invivo
KarmelSonix
Masimo Corporation
Medical Instrumentation Repair, Inc.
Meditel Ingeniería Médica S.L.
MIR Medical International Research
Nihon Kohden America
Nonin Medical, Inc.
Philips Respironics
Praxair Healthcare Services
ResMed Corp
Schiller America Inc
SOMNOmedics America, Inc.
Vortran Medical Technology 1, Inc.®



Oxygen Delivery

Cannulas

A Plus Medical
A-M Systems
Afton Medical LLC
Airgas Puritan Medical
Allied Healthcare Products, Inc.®
Braebon Medical
CHAD® Therapeutics
Cramer Decker Medical
DeVilbiss® Healthcare
Flotec, Inc.
GaleMed® Corporation
Hsiner Co., Ltd.
Intersurgical Inc®
Koo Americas, Inc.
MAQUET, Inc
Medline Industries, Inc.
MMS Sales Corporation
NASORCAP Medical, Inc.
Nidek Medical Products, Inc.
Nihon Kohden America
Praxair Healthcare Services
R1 Technologies
ResMed Corp
Responsive Respiratory Inc.
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vapotherm, Inc.
Vital Signs
Western Medica
Westmed, Inc.

Concentrators

Portable

AirSep® Corporation

Stationary

AirSep® Corporation
 Automated Control Systems
 Cramer Decker Medical
 DeVilbiss® Healthcare
 evo Medical Solutions
 Futuremed
 GaleMed® Corporation
 General Biomedical Service, Inc.
 Inogen, Inc.
 Inova Labs, LLC
 Medical Instrumentation Repair
 Medical Support Products, Inc.
 Medline Industries, Inc.
 MMS Sales Corporation
 Nidek Medical Products, Inc.
 Parker Hannifin – Precision Fluidics Division
 Philips Respironics
 Praxair Healthcare Services
 SeQual Technologies Inc.

Conserving Devices

AirSep® Corporation
 Allied Healthcare Products, Inc.®
 Automated Control Systems
 Caire, Inc.
 CHAD® Therapeutics
 Covidien
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Emergent Respiratory Products
 Flotec, Inc.
 GaleMed® Corporation
 Medline Industries, Inc.
 Parker Hannifin – Precision Fluidics Division
 Philips Respironics
 Praxair Healthcare Services
 Precision Medical, Inc.
 Responsive Respiratory Inc.
 Salter Labs
 Spiracle Technology

Teleflex Medical
 TRG, Inc.
 Vortran Medical Technology 1, Inc.®
 Western Medica

Cylinders

Air Liquide Healthcare America
 Airgas Puritan Medical
 Allied Healthcare Products, Inc.®
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Erie Medical
 Flotec, Inc.
 FWF Medical Products
 Luxfer Gas Cylinders
 Medline Industries, Inc.
 Michigan Instruments, Inc.
 Praxair Healthcare Services
 Responsive Respiratory Inc.

Inspiring Patients

by **Cindy Cecchini, CRT**

Raising CF Awareness, Mile by Mile



Brian Johnson is determined to raise awareness of cystic fibrosis across the country.

As respiratory therapists, we've all been touched by patients who have a hard time breathing, but meeting Brian Johnson has certainly inspired me to do so much more for people. Brian has cystic fibrosis; but instead of just dealing with his own situation, he reaches out to others to make sure the CF story is told.

On April 15, Brian started out on a motorcycle journey to raise awareness of the condition. The idea for the trip was born in June of 2010 when he was driving home from work and spotted a motorcycle on the interstate. Something just clicked, and he knew he was meant to help the CF community by hopping onto a bike of his own and taking the message of hope out to people around the country.

Brian launched a website called CF Riders (www.cfriders.org) to collect donations for the CF cause and

has also teamed up with the Laps for CF Foundation (www.lapsforcf.org) to get the word out about the condition and what it will take to find a cure. You can also see "[More of the Story](#)" for Brian Johnson's personal battle against CF.

I am thankful to be a part of Brian's journey. It is our hope that through our efforts we will be able to help those families who could use a helping hand but may not know where to turn in their time of need. ■

AARC member Cindy Cecchini is a respiratory therapist at the University of Alabama at Birmingham Hospital in Birmingham, AL.

Who inspires you?
 Tell us on [AARConnect](#).

Salter Labs
Spiracle Technology
TRG, Inc.
W.T. Farley, Inc.
Western Medica

Liquid Systems, Home

Airgas Puritan Medical
Caire, Inc.
Covidien
Inspired Technologies
Praxair Healthcare Services
TRG, Inc.

Lotions/Gels

Cann-Ease Co.
LouSal Enterprises Inc.

Masks (Simple Oxygen)

Allied Healthcare Products®
Bio-Medical Devices International™
Cramer Decker Medical
Emergent Respiratory Products
Erie Medical
GaleMed® Corporation
Hans Rudolph, inc.
Hsiner Co., Ltd.
Intersurgical Inc®
Koo Americas, Inc.
Medline Industries, Inc.
Mercury Medical®
MMS Sales Corporation
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs

Portable Oxygen Accessories

Air Lift Oxygen Carriers
Air Liquide Healthcare America
Allied Healthcare Products®
Caire, Inc.
CHAD® Therapeutics
Cramer Decker Medical
DeVilbiss® Healthcare
Erie Medical
evo Medical Solutions
Flotec, Inc.
GaleMed® Corporation
Luxfer Gas Cylinders
Medline Industries, Inc.
Passy-Muir Inc.
Pentair
Porous Media Corporation
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Teleflex Medical
Transtracheal Systems
TRG, Inc.
Western Medica

P

Peak Flow Meters

A-M Systems
Alliance Tech Medical, Inc.™
Armstrong Medical Industries Inc.
CareFore Medical®
Clinical Guard
DeVilbiss® Healthcare
Dey, L.P.
Equilibrated Bio Systems Inc
evo Medical Solutions
Futuremed
GaleMed® Corporation
Koo Americas, Inc.
Maxtec®
Medline Industries, Inc.
Micro Direct Inc.
Monaghan Medical Corporation
nSpire Health™
Omron Healthcare Inc.
PARI Respiratory Equipment, Inc.
Philips Respironics
Praxair Healthcare Services
R1 Technologies
Salter Labs
SDI Diagnostics®
Sibel S.A.
Smiths Medical, Critical Care
Spirometrics Medical Equipment Co.
Teleflex Medical
TSI Incorporated
VacuMed
Vitalograph Inc.

Personal Protective Equipment (Gloves)

Airborne Life Support Systems™
CareFore Medical®
Kimberly-Clark Health Care
Medline Industries, Inc.
Praxair Healthcare Services
Sage Products Inc.

S

Suction Devices & Supplies (Portable)

Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Armstrong Medical Industries Inc.
Boston Medical Products, Inc.
CareFore Medical®
CooperSurgical
DeVilbiss® Healthcare
Erie Medical
evo Medical Solutions
Flotec, Inc.
GaleMed® Corporation
Impact Instrumentation, Inc.
Medela, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
Neotech Products, Inc.
Ohio Medical Corporation®

Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Tenacore Holdings, Inc.
Tri-anim
W.T. Farley, Inc.

V

Ventilator Supplies (Tracheostomy Tubes)

Boston Medical Products, Inc.
CareFore Medical®
Covidien
ErgoMed Inc.
Medline Industries, Inc.
Passy-Muir Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
Tri-anim

Ventilators

Home Care

Breas Medical, Inc.
CareFusion
Covidien
Futuremed
GE Healthcare
General Biomedical Service
Impact Instrumentation, Inc.
Medical Instrumentation Repair
Medline Industries, Inc.
Mobile Medical Maintenance Co.
Newport Medical Instruments
Nightingale-Alan Medical Inc
Philips Respironics
Praxair Healthcare Services
ResMed Corp
Tri-anim
United Hayek Medical
VitaLine, Inc.

Noninvasive Positive Pressure Systems

Airon Corporation
Breas Medical, Inc.
CareFusion
Covidien
CPR Medical Devices Inc.
Draeger Medical, Inc.
Emergent Respiratory Products, Inc.
eVent Medical
General Biomedical Service
Hamilton Medical, Inc.
Innomed Technologies Inc.
MAQUET, Inc
Medical Instrumentation Repair
Medline Industries, Inc.
Mobile Medical Maintenance Co.
Newport Medical Instruments
Philips
Philips Respironics
Praxair Healthcare Services
ResMed Corp

Respiratory Managers, Lead Your Department to Exceptional Performance

The AARC's Benchmarking Service positions your department for exceptional performance by helping you

“The impact of this tool has opened for us great opportunities to utilize our resources to improve patient care and respiratory care practice.”

— Mohammed AlHejji, MSRC RRT NPS CCT,
Head of Respiratory General Care Section,
King Fahad Medical City, Saudi Arabia, Riyadh

Compare Yourself Now Against
This **FREE** Data at
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Missed Treatments

75%ile **SEE**
50%ile **WEBSITE FOR**
25%ile **METRICS**

[About these metrics](#)

These metrics represent the mean values of all hospitals reporting data into the AARC Benchmarking System during the most recent quarter.

Metrics are updated by the 15th of each month.

Vent Days/Patient

75%ile **SEE**
50%ile **WEBSITE FOR**
25%ile **METRICS**

[About these metrics](#)

- Compare your performance to standard metrics
- Evaluate and improve your current processes
- Identify “Best Practice” among your peers
- Determine the steps necessary to achieve “Best Practice”

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Member Savings \$100

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Saturday through Tuesday • November 5-8, 2011
Tampa Convention Center, Tampa, FL

Join us this November in the warmth of the Florida sunshine at the Tampa Convention Center, situated right on the waterfront of beautiful Tampa Bay. It's your single best opportunity to increase your professional worth and investment value to your organization.

- 250+ sessions on current respiratory care topics
- 170+ speakers
- 300+ original research projects
- 4 days of networking and education
- 3 days with industry exhibitors, most offering on-site product discounts
- 25+ CRCE credits

gress

& Exhibition



And here are just some of the featured events in 2011:

■ **New Horizons -**

The Ventilator Liberation Process:

Learn from the world's leading experts about the latest evidence on weaning patients from mechanical ventilation; from the role of non-invasive ventilation and tracheostomies, to ventilator weaning modes and utilization of protocols. Dazzle your physicians back home by sharing this evidence-based research while it's hot off the press!

■ **Respiratory Care Today -**

N. American vs. European Perspective:

Be sure to attend this symposium to learn how clinical practice differs between N. America and Europe as it relates to mechanical ventilation and NIV. Does the N. American approach to managing these patients measure up to our friends from across the pond? Attend this symposium to find out!

■ **2011 Year in Review:**

Established leaders in the field will review published manuscripts from 2011 covering all aspects of Respiratory Care from Education to Management to Pulmonary Rehabilitation and Long Term Oxygen Therapy. Stay current on all areas important to your practice by attending one of the premier symposia of the entire Congress.

Find out more at www.AARC.org/education/meetings



RC Currents

IN THE NEWS

► National Sputum Bowl Competition To Be Discontinued in 2012

A letter has gone out from AARC President Karen Stewart, MSc, RRT, FAARC, to the AARC state society presidents and delegates that the national Sputum Bowl will be discontinued beginning in 2012. The 2011 competition will be held in Tampa as planned.

The letter indicates the decision was made because of the decreased support and interest by members for the Sputum Bowl at the national meeting. The AARC Board acted at its meeting in April on a recommendation from the Program Committee.

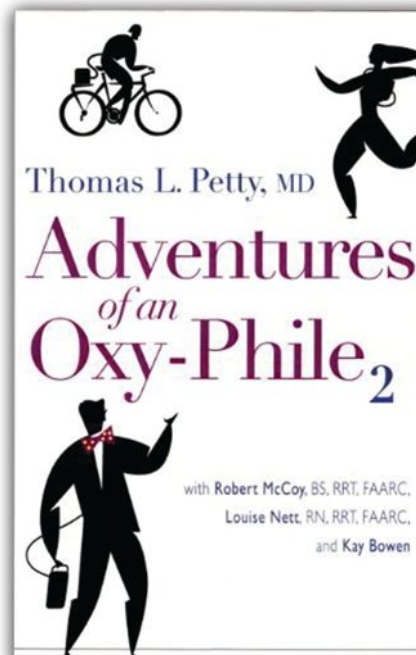
Additionally, the letter states, "We hope to replace this activity with another that our members will look forward to participating in. We are looking for ideas and input from our members to create a new event that will be better supported or in modifying the Sputum Bowl so that this event is more contemporary."

You can view the letter at www.aarc.org/headlines/11/05/sputum_bowl/letter.pdf. ■



Free Download of Dr. Petty's First Oxy-Phile Book Available

Last year friends and colleagues of the late Thomas L. Petty, MD, FAARC, decided to finish "Adventures of an Oxy-Phile2," a sequel to his first book for oxygen users, "Adventures of an Oxy-Phile." Dr. Petty had been working on "Adventures of an Oxy-Phile2" to help home oxygen users continue to live life to the fullest, at the time of his death. "Adventures of an Oxy-Phile2" is now available for sale on dr.tompetty.org. Also, the website offers a free download of the first edition, "Adventures of an Oxy-Phile" (at www.dr.tompetty.org/2074.aspx), which has been out of print for the last year or so.



"We hope you will let your oxygen patients know about these great resources and how they can help them cope with the challenges of living life with supplemental oxygen," says Louise Nett, RN, RRT, FAARC, who worked closely with Dr. Petty in the National Lung Health Education Program for many years. "Consider how you can incorporate either the entire first book or portions of it into your discharge planning process, perhaps as a handout for your patients going home on oxygen for the first time. The website's free download of the first Oxy-Phile book will make this easy to do."

The second book offers stories by more patients who have done amazing things while on oxygen, plus chapters by respiratory therapists and other health professionals who go over the latest developments in oxygen use. "It can assist your patients in their journey to fit home oxygen into an active lifestyle," says Nett. ■

Enter the 2011 AARC Photo Contest

AARC *Times* is looking for creative members to enter our monthly Photo Contest. Winners will receive a free one-year membership renewal and have their submittal entered into our Photo-of-the-Year Contest with the chance of it being chosen to appear on the February 2012 cover. For instructions and guidelines, select the AARC *Times* icon on www.AARC.org and click on the "Photo-of-the-Year Contest" link. Deadline is Sept. 10, 2011. ■



Respiratory Care Week Is Your Time To Shine Oct. 23–29, 2011

July is a great time of year to begin making plans for RC Week this October to recognize and honor the respiratory care profession. Do something special to celebrate group or individual contributions in 2011. Send an announcement to your hospital newsletter and tell a success story. Plan an event with your rehab patients. Or participate in the DRIVE4COPD Adopt-A-Company campaign. The official RC Week website at www.AARC.org/rcweek is loaded with great ideas, resources, links, and tools to make planning easy. ■



AARC Leaders Attend Meetings

Throughout the year, AARC leaders and members of the Executive Office staff attend meetings of the Association's state societies as well as other special meetings. In addition to making AARC representatives available for speaking engagements at meetings, the Association funds a special program to help some state societies partially pay for the travel costs of the speakers. Below are some activities AARC representatives are involved in:

Cheryl West, AARC Director of Government Affairs

- Presenting an update on state and federal legislation and regulations at the Georgia Society's Summer CE Meeting

By the Numbers

Medication injuries are skyrocketing. According to the latest statistics from the Agency for Healthcare Research and Quality:

- The number of people treated in U.S. hospitals for illnesses and injuries caused by taking medicines jumped 52% between 2004 and 2008, from 1.2 million to 1.9 million.
- The top five categories of medicines causing more than 838,000 people to be treated and released from emergency departments were: unspecified medicines (261,600); pain killers (118,100), antibiotics (95,100), tranquilizers and antidepressants (79,300), and corticosteroids and other hormones (71,400).
- For patients admitted to the hospital, the top five categories causing side effects and injuries were corticosteroids (283,700 cases), painkillers (269,400), blood-thinners (218,800), drugs to treat cancer and immune system disorders (234,300), and heart and blood pressure medicines (191,300).
- 53% of hospitalized patients treated for side effects or other medication-related injuries were age 65 or older, 30% were 45–64, 14% were 18–44, and 3% were under 18. Children and teenagers accounted for 22% of emergency cases.
- About 57% of the hospitalized patients and 61% of emergency department cases were female. ■

Videoconferencing Meets RC Student Needs in Vermont

Percentages of responses to a question appear on a large projection screen. Forty-two percent of students had answered yes and 58% answered no. “Alright,” says instructor and AARC member Faye Tolar, MEd, RRT, “discuss the question with each other and try to convince your neighbor that your response is the correct one.”

After a brief discussion period, Tolar re-polls the audience and then reveals the correct response. The crowd buzzes. An overwhelming majority answered correctly. This learning method, called peer instruction, was developed by Eric Mazur of Harvard University and uses student interaction during lectures to focus student attention on underlying concepts.

Tolar, director of the respiratory therapy program at Vermont Technical College, is using an audience response

system called Turning Point to pose concept questions to her students. Colleges and universities across the United States are using this technology for a variety of campus classes. The difference between Tolar’s classes and traditional campus-based classes is where her students are located. The Vermont Tech respiratory care program is taught utilizing a videoconferencing and distance-learning network called VIT (Vermont Interactive Television) — and the RT students are located miles apart.

Aside from the geographic distance, this classroom experience isn’t much different from an in-person class. This real-

time technology allows students to hear, see, and interact with the instructor and each other as if they were in the same room. Office hours and review sessions are also done over the videoconferencing system. The college’s online course management system distributes handouts, and students take exams in class on the same e-learning platform using their laptops.

Students can still see Tolar “in-person” when she travels to the various VIT sites to meet with her students. The program is a blended learning model using face-to-face technology, online learning, and in-person meetings. Tolar notes her students have been successful with this learning system. She has been teaching this way for five years and reports that approximately 95% of the program’s graduates pass the respiratory therapist entry-level examination on their first attempt.

VIT and Vermont Tech have given these respiratory therapy students the opportunity to study in an area that might otherwise be an impossible dream for many. Often students run the spectrum from traditional-age college students to second-career adults in their 50s. Convenient access to this degree program gives them the opportunity to embark on their next career. It helps them fill a critical need in Vermont in a profession that provides job security in rough economic times, as well as a rewarding career. ■



► Transitions

Dolly Kervitsky, CRT, CCRC, has joined the Pulmonary Fibrosis Foundation as vice president of patient relations. She comes to the position from National Jewish Health in Denver, CO, where she served as program manager for the Interstitial and Autoimmune Lung Disease Program and founded the Genetic Counseling Program for Familial Pulmonary Fibrosis. In her new position she will oversee patient programming, work with the Medical Advisory Board on the review and awarding of medical research grants, and lead the development and implementation of a national patient surveillance registry.

Amy Schwarz earned a gold medal in the Collegiate Medical Terminology competition at the Pennsylvania Health Occupation Students of America conference in Lancaster, PA, last March. Schwarz is an RT student at Laurel Business Institute in Uniontown, PA.

Jamie Bute, BS, RRT, was one of four staff members at Hawkeye Community College in Waterloo, IA, to receive a President's Award in April. The award goes to recognize outstanding contributions to the college. Bute, who serves as RT program director, was honored for embracing technology and serving as a mentor to new faculty members. (Photo 1)



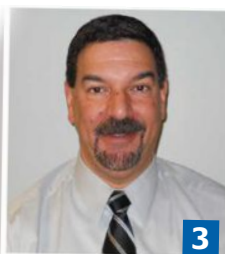
1



2

James Matsuura, RRT, was recently honored as a Top Ten Scholar by the Boise State Alumni Association. A working RT, Matsuura was recognized for leading an ongoing quality improvement project to enhance respiratory care for spinal cord injury patients at Saint Alphonsus Regional Medical Center, authoring a paper on adult mechanical ventilation in *RESPIRATORY CARE*, and his extensive volunteer work at Boise State and out in the community. (Photo 2)

Mark Maslow, RRT, has been promoted to executive director of cardiovascular services at Carroll Hospital Center in Westminster, MD, where he will oversee several specialized nursing divisions along with the respiratory care department, cardiac services, PFT lab, and sleep center. Maslow was previously director of cardiopulmonary services at the hospital. (Photo 3)



3

Rebecca Mabry, RRT, has joined Breathe Technologies in San Ramon, CA, as senior vice president of sales and marketing. She had been general manager at Midmark Diagnostics Group, and she previously served as division president for Sleep Diagnostics and Therapy at VIASYS/Cardinal Health.

L. Jack Clark, RRT, passed away in April. A pioneer in the respiratory care profession, he earned his RT degree from the Emory University School of Respiratory Therapy and worked as a therapist at Grady Memorial Hospital in Atlanta, GA, and the Medical Center of Central Georgia in Macon before founding the first RT department at Spalding Regional Hospital in Griffin, GA. In 1979, he founded Mid-Georgia Respiratory Homecare, also in Griffin, where he spent the rest of his long career helping patients needing respiratory home care services. (Photo 4)



4

We welcome news about AARC members. Submit job changes, awards, and death notices online at www.AARC.org/transitions. ■

Nominate an AARC Member for “Success Stories” or “Interesting People”

Do you know an AARC member who would be a good choice for one of our “people” features in “RC Currents”? If so, provide this information to the editor at the address below: the member's name, job title, place of work, city, and state; why you think they should be featured; and their contact information. Send to: Editor Marsha Cathcart, cathcart@aacrc.org with “Success Stories” in the subject line. ■

Hall & Oates’ Loss was Alpha-1’s Gain

As an undergrad at Haverford College just outside of Philadelphia, PA, back in the late 1960s, Robert “Sandy” Sandhaus, MD, PhD, FCCP, decided he wanted to take part in the local music scene and went out and purchased a bass guitar for \$35. “Bass was among the easiest instruments to learn to play,” he recalls now, “and I wanted to be in a band.”

Within a month, his dream had come true: He was playing with some fellow students in “Dingo,” a fairly popular local group. When the lead singer quit to go to law school, he and the rest of the members joined up with a couple of singers at nearby Temple University. He didn’t know it at the time, but those singers would soon achieve fame and fortune.

Yes, for a little while anyway, Dr. Sandhaus played with Daryl Hall and John Oates, the iconic 1970s duo known for hits like “Rich Girl,” “Private Eyes,” and “Maneater.” “The rest of Dingo eventually went on to other pursuits — mostly graduate school — and I soon left to go to medical school while Daryl, John, our drummer, Jim Helmer, and a Dingo occasional guitarist, Chris



Photo courtesy of Sandy Sandhaus

The “AlphaBeaters” picnic, hosted by Dr. Robert “Sandy” Sandhaus for more than 20 years now, attracts patients from all over the country who come to enjoy fun and fellowship before or after visiting the physician for their annual checkup.

Bond, moved to Los Angeles to ‘make it’ in the music industry,” says the physician. “The rest of us scoffed at the likelihood that they would be successful. As you know, they were.”

Alpha-1 patients everywhere are happy he chose the path he did. “While doing my MD, I also completed a PhD,” he explains. “My PhD dissertation work centered on the role of neutrophil elastase as a cause of COPD and the role of alpha-1 antitrypsin in preventing this. I’ve therefore been working in alpha-1 since 1971.”

When the Alpha-1 Association was founded in 1991, Dr. Sandhaus was ap-

pointed to the board of directors; and he also served on the founding boards of both the Alpha-1 Foundation and AlphaNet. Today he runs the alpha-1 disease management and prevention program for AlphaNet while serving as a professor of medicine and director of the alpha-1 program at National Jewish Health in Denver, CO.

Dr. Sandhaus’ passion for alpha-1 and the people affected by it is exemplified every summer by a picnic he hosts for his patients and their families. “I’m fortunate to live on a large property surrounded by water — unusual here in the Denver area — and the picnic allows my patients to mingle in a social environment that encourages friendship and sharing,” he says. In order to attract as many people as possible, he dramatically opens up his clinic schedule the week before and after the event.

“Many of my patients are from out of state and may see me only once a year,” he says, “and this allows them to schedule their visits around the picnic weekend, knowing the weather will be good and there will be some fun times.” Later this summer there will be a Hall and Oates reunion, and Dr. Sandhaus plans to participate in the performance. ■

Members, Send Us Your Human Interest Stories

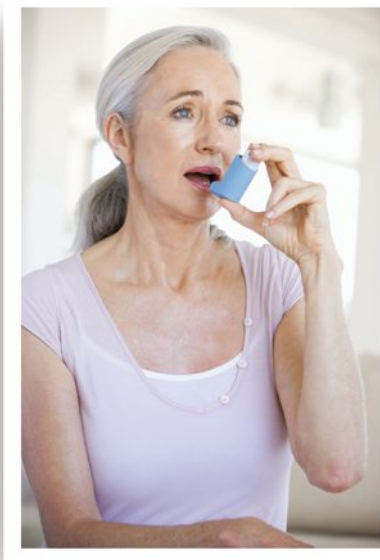
Have you been active in a ventilator-dependent kids’ summer camp? Have you helped an elderly patient in need? Have you saved a life outside of a health care facility? *AARC Times* is always searching for stories from AARC members that relate special experiences. If you have a human interest story to share with our readers, please contact *AARC Times* Editor Marsha Cathcart at cathcart@aacr.org. ■

Epinephrine Inhalers Go Off the Market Dec. 31

Despite the ready availability of safe and effective prescription medications for asthma, some people with the condition continue to rely on over-the-counter (OTC) epinephrine inhalers when their asthma flares up. In just a few months, that will no longer be an option. The U.S. Food and Drug Administration denied the request for “essential-use” designation for these chlorofluorocarbon (CFC)-propelled devices in 2008, and they will go off the market Dec. 31 of this year.

Brian Walsh, RRT-NPS, RPFT, FAARC, director of respiratory care at Children’s Medical Center in Dallas, TX, believes now is the time for RTs to begin educating their patients about the change, explaining that while OTC epinephrine is inexpensive and can afford quick relief of symptoms, it is not the safest option for people with asthma because it only offers brief relief. Continuing relief requires larger and larger doses, which can put patients at risk for serious complications. “Taking this option out of the equation will not only reduce the confusion but remove the possible serious cardiac side effects such as arrhythmia, hypertension, and possible myocardial infarction,” says Walsh.

Respiratory therapists can help ease the transition for patients — particularly those on low incomes who already have a difficult time affording their medications — by emphasizing to patients the importance of proven prescription medications in the treatment of asthma. And when necessary, RTs should take the time to call the patient’s insurance provider, acquire prescription justifications, and/or help with applications for the multiple pharmaceutical assistance programs that are available. ■



► Strange But True...

Pass the Broccoli: Johns Hopkins researchers find an ingredient in broccoli can enhance a pathway in the lung that mediates the uptake of bacteria, suggesting it could one day be the basis for a new treatment for COPD.



No Friend of Mine: So-called “friendly bacteria” living in the gut might not be so friendly to the heart. According to Cleveland Clinic investigators, bacteria that breaks down a fat in meat, dairy, and fish can set off a chain reaction that leads to dangerous buildup of an artery-clogging substance in the blood.

Lucky Trucker: A Pennsylvania truck driver who began choking on an apple while driving can thank his steering wheel for saving his life. After he lost consciousness and crashed into a concrete median, his chest hit the wheel, dislodging the fruit from his airway and restoring his breath.

Get a Man Bag: Men who carry their cell phones in a belt pouch might want to find another place for them. A new study out of Argentina noted lower bone mineral density in the hip in these men when compared to men who didn’t use cell phones. The suspected culprit: electromagnetic radiofrequency waves coming from the phones. (March *Journal of Craniofacial Surgery*)

From Asthma to Alzheimer’s: The asthma drug zileuton might have a role to play in treating Alzheimer’s disease. Temple University researchers found the drug, which blocks 5-lipoxygenase, also controls the activation state of gamma secretase, an enzyme responsible for the final production of the amyloid beta protein that can lead to the development of amyloid plaques in the brain. Unlike other drugs that can block amyloid beta, zileuton only modulates the protein expression levels, keeping some of its vital functions intact while blocking the development of deadly plaques.

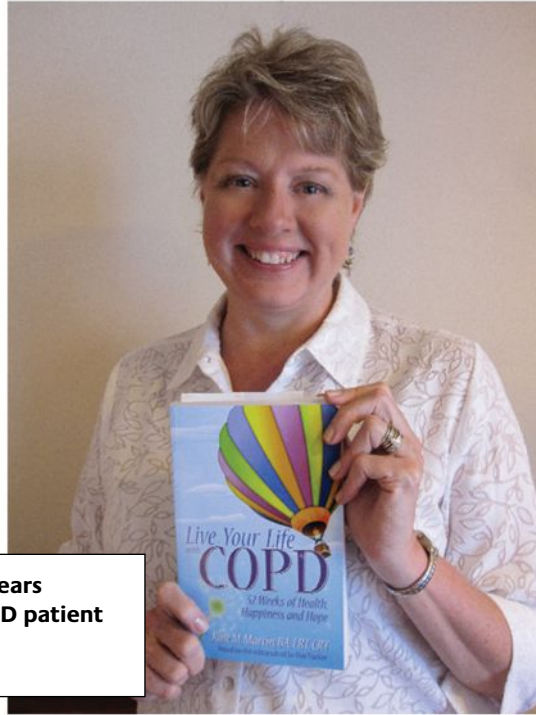
Hyperbaric Boost: Forty-eight hours in a hyperbaric chamber boosts the cancer-fighting ability of a compound called artemisinin by 50%, report Washington State investigators who subjected a culture of human leukemia cells to the treatment. The high-pressure oxygen environment is thought to enhance the compound’s effects because it promotes the formation of free radicals.

Read the Rest of the Story at AARC.org

- DRIVE4COPD launches Adopt-A-Company — www.aarc.org/headlines/11/05/adopt_a_company/
- H.R. 941 receives support from the CF community — www.aarc.org/headlines/11/05/community/
- ARCF launches campaign for support — www.aarc.org/headlines/11/05/arcf/

52 Weeks to Living Well with COPD

Jane Martin spent six years making a book out of COPD patient Jo-Von Tucker's editorials.



Patient educator Jane Martin, BA, CRT, was working on her first book about COPD ("Breathe Better, Live in Wellness: Winning Your Battle Over Shortness of Breath") when she first heard about a COPD patient from Cape Cod, MA, named Jo-Von Tucker.

"Jo-Von Tucker was a dynamic, successful businesswoman who was diag-

nosed with COPD at age 52. At that time she was told she had two to five years to live," says Martin. "Instead of accepting this as inevitable, she decided she'd learn all she could about COPD and see what she could do to live well — and keep on living — longer than predicted."

Diagnosed in 1989, Tucker did indeed go on to live for another 14 years, spend-

ing much of her time during those years as a support group leader for COPD patients in her area and writing a monthly editorial about living with the disease for the group's newsletter. She and Martin became email buddies and finally got the chance to meet in person at the first National COPD Conference in Arlington, VA, in 2003. Sadly, just a month later, Tucker passed away due to complications following surgery.

During their friendship, Tucker had introduced Martin to Dr. Austin Kutscher, who organized COPD symposiums at Columbia University Hospital in New York City. About six months following Tucker's death, Martin went to speak at one of his events and was surprised when he handed her a stack of papers held together by a rubber-band. "These are Jo-Von's editorials," he told her. "You should have them."

No stranger to the content — Martin had been a subscriber to Tucker's newsletter and says the first



An avid supporter of COPD patients, Martin (second from right), accompanied these patients on a pulmonary cruise last spring.

thing she turned to each month was her editorial — the AARC member knew she had to distribute them to the wider COPD patient community. “The next day I said to Dr. K, ‘I reread the editorials.’”

“Yes,” he said.

“I thought, ‘Jane, you have an awful lot of nerve, but you just have to come right out and say it: They should be in a book.’”

“I was hoping you’d say that,” said the physician. “And you’re the one to do it.”

It took her six years to come up with the right format, but this spring she accomplished her goal. “Live Your Life with COPD — 52 Weeks of Health, Happiness and Hope” was published by Infinity Publishing and is now available through Amazon.com and other online booksellers. “Although readers love stories, they are also hungry for basic information from professionals about how to stay healthy and cope with COPD,” says Martin. “This book combines the experience of one very wise COPD patient who successfully managed her COPD for many years, with loads of information about the basics of COPD management.”

The topics run the gamut, from airway clearance to traveling with oxygen to sexual intimacy. Guest authors include Dr. Robert “Sandy” Sandhaus from National Jewish Health in Denver, CO; Dr. Francis Adams, a New York City-based pulmonologist; Dr. Vijai Sharma, a clinical psychologist who himself suffers from COPD; and Helen Sorenson, MA, RRT, FAARC, an associate professor of respiratory care at the University of Texas Health Science Center at San Antonio.

Martin says she decided to present the book in 52 segments to give her readers a chance to digest the content over the course of a year. “There’s so much to learn when you’ve got COPD, it can be overwhelming. But if you learn a little bit at a time, you don’t just retain it, you can put it to use.” ■

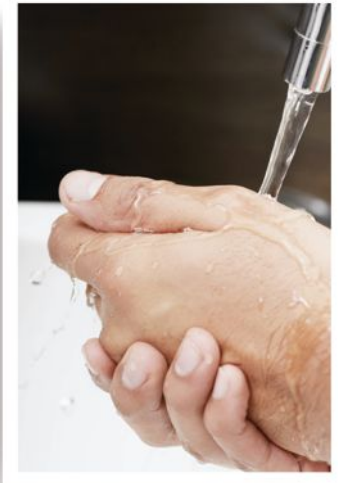
Common Strategy to Combat Antibiotic-resistant Bacteria Falls Short

A commonly used strategy to reduce the spread of antibiotic-resistant bacteria in the nation’s hospitals may not be getting the job done. According to Mayo Clinic researchers who looked at programs aimed at screening patients admitted to ICUs for methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *enterococcus* (VRE), and requiring health care workers to use barrier precautions when caring for patients who test positive, the strategy had no significant effect.

The investigation was carried out in 18 ICUs at major academic medical centers around the country using a cluster-randomized design. In intervention ICUs, patients with positive cultures or who had a history of being positive during the previous year, were cared for using contact precautions.

In both groups of ICUs, observers located in the patients’ rooms recorded data on health care providers’ hand hygiene practices and use of gloves and gowns. In intervention ICUs, patients who were colonized or infected with MRSA or VRE were assigned to care either using contact precautions or universal gloving for 92% of the days they spent in the ICU. No difference was seen in the frequency of new colonization or infection events with MRSA or VRE, or with each separately, when compared to the control ICUs. Although hand hygiene and use of gloves and gowns by health care providers in the intervention ICUs was less than required, additional analyses showed this shortcoming was not likely to be the sole explanation for the results of the trial.

The researchers conclude that merely identifying more colonized patients through active surveillance and expanding the use of barrier precautions are not likely to be broadly effective. They believe these strategies may need to be complemented by interventions that reduce colonization on body sites and improve environmental cleaning. The study appeared in the April 8 edition of the *New England Journal of Medicine*. ■



Drug Combo May Treat Bacterial Infections in Cystic Fibrosis

Canadian researchers have discovered that the combination of two commonly used medications — an over-the-counter drug to treat diarrhea and the antibiotic minocycline — can combine to treat bacterial infections in people with cystic fibrosis. The effect was noted when a screening of previously approved non-antibiotic drugs revealed that the anti-diarrhea drug loperamide increases the efficacy of the antibiotic minocycline against multidrug-resistant *Pseudomonas aeruginosa*.

“Typically, it takes 13–15 years to develop a drug,” study author Eric Brown was quoted as saying. “We think that this approach could cut drug development time in half.” A report on the combination appeared in the April 24 online edition of *Nature Chemical Biology*. ■

Antibiotic May Help Prevent BPD in Some Infants

Treating *Ureaplasma*-colonized or infected premature infants with azithromycin may help prevent bronchopulmonary dysplasia (BPD), report University of Kentucky researchers publishing in a recent issue of *Pediatric Pulmonology*. They found infants treated with the antibiotic developed BPD or died 73% of the time versus 94% of the time among infants who did not receive the treatment.

The study involved 220 infants with a birth weight of less than 1,250 grams who had been on intermittent mechanical ventilation for fewer than 12 hours and were under 72 hours of age. The infants were randomized to receive azithromycin or a placebo for six weeks. Infants testing positive for *Ureaplasma* were placed in a subgroup of the study. No statistically significant benefit to using azithromycin therapy to prevent BPD was seen in preterm infants who were not colonized or infected with *Ureaplasma*.

While the investigators believe their results show promise for the prevention of BPD in *Ureaplasma*-colonized or infected patients, they emphasize that a larger multi-centered trial is needed to properly assess the benefits of azithromycin for these babies. ■



Read More About It

The Agency for Healthcare Research and Quality has published two new guides aimed at helping families of children with cystic fibrosis and their clinicians better understand the role of human growth hormone (HGH) in the treatment of the condition.

“Human Growth Hormone for Children with Cystic Fibrosis” presents a review of the recent research on HGH in CF patients in plain language families can grasp, highlighting the fact that while children with CF who used HGH did show modest changes in weight and body mass index, no significant changes were seen in lung function.

“Use of Recombinant Human Growth Hormone for Pediatric Patients with Cystic Fibrosis” is intended to help clinicians discuss the pros and cons of this therapy with their patients. Read more about these guides at www.ahrq.gov/news/enews/enews311.htm. ■

Researchers Question Withholding Flu Vaccine from Transplant Patients

Previous studies have suggested that transplant patients should not receive the influenza vaccine because it could activate an immune response that could trigger rejection of the donated organ. That theory is now being questioned by researchers from Walter Reed Army Medical Center and the National Institutes of Health. In a study involving 51,730 Medicare patients who had undergone kidney transplants, 18.7% of whom had been vaccinated against influenza in the first year after their transplant, they found those who had received a flu shot were 23% less likely to experience organ loss and 18% less likely to die during the study period. The study appeared in the April issue of the *Clinical Journal of the American Society of Nephrology*. ■



ARDS Has Lingering Effects for Survivors

What happens to your acute respiratory distress syndrome (ARDS) patients after they leave the hospital? The picture isn't very rosy, report researchers from Canada and the United States who followed 64 patients who survived until discharge. Results showed:

- The average age of the patients was 44, and very few had pre-existing medical conditions prior to suffering from ARDS.
- The study patients remained in the ICU for about 26 days and were ventilated for most of their stay. On average, they also spent an additional 49 days in the hospital.
- Five years after discharge, these patients had not returned to normal in terms of their ability to exercise, the quality of life they had before their illness, and general health and vitality; many reported ongoing physical problems such as the need for further surgery on their tracheas and new or recurrent airways disease.
- 51% of the patients reported at least one episode of physician-diagnosed depression, anxiety, or both; and 27% of their family members noted that the patient had had problems with anxiety, depression, and post-traumatic stress disorder. Other problems included job loss and disputes over disability and insurance claims.
- While 77% of the patients had returned to work, they often required a gradual transition to work, a modified work schedule, or job retraining.
- Annual health care costs incurred by these patients were more than \$5,000 versus \$1,100–\$3,200 for healthy workers, approximating the costs seen among patients with chronic disease.

The study was published in the April 7 edition of the *New England Journal of Medicine* and is a follow-up to a paper published in February 2003 in the same journal on one-year outcomes in survivors of ARDS. ■

Contribute to Writer's Corner

AARC Times is currently considering brief stories from AARC members for publication in the Writer's Corner section of "RC Currents." Submissions should be under 500 words and contain a cover letter with the member number, contact information such as phone and fax numbers, and email address. Send submissions to cathcart@aacr.org with "Writer's Corner" in the subject line. ■

Hookah Smoking on the Upswing

According to a Web-based survey conducted by researchers from Wake Forest Baptist Medical Center in Winston-Salem, NC, college students are increasingly turning to hookah bars for fun and entertainment. They found 40.3% of students from eight North Carolina colleges reported having smoked tobacco from a hookah in their lifetimes. That compared to 46.6% who reported ever having smoked a cigarette.

About 25% of the respondents reported regular cigarette smoking while 17.4% said they were regular hookah smokers. For 22% of hookah smokers, the hookah was their only experience with smoking. In general, hookah users believed that smoking from a hookah was less harmful than smoking a cigarette.

"Results from this study highlight the need for policies related to hookah use," study author Erin L. Sutfin, PhD, was quoted as saying. "First, college administrators need to be aware of hookah use and include hookahs in strong campus tobacco-free policies. Second, state smoke-free bans need to include hookahs in their policies. Several states with strong smoke-free policies have exemptions for hookahs." The study was published in a recent issue of *Drug and Alcohol Dependence*. ■



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New VAP Prevention System

Medline Industries Inc. has launched an innovative, evidence-based solution to help prevent VAP. The VAPrevent system includes Chlorhexidine Gluconate (CHG) oral rinse and features revolutionary educational packaging and comprehensive clinical education. The system is designed to help clinicians dispense the kits one at a time and in the right order. Each kit is easily identifiable (set-up kit, suction toothbrush and catheter kit, suction swab kit) and labeled with the time to use it, helping to ensure the treatments are on schedule to drive compliance. www.medline.com

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Software Applications

SentrySuite, from CareFusion, is a new set of software applications that improves the quality of patient data and increases clinician productivity and efficiency in pulmonary and cardiopulmonary diagnostic settings. The software is backwards-compatible with existing databases for CareFusion Jaeger® and SensorMedics® diagnostic devices, allowing clinicians to transfer historical patient records to the new platform and complete patient data comparisons and trend analysis. Access to the database is provided through a local area network or the Internet, providing the physician with easy retrieval of patient records. www.carefusion.com

Airways Navigation System

The LungPoint® System version 3.0, from Broncus Technologies Inc., is a navigation system for the airways that enables physicians to reach difficult areas of the lung in a minimally invasive procedure. The software allows for pre-procedure mapping and visual guidance during bronchoscopy and helps physicians get to lung tissue that would have previously only been reachable through the chest wall or surgically. The latest version has unique functionality for placing the fiducial markers that guide radiation beams during early stage lung cancer treatments. www.broncus.com

New Ventilator Platforms

Covidien's three new platforms for its Puritan Bennett™ 840 ventilator are now available in the United States. The 840 Neonatal ventilator offers the ability to set a tidal volume as small as 2 mL for neonates weighing as little as 300 grams. The 840 Universal ventilator includes a neonatal CPAP mode that enables clinicians to flexibly deploy noninvasive ventilation in neonates; and the device also supports patient-ventilator synchrony, which has been shown to facilitate spontaneous breathing. The 840 Pediatric-Adult ventilator offers multiple therapies of ventilation, including invasive and noninvasive methods, as well as more advanced modes of ventilation. www.covidien.com



New Members

Welcome to the AARC

U.S. Members

A

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You are automatically assigned to a state society based on your **home address**. If you wish to be assigned to a different state society, please indicate which state that is here: _____

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State _____ Zip _____ Phone No. (_____) _____

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Preferred Mailing Address: Home Business

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For Student Member (Required)

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Phone No. (_____) _____ Program Director _____

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Please answer these questions to help us design services and programs that meet your needs.

Primary Job Responsibility (check one only)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Clinical Specialist | <input type="checkbox"/> Director of Clinical Education | <input type="checkbox"/> Director | <input type="checkbox"/> Disease Manager |
| <input type="checkbox"/> Diagnostic Technologist | <input type="checkbox"/> Instructor/Faculty/Professor | <input type="checkbox"/> Medical Director | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Nurse | <input type="checkbox"/> Owner | <input type="checkbox"/> Other |
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Type of Business

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> DME/HME | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Long Term Acute Care/Rehab |
| <input type="checkbox"/> Manufacturer/Distributor/Pharma | <input type="checkbox"/> Military | <input type="checkbox"/> Hospital | <input type="checkbox"/> Other |
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| <input type="checkbox"/> Student | <input type="checkbox"/> Temp | <input type="checkbox"/> Outpatient Facility | |

Check the Highest Degree Earned

- | | | | | | | | | | | |
|------------------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> PhD | <input type="checkbox"/> EdD | <input type="checkbox"/> MEd | <input type="checkbox"/> MBA | <input type="checkbox"/> MS | <input type="checkbox"/> MHA | <input type="checkbox"/> MHS | <input type="checkbox"/> MPA | <input type="checkbox"/> MPH | <input type="checkbox"/> MEd | <input type="checkbox"/> MSN |
| <input type="checkbox"/> MA | <input type="checkbox"/> BSRT | <input type="checkbox"/> BSRC | <input type="checkbox"/> BS | <input type="checkbox"/> BHS | <input type="checkbox"/> BSEd | <input type="checkbox"/> BSN | <input type="checkbox"/> BA | <input type="checkbox"/> AAS | <input type="checkbox"/> AS | <input type="checkbox"/> AA |

Job Status Full Time Part Time Years in Respiratory Care _____

Credentials MD DO RRT-NPS RRT-SDS RRT RPFT CRT-NPS CRT-SDS CRT
 CPFT RN RPSGT AE-C CTTs EMT-P LPN LVN

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Date of Birth _____ **Sex** _____

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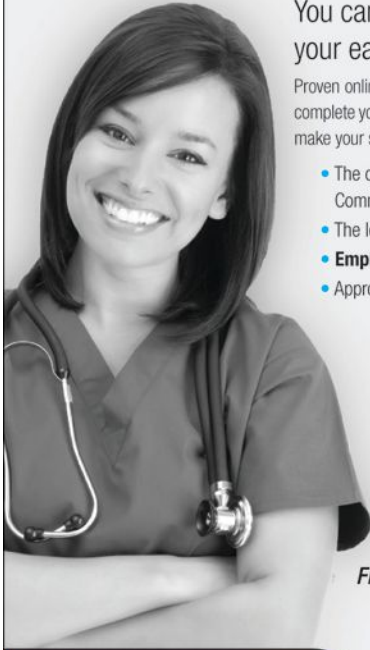
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August 3–5

Biloxi, MS
40th Tri-State Respiratory Care Conference
Contact Doug McIntyre at (985) 764-6754 or www.tsccc.net

August 3–7

Savannah, GA
Georgia Society for Respiratory Care's Summer Clinical Symposium
Kathryn Morgan at (404) 299-4641 or www.gasrc.org

August 15–16

Columbus, OH
33rd Annual State Meeting of the Ohio Society for Respiratory Care
Contact beth.cooper@cchmc.org or www.OSRC.org

August 16–18

Prescott, AZ
ASRC's 45th Annual AzSRC Conference
Contact www.azsrc.org or Amy.Bardin@yahoo.com, (623) 205-4930

August 22–23

Las Vegas, NV
2011 NSRC Conference at The Orleans
Contact Connie Small or Bonnie Weaver at (707) 807-9311 or www.nsrc.us

September 6–9

Myrtle Beach, SC
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Contact Randy Lydick at randylydick@yahoo.com or www.scsrc.org

September 20–21

Honolulu, HI
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Contact www.hawaiiircps.org or hsrcconferenceattendee@yahoo.com

September 22–23

Verona, NY
31st Annual Symposium of the NYSSRC
Contact Chuck Svoboda, (315) 792-5476 or www.nyssrc.com

September 27–28

Sioux Falls, SD
South Dakota Society for Respiratory Care's Annual Meeting and Conference
Contact Lora Bornhoft at (605) 328-2436 or www.sdsrcc.org

September 27–30

Wilmington, NC
North Carolina Society's Annual Symposium
Contact Bill Kiger at (336) 971-9931 or www.ncsrc.org

September 28–30

Hot Springs National Park, AR
40th Annual ASRC State Meeting
Contact John Lindsey at John.Lindsey@Mercy.net or www.arksrc.org

September 29–30

Pittsburgh, PA
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Contact Tom Lamphere at (215) 687-2904 or www.psrc.net

September 29–30

Casper, WY
Wyoming Society for Respiratory Care's 2011 State Conference
Contact Stacey Metzger at (307) 577-2546 or www.wysrc.org

October 13–14

Indianapolis, IN
Indiana Society for Respiratory Care's Annual Fall Seminar
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October 14

Harrisburg, PA
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Respiratory Care Week
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October 26

Lung Health Day
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October 27

Newark, DE
18th Annual Trends in Respiratory Care Conference
Contact John Emberger at (302) 733-3565 or www.delawarelung.org

November 5–8

Tampa, FL
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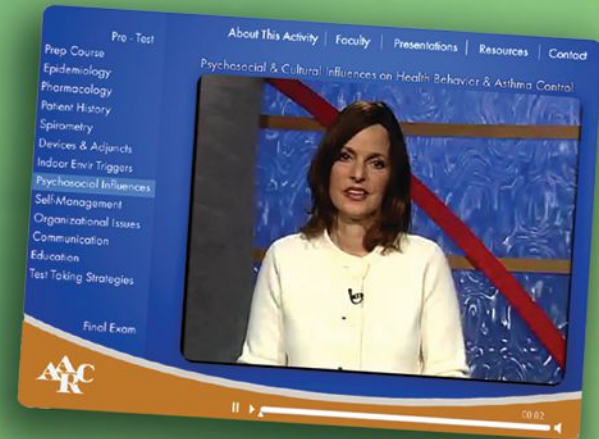
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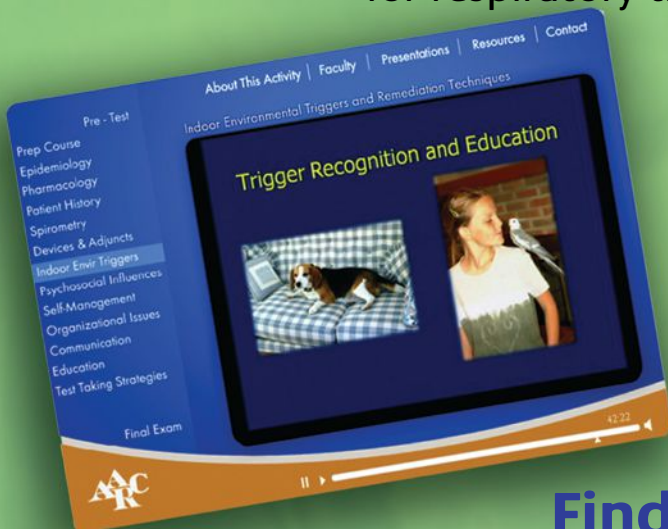
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This continuing nursing education activity was approved by the Illinois Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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- ⇒ COPD is the third most frequent reason for hospital readmissions.¹
- ⇒ Research shows that supportive palliative care can reduce rehospitalization and increase patient satisfaction.²
- ⇒ There is a quality deficit in routine care of COPD patients, suggesting that increased focus on routine management of COPD care is warranted.³
- ⇒ By teaching patients self management, the clinician can help to decrease the number of readmissions and emergency department visits.⁴

1. Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. *N Engl J Med* 2009;360:1418-28.

2. Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: results of a randomized trial of in-home palliative care. *J Am Geriatr Soc* 2007;55:993-1000.

3. Mularski RA, Asch SM, Shrank WH, Kerr EA, et al. The quality of obstructive lung disease care for adults in the United States as measured by adherence to recommended processes. *Chest* 2006; 130:1844-1850.

4. Rice KL, Dewan N, Bloomfield HE, Grill J, et al. Disease management program for chronic obstructive pulmonary disease: a randomized controlled trial. *Am J Respir Crit Care Med*. 2010 Jan 21.



"The speakers were excellent and very engaging. The introduction by actual patients was great. This will be a course that will be offered to my staff." – Kimberly S. Wiles, BS RRT

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Armstrong Medical (800) 323-4220 (847) 913-0138 Fax www.armstrongmedical.com	47	Independence University (855) 477-1022 www.independence.edu	179
Bay Corporation (888) 835-3800 www.baycorporation.com	55	IngMar Medical (800) 583-9910 www.ingmarmed.com	23
CareFusion carefusion.com	C2	Instrumentation Industries, Inc. (800) 633-8577 www.iiimedical.com	63
CareFusion carefusion.com	57	Invacare (800) 333-6900 www.invacare.com	29
Center for Phlebotomy Education www.phlebotomy.com/ABGC	37	Jefferson College hr@jeffco.edu	179
Chad Therapeutics (800) 423-8870 (239) 687-1285 Fax www.chadtherapeutics.com	61	Maquet (888) 627-8383 (973) 709-7651 Fax www.maquetusa.com	C3
COSMED (800) 426-3763 (925) 676-6005 Fax info@cosmed.com	65	Marsh Affinity Group (800) 503-9230 www.proliability.com/52006	81
Covidien Respiratory and Monitoring Solutions (855) 736-7464	45	Masimo (800) 257-3810 www.masimo.com	25
Dale Medical (800) 343-3980 www.dalemed.net	79	Medical Acoustics (716) 218-7355 www.lungflute.com	50
Dräger Medical (800) 437-2437 www.draeger.com/respiratorycare	C4	MediTrack Products (800) 863-9633 www.doser.com	55
Electromed, Inc. (800) 462-1045 www.SmartVest.com	69	MES (800) 423-2215 mymesinc.com	63
Fisher & Paykel Healthcare (800) 446-3908 www.fphcare.com	27	Monaghan Medical (800) 833-9653 www.monaghanmed.com	13

Advertiser Index

Company Name	Pg #	Company Name	Pg #
Newport Medical (800) 451-3111 www.ventilators.com	83	Smiths Medical www.smiths-medical.com	75
Nonin Medical, Inc (800) 356-8874 www.nonin.com/onyx_challenge	3	The University of Chicago Medical Center www.uchospitals.edu	178
nSpire Health (800) 574-7374 www.nspirehealth.com	103	Vapotherm (866) 827-6843 www.vtherm.com	67
Ohio Medical (866) 549-6446 www.ohiomedical.com	35	Verathon (800) 331-2313 glidescope.com	19
Penn State Hershey (717) 531-7486 www.pennstatehershey.com	178		

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