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Times

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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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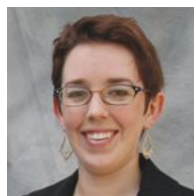
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1 Wilson, J. Reducing Total Costs of Aerosolized Medication Delivery Using the AeroEclipse II Breath Actuated Nebulizer. Resp Care 2011 Oct;56(10):1634.

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Technology Explosion in LTOT: Implications for Patients and RTs

by Patrick J. Dunne, MEd, RRT, FAARC

When properly prescribed and used in the treatment of severe chronic hypoxemia, long-term oxygen therapy (LTOT) has been shown to increase survival, improve exercise capacity, and heighten neuropsychological performance. Additionally, as one would expect from this important controller medication, sustained LTOT adherence is also associated with a reduction in the frequency and severity of exacerbations. All of these benefits contribute to an improved quality of life for COPD patients while simultaneously having the real potential to reduce overall health care expenditures for this growing and costly patient population.

Historically, LTOT has been viewed as a treatment modality that resulted in patients being tethered to large, heavy, stationary delivery systems in the home. Further, traditional portable options — most notably the ubiquitous E tank setup — were equally heavy, cumbersome, and not the easiest to use, all of which contributed to undermine ambulation. However, as is so commonplace in the consumer electronics industry today, we are witnessing a similar explosion of new technology in the realm of LTOT equipment.

Newer LTOT technology

Long-term oxygen therapy equipment has evolved to a point where smaller, lighter weight oxygen delivery devices can now provide uninterrupted LTOT on a 24/7 basis, regardless of location. Manufacturers have used established air-separation technology — the basic engineering platform for standard oxygen concentrators — in novel ways to create what can be called a “single-source LTOT delivery system.” A single-source LTOT system eliminates the need for the LTOT user to depend on the home care company for repeat deliveries to replace depleted gaseous cylinders or refill liquid oxygen reservoirs. Single-source

LTOT systems allow patients to be relatively independent and spontaneous, in spite of the continued need for LTOT, especially during extended ambulation.

There are presently two types of single-source LTOT delivery systems. The first approach incorporates a specially designed pressure booster that is used in conjunction with

a standard stationary concentrator that allows patients to refill small gaseous cylinders with concentrated oxygen. With this option, the standard concentrator is for in-home use, while the refillable cylinders are for ambulation away from the stationary device. The main advantage here is that the patient can refill their own portable cylinders as often as is necessary, obviating the hassles of ordering refills, coordinating delivery times, and waiting for the scheduled delivery. The ability to refill depleted cylinders on an as-needed basis facilitates spontaneous ambulation instead of having to coordinate ambulatory excursions with a pending home delivery.

The second option for single-source LTOT systems is the portable oxygen concentrator (POC). POCs are actually scaled versions of the traditional concentrator but much smaller, making them easily transportable by the patient. All POCs share the common feature of operating from three different power sources — the standard household electrical outlet, the DC outlet found in most motor vehicles, and a rechargeable battery. When a POC is operating from the DC power outlet in a motor vehicle, the battery is not being discharged, leaving a full charge for when there is no access to either AC or DC power sources (e.g., during an airline flight). Upon arrival at the destination, the device can then be plugged into any standard electrical outlet and the battery recharged. The amount of time a POC can operate in the battery mode varies between models and is a function of

about the author...



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the size of the battery, respiratory rate, and the size of the oxygen dose selected. The higher the oxygen dose and respiratory rate, the faster the battery charge will be depleted.

Implications for patients

Portable oxygen concentrators range in weight, from as little as 5 pounds up to 17 pounds. However, with smaller POCs, there is a trade-off in the amount of concentrated oxygen that can be produced in one minute. Such a trade-off limits the amount of oxygen that can be delivered to the patient and in what manner. For example, in POCs weighing less than 10 pounds, oxygen can only be administered to the patient in the pulse-dose mode where an intermittent flow (IF) is delivered on a breath-by-breath basis in response to the patient's inspiratory effort. These devices can be described as "single-mode POCs."

Every single-mode POC is unique unto itself, with no two models being similar in terms of the maximum production of concentrated oxygen per minute, the number of IF settings on the dial, or the actual volume delivered per IF setting. Further, the smaller the single-mode POC, the less likely it is that the unit will be able to provide adequate oxygen concentration (e.g., $\geq 85\%$) when the patient's respiratory rate increases, as is often seen during ambulation when systemic oxygen demands increase. In essence, the patient's demand exceeds the output of the device, which contributes to a drop in the FIO_2 with resultant hypoxemia. The limitation of only being able to deliver IF is in sharp contrast to conventional continuous flow (CF) delivery systems. Since the introduction of single-mode POCs, we have learned that not all hypoxic patients can be effectively oxygenated at all times using only IF.

However, the larger POCs (those in the 17 pound range) having a greater oxygen production capability, can deliver oxygen in both the CF mode (up to 3 L/min) and IF mode (in some models pulse volumes up to 192 mL/breath). Such devices can be described as "dual-mode POCs." With a dual-mode POC, CF is typically used for the administration of oxygen in and about the home where standard electrical outlets are commonplace. During excursions away from the home, IF is used and the device can be powered by either DC or battery power. Since dual-mode POCs have a significantly higher minute oxygen production capability, they are more likely able to maintain oxygen concentrations $\geq 90\%$ in the presence of increased respiratory rates. Dual-mode POCs are, therefore, preferable for those patients who require larger doses of concentrated oxygen (whether in the CF or IF mode) to maintain adequate oxygen saturation in most patients regardless of disease state or activity level and may be able to meet the patients' oxygen needs in the future as their disease progresses.

Implications for respiratory therapists

There is a major misunderstanding among many respiratory therapists regarding any IF device, specifically that an IF setting of "2" is equivalent to 2 L/min CF. This is not the case, and the misperception has resulted in many patients receiving sub-optimal long-term oxygen therapy. An IF setting of "2" only reflects that the delivered pulse volume is larger than would be the case with a setting of "1." Further, single-mode POCs do not display the actual pulse dose volume delivered at each dial setting. The lack of such information makes it a little more challenging to ensure the selected dial setting is indeed sufficient to maintain adequate saturation. The only way to be certain is to use pulse oximetry to titrate to the desired target saturation. In some patients, certain models of single-mode POCs may not be able to reach or, more importantly, maintain the target saturation even when on the highest setting. In such cases, a dual-mode POC having greater oxygen-producing capabilities would probably suffice, although titrating with pulse oximetry is the only way to ensure any type of POC is effective.

Due to the difference between the various types of single-source LTOT options, RTs using these devices must be familiar with the features, performance capabilities, and limitations of each device, and must use pulse oximetry to determine if adequate oxygen saturation is, in fact, reached and maintained. For optimum LTOT outcomes, it is therefore imperative that RTs using any IF device ensure that the selected device can actually provide the desired oxygen saturation for a particular patient, irrespective of how, when, and where the equipment will be used. ■

ADDITIONAL READING

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AARC Releases Adult Risk Assessment Checklist

by Douglas S. Laher, MBA, RRT

The Affordable Care Act has changed the way hospitals conduct business. More so than ever before, hospitals are now forced to focus on quality, prevention and wellness, and identifying ways to reduce waste and avoidable costs. In its simplest form, organizations will have to run leaner and more efficiently and learn to live on reimbursement models established by the government.

One such opportunity that hospitals may choose to focus on to reduce avoidable costs is in the management and clinical throughput of patients leaving the ICU, where costs are substantial and have been estimated to comprise 15–20% of U.S. hospital costs and 38% of the total U.S. health care costs.^{1,2} For this reason, discharge planners as well as the entire interdisciplinary care team are being pressured constantly to identify opportunities for earlier ICU discharges. Undoubtedly, patients are often discharged from the ICU prematurely and are placed at greater risk of an ICU readmission — which in turn places the patient at an increased risk for mortality, perhaps 1.5 to 10 times as much.³

Constant pressure also comes from hospital bed coordinators who are always worrying about bed availability in the ICU. “Where is the designated code bed?” or “How many telemetry beds are available?” are questions continually asked and must be answered.

Financially speaking, readmitted ICU patients have an average hospital length of stay at least twice as long as those who are not. While nearly 53% of all ICU readmissions are specifically related to the patient’s admitting diagnosis, the second leading cause of readmissions is respiratory related (e.g., ventilatory failure, inability to clear pulmonary secretions, and poor ventilatory reserve).³

Developing a keen eye for identifying these patients is paramount for promoting improved outcomes and fiscal responsibility. Respiratory therapists perhaps play the most important role of all in identifying discharge risk factors. Developing an evidence-based risk assessment tool that can be implemented, monitored, and validated may be all that is necessary to enhance the lives of the patients they serve.

Risk assessment tools

For years, hospitals have utilized risk assessment tools to identify a patient’s risk for mortality, to triage patients based on acuity, or to identify strict criteria for hospital or ICU admissions. Perhaps the most popular resource is the Acute Physiology and Chronic Health Evaluation (APACHE) tool. The APACHE tool is designed to provide a quantitative assessment of the functionality of the patient’s vital organs. For the physician who is contemplating admission and treatment strategies for the patient, this tool may be extremely helpful; however, for the respiratory therapist in need of identifying potential risk factors for a discharged ICU patient, it may be too cumbersome and more than what is really needed.

The AARC recognizes the need to provide RTs with such a tool and is proud to announce the release of the Adult Risk Assessment Checklist. The

project was commissioned by an expert panel that includes physicians and RTs. Led by Charles G. Durbin Jr., MD, FAARC, and Patrick J. Dunne, MEd, RRT, FAARC, the Risk Assessment Checklist was created based on scientific evidence and clinical need. The checklist was designed with the intent of providing RTs with a

about the author...



Douglas S. Laher, MBA, RRT, is associate executive director of the AARC.



Adult Risk Assessment Checklist

Respiratory-related ICU Readmission

A. PATIENT INFORMATION

Name: _____ Male Female Date: _____
 Age: _____ Yrs. Height: _____ cm Height: _____ inches Weight: _____ kg
 Admitting Diagnosis: _____
 Co-Morbidities: _____
 Transferred to: _____ Hand-off confirmed: Yes No

B. STATUS AT PENDING TRANSFER

Level of consciousness: Awake/cooperative Awake/uncooperative Comatose

Deep Breathing Maneuver: Incentive Spirometer Slow Vital Capacity

Observed: _____ ml. 15 ml/kg = _____ ml.

≥ 15 mL/Kg of Ideal Body Weight? (IBW) Yes No

IDEAL BODY WEIGHT (IBW)	
MEN	IBW (in kg) = 50 + 2.3 kg per inch over 5 ft.
WOMEN	IBW (in kg) = 45.5 + 2.3 kg per inch over 5 ft.

Gag reflex? Yes No Intact cough? Yes No

Receiving supplemental oxygen? Yes No FiO₂ _____ Liter Flow _____

Vital Signs: RR: _____ HR: _____ BP: _____

Gas exchange: (last recorded value within 24 hours) On oxygen? Yes No

pH: _____ PaCO₂ _____ ETCO₂ _____ SaO₂ _____ SpO₂ _____ SpO₂ (Room Air) _____

Other relevant information: _____

C. RISK INDICATORS (check all that are applicable)

- Confirmed diagnosis of sleep apnea
- Currently receiving dialysis
- Received mechanical ventilatory support/NPPV ≥ 36 hours during critical care stay
- Supplemental oxygen with FiO₂ ≥ 0.50 at time of transfer
- Critical care length of stay ≥ 2 weeks
- Unable to deep breathe (< 15 mL/kg IBW) or no intact cough or no gag reflex
- Abnormal level of consciousness (Uncooperative or Comatose)
- Abnormal vital signs (RR: < 6 or > 24; HR: < 50 or > 110; BP: Systolic < 90 or > 200)
- Abnormal gas exchange values (pH < 7.3 or > 7.5; SpO₂ < 88% or PaO₂ < 55 on oxygen)

Total number of risk indicators (sum of all boxes selected in section C.)

D. RISK FOR READMISSION

- High Risk (≥ 5 Risk Indicators)**
- Moderate Risk (3-4 Risk Indicators)**
- Low Risk (0-2 Risk Indicators)**

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simplistic approach to identify and capture patients at highest risk for readmission back to the ICU.

“We’re excited as to the opportunities this will present for RTs,” says Dunne. “This is yet one more tool that therapists can add to their toolbox while elevating their stature and value to their organizations. ICU readmissions are problematic, and this tool will clearly position the RT to be a focal point in the decision-making process of discharging patients from the ICU.”

Respiratory care protocols

Once the readmission risk has been identified, the AARC and the expert panel recommends that RC departments create their own protocols on how to best treat the patient and their condition once they are transferred to a step-down floor. “The value and favorable outcomes of therapist-driven protocols are well documented,” says Dr. Durbin. “At the end of the day, these patients will need closer supervision on the floor... from the nurse, to the therapist, and even to the physician. We also anticipate that non-clinical protocols would be needed as well, such as red-flagging the patient’s medical record, placing the patient in a room closest to the nursing desk, and the like.”

Hospitals such as the Cleveland Clinic and the University of California San Diego are conspicuous examples

Developing an evidence-based risk assessment tool that can be implemented, monitored, and validated may be all that is necessary to enhance the lives of the patients we serve.

of how operational and clinical outcomes can be improved through the use of respiratory care protocols.⁴⁻⁶ These hospitals clearly describe the effective use of RTs when allowing them to operate under a protocol-driven

environment. When positioned and utilized appropriately, RTs have the ability not only to improve a patient’s clinical status, but also — perhaps most importantly to hospitals — they can influence the amount of human and financial resources utilized in the care of the patient. No longer is the day when hospital administrators preach the mantra of “Let’s see how many lives we can save today.”

Instead, their primary focus is

on providing high-quality care... but doing so in an efficient and cost-effective manner. With the use of respiratory therapists, hospitals can enjoy the best of both worlds — one in which the most qualified and experienced caregiver is at the bedside while reducing misallocated therapy, average cost-per-patient stay, ICU recidivism rates, and ventilator and ICU length of stay.

The Adult Risk Assessment Checklist is available for FREE pdf download at www.aarc.org/resources/safety_checklist/. At the time of print, Dr. Durbin will have already delivered a webcast titled, “The Role of Checklists in Reducing Critical Care Readmissions.” AARC members can access this archived webcast to learn more about checklists, critical care readmissions, and their impact on the health care system by going to www.aarc.org/education/webcast_central/. ■

EDITOR’S NOTE

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A Salute to our 2012 Corporate Partners

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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.



2012 AARC Buyer's Guide

for Respiratory Care

Introduction

The 2012 AARC Buyer's Guide for Respiratory Care has everything you need to research and evaluate products and services for your respiratory care facility. Color-coding enables you to quickly turn to the section you need, and alphabetized listings ensure you'll navigate right to the page you seek in record time. Here are the chief components of the guide and how you can put them to use in your purchasing decisions.

File this issue away so you can quickly retrieve it at those times your department needs to purchase respiratory products — or when you want to copy the Consumer Buyer's Guide for a patient.

Products & Services



Products & Services:

This section allows you to search alphabetically for your product type — from adapters to ventilators. Under each category and subcategory you will find the names of the manufacturers or exclusive distributors of applicable products or services. Then flip to the Company Directory to find the contact information for the companies you wish to contact.

Company Directory



Company Directory:

Information on product manufacturers and suppliers is available in this alphabetical directory. Each listing provides postal, email, and Web addresses, phone and fax numbers, and a company description.

Online AARC Buyer's Guide for Respiratory Care Complements Print Edition

The AARC supports a single online database for both the printed Buyer's Guide and the Online Buyer's Guide, which manufacturers and service providers can use to personally access their online listings 24/7 and post new products or news. A powerful search engine ensures online users will quickly and easily find the information they seek. So if you are wanting to learn about a respiratory care product or company, or if you are preparing to make a purchasing decision, you will find both this printed version of the guide and the online version invaluable. Go to <http://buyersguide.aarc.org/> to access the Online Buyer's Guide for Respiratory Care.

Trademarks & Brand Names



Trademarks & Brand Names:

Sometimes all you know about a product is its name, but what you need to know is who makes it or sells it. This alphabetical listing of trademarks and brand names is the shortcut you need.

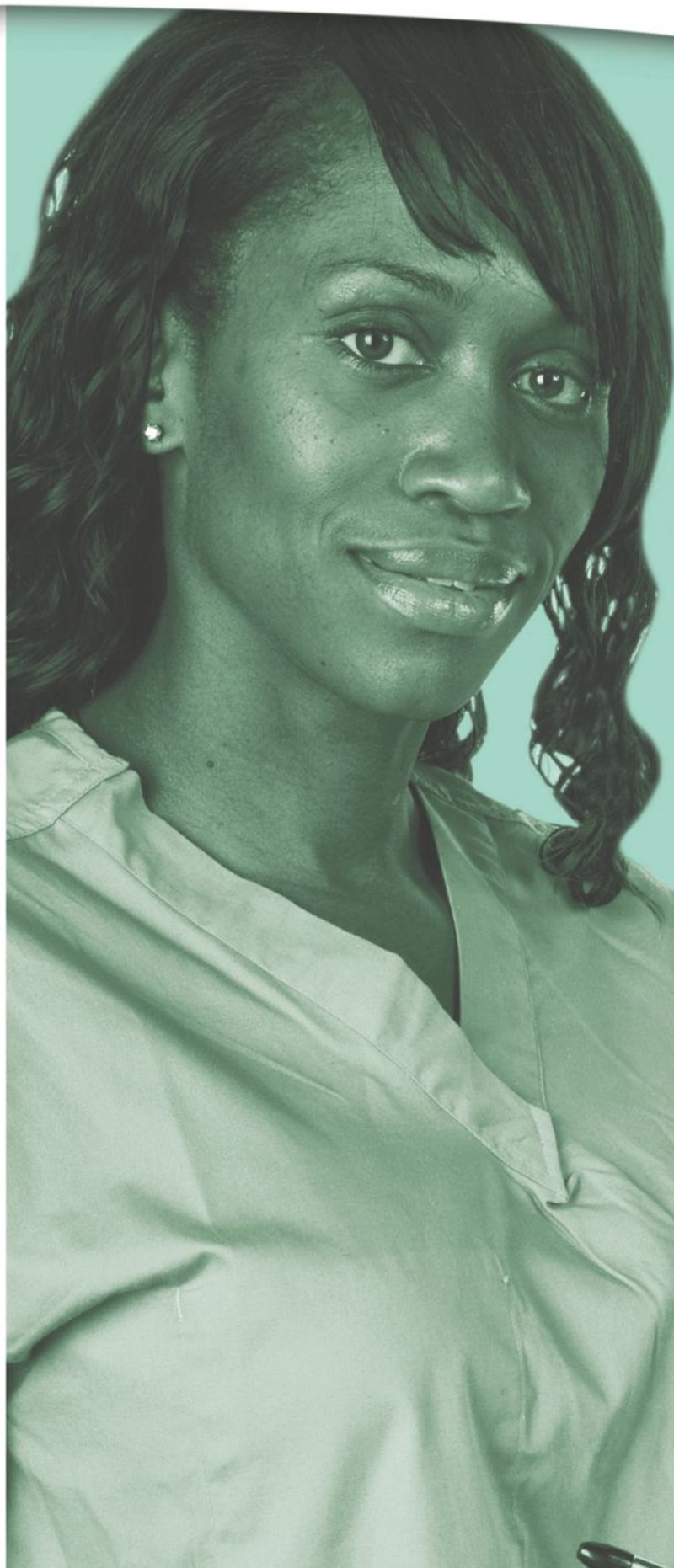
Consumer Buyer's Guide



Consumer Buyer's Guide:

The Consumer Section is a helpful reference for patients and their family members who have been searching for an extensive listing of the companies that manufacture the equipment, supplies, and medications they use every day. This section is also available on the AARC's consumer website at www.YourLungHealth.org, which your patients will find is full of other useful information as well.

Products & Services



A

Adapters/Connectors

Connector

A Plus Medical
A-M Systems
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
Fisher & Paykel Healthcare, Inc.
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
King Systems Corporation
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Smiths Medical, Critical Care
Teleflex Medical
VacuMed
Westmed, Inc.

Elbow

A Plus Medical
Advantage Medical Systems
Aerogen
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
Bio-Med Devices, Inc.
CareFore Medical®
CareFusion
Fisher & Paykel Healthcare, Inc.
GaleMed® Corporation
Hans Rudolph, inc.
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
King Systems Corporation
Medline Industries, Inc.
Mercury Medical®
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
ResMed Corp
Smiths Medical, Critical Care
Teleflex Medical
VacuMed
Westmed, Inc.

Swivel

A Plus Medical
A-M Systems
AEROLUNG CORP
Afton Medical LLC
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
GaleMed® Corporation
Hans Rudolph, inc.

Hsiner Co., Ltd.
Instrumentation Industries, Inc.
International Medical, Inc. (IMI)
King Systems Corporation
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
ResMed Corp
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Westmed, Inc.

T

A Plus Medical
Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
CareFusion
GaleMed® Corporation
Hans Rudolph, inc.
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
King Systems Corporation
Maxtec®
Mercury Medical®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Smiths Medical, Critical Care
Teleflex Medical
VacuMed
Westmed, Inc.

Y

A Plus Medical
Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Amvex®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
CareFusion
Covidien (Massachusetts)
GaleMed® Corporation
Hans Rudolph, inc.
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
King Systems Corporation
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
Ohio Medical Corporation®
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
R1 Technologies
Sage Products Inc.
Smiths Medical, Critical Care
Teleflex Medical
VacuMed
Westmed, Inc.

Products & Services Main Categories

Adapters/Connectors
Airway Devices
Ambulation Devices, Critical Care
(In-Hospital)
Analyzers
Beds
Blood Gas Devices/Supplies
Blood Pressure Devices
Breathing Retrainers
Bronchoscopes/Supplies
Business/Management Services
Calorimeters
Capnographs/Capnometers
Cardiac Diagnostics
Chest Physiotherapy Devices
Compressors
Cough-Assist Devices
CPAP/Bi-Level Devices
Defibrillators
Distributor
Education
Equipment Accessories
Equipment Cleaning/Disinfection
Equipment Rental/Leasing
Equipment Repair/Used
Filters
Gas Administration Devices
HEPA Filtration
Humidifiers
Hyperbaric Oxygen Chambers/
Services/Supplies
Incentive Spirometers
Incubators
Infant Warmer
IPPB
Isolation Chambers
Manometers
Medical Gas Administration Devices
Medical Gas Supplies
Medication/Aerosol Delivery Devices
Medications
Monitors
Nitric Oxide Devices
Nose Clips
Oxygen Delivery
Peak Flow Meters
Personal Protective Equipment
Pulmonary Function Testing
Pulse Oximetry
Resuscitation Equipment
Sleep Diagnostics
Stethoscopes
Suction Devices & Supplies
Test Lungs
Tracheostomy Supplies
Ventilator Supplies
Ventilators

Miscellaneous

A Plus Medical
 A-M Systems
 Airborne Life Support Systems™
 Allied Healthcare Products, Inc.®
 Ambu Sleepmate®
 Amvex®
 B&B Medical Technologies
 Bay Corporation
 Beevers Mfg & Supply Inc.
 Besmed Health Business Corp.
 CareFore Medical®
 CareFusion
 Covidien (Massachusetts)
 Engineered Medical Systems, Inc.
 GaleMed® Corporation
 Hans Rudolph, Inc.
 Healthline Medical, Inc.
 Hsiner Co., Ltd.
 Instrumentation Industries, Inc.
 International Medical, Inc. (IMI)
 King Systems Corporation
 Lamtic, Inc.
 Lazarus Medical LLC
 Medline Industries, Inc.
 Mercury Medical®
 MES, Inc.
 Neotech Products, Inc.
 Northern Pacific Medical LLC®
 Ohio Medical Corporation®
 Passy-Muir, Inc.
 Pneuline Supply Inc.
 Porous Media Corporation
 Praxair Healthcare Services
 Precision Medical, Inc.
 Pulmodyne®
 R1 Technologies
 Teleflex Medical
 VacuMed
 Westmed, Inc.

Airway Devices**Endotracheal Tube Attachment Devices**

A Plus Medical
 Ambu Inc.
 ARC Medical Inc.
 B&B Medical Technologies
 Besmed Health Business Corp.
 CareFore Medical®
 CooperSurgical, Inc.
 Dale Medical Products Inc.
 Hollister Incorporated
 IPI Medical Products
 LMA North America, Inc.
 Medline Industries, Inc.
 MES, Inc.
 NJR Medical
 Pepper Medical Inc®
 Smiths Medical, Critical Care
 Tri-anim

Endotracheal Tube Cleaning Devices

Engineered Medical Systems
 Omneotech®

Endotracheal Tubes

Besmed Health Business Corp.
 CareFore Medical®
 Covidien

Covidien (Massachusetts)
 ErgoMed Inc.
 Flexicare Inc.
 Hollister Incorporated
 Kimberly-Clark Health Care
 LMA North America, Inc.
 Medline Industries, Inc.
 MES, Inc.
 Parker Medical
 Smiths Medical, Critical Care
 Teleflex Medical

Esophageal Obturator

Boston Medical Products, Inc.
 Covidien

Laryngoscope Supplies / Stylettes

Besmed Health Business Corp.
 Medline Industries, Inc.
 Mercury Medical®
 Salmon Medical Innovations, LLC
 Smiths Medical, Critical Care
 Teleflex Medical
 Tri-anim
 Verathon Medical
 Vital Signs a GE Healthcare Company

Laryngoscope with Video

Covidien
 Karl Storz Endoscopy-America, Inc.
 LMA North America, Inc.
 Verathon Medical

Laryngoscopes

Airtraq
 Armstrong Medical Industries Inc.
 Besmed Health Business Corp.
 Flexicare Inc.
 GaleMed® Corporation
 Instrumentation Industries, Inc.
 International Medical, Inc. (IMI)
 Karl Storz Endoscopy-America, Inc.
 King Systems Corporation
 LMA North America, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 Smiths Medical, Critical Care
 Spiracle Technology
 Tri-anim
 Verathon Medical
 Vital Signs a GE Healthcare Company

Oral and Pharyngeal

Ambu Sleepmate®
 ARC Medical Inc.
 Covidien
 Kimberly-Clark Health Care
 King Systems Corporation
 Medline Industries, Inc.
 NASORCAP Medical, Inc.
 NJR Medical
 Tri-anim
 Westmed, Inc.

Tracheostomy Tubes

Boston Medical Products, Inc.
 CareFore Medical®
 Covidien
 ErgoMed Inc.
 Lazarus Medical LLC
 Medline Industries, Inc.

Passy-Muir, Inc.
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Tri-anim

Ambulation Devices, Critical Care (In-Hospital)

GF Health Products, Inc.
 Intersurgical®
 Invacare Corporation

Analyzers**Blood Gas (pH, PCO₂, PO₂)**

Abbott Point of Care
 CareFore Medical®
 Criticare Systems Inc.
 Epocal Inc.
 Instrumentation Laboratory
 Medica Corporation
 Nova Biomedical
 OPTI Medical Systems Inc.
 Praxair Healthcare Services
 Radiometer America Inc.
 Roche Diagnostics
 Siemens Healthcare Diagnostics

Calibration

Allied Healthcare Products, Inc.®
 CareFore Medical®
 CEA Instruments, Inc.
 Equilibrated Bio Systems Inc
 Michigan Instruments, Inc.
 Praxair Healthcare Services

Carbon Dioxide

CareFusion
 CEA Instruments, Inc.
 Equilibrated Bio Systems Inc
 Nihon Kohden America
 Philips Respironics
 Praxair Healthcare Services
 Schiller America Inc
 Siemens Healthcare Diagnostics
 VacuMed

Carbon Monoxide

Breathe E-Z Systems Inc.
 CareFusion
 CEA Instruments, Inc.
 Innovative Medical Marketing of Virginia
 Praxair Healthcare Services
 Siemens Healthcare Diagnostics
 VacuMed

Electrochemical

CEA Instruments, Inc.
 Praxair Healthcare Services

Electrolyte

Abbott Point of Care
 Epocal Inc.
 Instrumentation Laboratory
 Medica Corporation
 Nova Biomedical
 OPTI Medical Systems Inc.
 Praxair Healthcare Services
 Radiometer America Inc.
 Siemens Healthcare Diagnostics

McGRATH[®] MAC

Video Laryngoscope

**When seconds count...
A cost effective solution
for the ICU**



To register for a free trial in your hospital, visit
www.covidien.com/mcgrathmac or scan the QR
code with your smartphone to access our website.



Designed & manufactured
by Aircraft Medical

*The McGRATH[®] MAC video laryngoscope complies with EN 60601-1 and EN 60601-1-2 safety standards. The CE mark indicates that it meets the requirements of European Council Directive 93/42/EEC concerning medical devices. The device is regulated in the USA under FDA Regulation Number 868.5540 and device listed under the name "McGRATH MAC".

"McGRATH" and "Aircraft" are registered trademarks of Aircraft Medical Limited.
"CameraStick" is a trademark of Aircraft Medical Limited.

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Helium

Equilibrated Bio Systems Inc
ndd Medical Technologies

Nitric Oxide

Aerocrine, Inc.
Airborne Life Support Systems™
CareFusion
CEA Instruments, Inc.
ECO PHYSICS, INC.
GE Analytical Instruments
Innovative Medical Marketing of Virginia
Maxtec®
Praxair Healthcare Services
Vitaline, Inc.

Nitrogen

Equilibrated Bio Systems Inc
Praxair Healthcare Services
VacuMed

Nitrogen Dioxide

CEA Instruments, Inc.
Innovative Medical Marketing of Virginia
Praxair Healthcare Services

Oxygen

Allied Healthcare Products, Inc.®
CareFore Medical®
CareFusion
CEA Instruments, Inc.
Cramer Decker Medical
Equilibrated Bio Systems Inc
Maxtec®
Medical Support Products, Inc.
Michigan Instruments, Inc.
Nidek Medical Products, Inc.
Ocean Optics, Inc
Ohio Medical Corporation®
Oxigraf Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Sechrist Industries Inc.
Sensidyne, LP
Teledyne Analytical Instruments
Teleflex Medical
VacuMed

B**Beds**

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

Blood Gas Devices/Supplies**Arterial Line Catheters**

Praxair Healthcare Services
Smiths Medical, Critical Care

Arterial Puncture Kits

OPTI Medical Systems Inc.
Praxair Healthcare Services

Roche Diagnostics
Smiths Medical, Critical Care
Vital Signs a GE Healthcare Company
Westmed, Inc.

Blood Gas Data Management Software

Abbott Point of Care
Epcal Inc.
Equilibrated Bio Systems Inc
Instrumentation Laboratory
LM Software
Nova Biomedical
OPTI Medical Systems Inc.
Radiometer America Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics

CO-Oximeters

GE Healthcare
Instrumentation Laboratory
ITC
Masimo Corporation
Nihon Kohden America
Nova Biomedical
Ocean Optics, Inc
Philips Respironics
Praxair Healthcare Services
Radiometer America Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics

Controls

AccuTest
Air Liquide Healthcare America Corp
Instrumentation Laboratory
Nova Biomedical
Radiometer America Inc.
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics

Reagents

Instrumentation Laboratory
Medica Corporation
Nova Biomedical
Roche Diagnostics
Siemens Healthcare Diagnostics

Safety Devices

MAXAIR® for Bio-Medical Devices
Radiometer America Inc.
RAM Scientific
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics
Smiths Medical, Critical Care
Westmed, Inc.

Supplies

Air Liquide Healthcare America Corp
Nova Biomedical
Praxair Healthcare Services
Radiometer America Inc.
RAM Scientific
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics
Vital Signs a GE Healthcare Company

Syringes

Futuremed
Instrumentation Laboratory

Praxair Healthcare Services
Radiometer America Inc.
Roche Diagnostics
Siemens Healthcare Diagnostics
Smiths Medical, Critical Care
Vital Signs a GE Healthcare Company

Miscellaneous

AccuTest
Epcal Inc.
Praxair Healthcare Services
RNA Medical, Division of Bionostics, Inc.
Roche Diagnostics

Blood Pressure Devices**Cuffs**

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

Monitors

Airborne Life Support Systems™
Cardiac Science
CASMED® – CAS Medical Systems, Inc.
Criticare Systems Inc.
Invivo
Mediaid, 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.

Breathing Retrainers**Computerized Training Devices**

R1 Technologies
Smiths Medical, Critical Care
Thought Technology

Expiratory Resistance Devices

COSMED USA, Inc.
GaleMed® Corporation
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
Koo Americas, Inc.
Marpac Inc.
Medline Industries, Inc.



Introducing a VHC you'll feel comfortable recommending.

Now you can offer patients a valved holding chamber (VHC) that delivers both comfort and performance. Philips' clear, antistatic OptiChamber Diamond is one of the smallest, full-function VHCs available, making it easy for anyone to use, virtually anywhere. Its low-resistance valves open freely, even under low pediatric pressures and flows. And a detachable LiteTouch mask with a soft-seal interface forms to the face with minimal pressure to comfortably deliver aerosol therapy and encourage compliance. Learn more at www.philips.com/optichamberdiamond.

PHILIPS
RESPIRONICS
sense and simplicity

Mercury Medical®
 PARI Respiratory Equipment, Inc.
 Smiths Medical, Critical Care
 Thought Technology
 Vital Signs a GE Healthcare Company

Inspiratory Muscle Training Devices

A-M Systems
 AEROLUNG CORP
 COSMED USA, Inc.
 GaleMed® Corporation
 Instrumentation Industries, Inc.
 Koo Americas, Inc.
 Medline Industries, Inc.
 R1 Technologies
 Smiths Medical, Critical Care
 Thought Technology
 VacuMed

Bronchoscopes/Supplies

Biological Controls Inc.
 Boston Scientific Corp.
 Bronch Tech, Bronchoscope Repair
 Instrumentation Industries, Inc.
 Intersurgical®

Business/Management Services

Billing Consulting

Medline Industries, Inc.
 TechEd Consultants, Inc.

Billing Systems Software

Advantage Medical Systems
 Ingenium Business Solutions
 MediServe

Equipment Financing

Medline Industries, Inc.
 R1 Technologies
 Sharpe Financial Network

Equipment Maintenance Software

Biosense Inc.
 DME Data Solutions
 Equilibrated Bio Systems Inc
 KPMD IT Solutions Ltd
 Modern Medical Systems Co.
 The Remi Group

Inventory Control Software

Air Liquide Healthcare America Corp
 DME Data Solutions
 Ingenium Business Solutions
 KPMD IT Solutions Ltd

Inventory Management

Air Liquide Healthcare America Corp
 Medline Industries, Inc.
 Modern Medical Systems Co.
 ResMed Corp
 The Remi Group

Management Consulting

Common Ground Consulting Services Inc.
 MediServe
 Meditrack Products
 Modern Medical Systems Co.

Sleep Services of America, Inc.
 SleepTech, LLC
 TechEd Consultants, Inc.

Mobile Computing Applications

American Association for Respiratory Care

Patient Management Software/System

Cardiopulmonary Corp.
 Covidien
 DME Data Solutions
 Epocal Inc.
 Equilibrated Bio Systems Inc
 KPMD IT Solutions Ltd
 LM Software
 MediServe
 Natus Medical Incorporated
 Nightingale-Alan Medical Inc
 ResMed Corp

Presentation Development

Meditrack Products
 TechEd Consultants, Inc.

Recruiters (Personnel)

Club Staffing, Inc.
 Cross Country TravCorps
 Med Options USA
 Professional Registry Network

Software

Bridge-Tech Medical Inc.
 Clinical and Laboratory Standards Institute
 DME Data Solutions
 Epiphany Cardiography
 Hi-Tech Software Solutions
 KPMD IT Solutions Ltd
 MediServe
 Natus Medical Incorporated
 Physio-Control, Inc., a division of
 Medtronic, Inc.
 Sleep Multimedia, Inc.

Training/Seminars

Air Liquide Healthcare America Corp
 CareFusion
 Clinical and Laboratory Standards Institute
 Ganesco, Inc.
 Medline Industries, Inc.
 Methapharm Inc.
 Passy-Muir, Inc.
 Sleep Multimedia, Inc.
 Sleep Services of America, Inc.
 TechEd Consultants, Inc.

Calorimeters

CareFusion
 Medical Graphics Corporation
 VacuMed

Capnographs/Capnometers

Air Liquide Healthcare America Corp
 Armstrong Medical Industries Inc.
 Covidien

GaleMed® Corporation
 GE Healthcare
 Invivo
 MAQUET, Inc
 Martab Medical
 NASORCAP Medical, Inc.
 Natus Medical Incorporated
 Nihon Kohden America
 Philips Respironics
 Physio-Control, Inc., a division of
 Medtronic, Inc.
 Schiller America Inc
 SenTec™ AG, by Master Distributor Bemis
 Smiths Medical North America – Patient
 Monitoring
 Southmed Inc
 Tri-anim
 VacuMed

Cardiac Diagnostics

12 Lead EKG

Cardiac Science
 Cardionics, Inc.
 CareFusion
 COSMED USA, Inc.
 Futuremed
 Medical Graphics Corporation
 Midmark
 Nihon Kohden America
 Physio-Control, Inc., a division of
 Medtronic, Inc.
 Praxair Healthcare Services
 Schiller America Inc
 Tenacore Holdings, Inc.
 The ScottCare Corporation
 VacuMed

Calibration Devices

Air Liquide Healthcare America Corp
 Futuremed
 Midmark
 Schiller America Inc
 VacuMed

Ergometers, Arm/Bicycle

Cardiac Science
 CareFusion
 COSMED USA, Inc.
 Equilibrated Bio Systems Inc
 Futuremed
 Medical Graphics Corporation
 Schiller America Inc
 VacuMed

Metabolic Cart, Exercise

CareFusion
 COSMED USA, Inc.
 Equilibrated Bio Systems Inc
 Medical Graphics Corporation
 Schiller America Inc
 VacuMed

Software

Interpretation

Cardiac Science
 CareFusion
 COSMED USA, Inc.
 Futuremed
 Medical Graphics Corporation
 Midmark



ZERO

- Tube Occlusions Reported¹
- Pneumothorax Reported¹



ThermoFlo™ Humidifies and Protects

ARC Medical, Inc.

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Voice Mail 800-950-2720 x272

arcinfo@arcmedical.com

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

Schiller America Inc
The ScottCare Corporation

Multi-User

CareFusion
Medical Graphics Corporation
Midmark
Physio-Control, Inc., a division of
Medtronic, Inc.
Schiller America Inc
The ScottCare Corporation

QC Data Management

CareFusion
COSMED USA, Inc.
Medical Graphics Corporation
Midmark
Physio-Control, Inc., a division of
Medtronic, Inc.
Schiller America Inc

Supplies

Air Liquide Healthcare America Corp
Cardiac Science
CareFusion
Futuremed
Mavidon Medical Products
Midmark
Rochester Electro-Medical, Inc.
Schiller America Inc
VacuMed

Treadmills

Cardiac Science
CareFusion
COSMED USA, Inc.
Equilibrated Bio Systems Inc
Futuremed
Medical Graphics Corporation
Schiller America Inc
VacuMed

Chest Physiotherapy Devices

Chest Wall Oscillators

Electromed, Inc.
General Physiotherapy Inc.
Hill-Rom
Medline Industries, Inc.
RespirTech
Smiths Medical, Critical Care
United Hayek Medical
Vortran Medical Technology 1, Inc.®



**Log on to
<http://buyersguide.aarc.org> for the latest
information on the
respiratory products
you need.**

Percussors

Besmed Health Business Corp.
Covidien (Massachusetts)
Electromed, Inc.
Engineered Medical Systems, Inc.
EPER Ltd.
GaleMed® Corporation
General Physiotherapy Inc.
Hill-Rom
Medical Support Products, Inc.
Praxair Healthcare Services
Pulmodyne®
Smiths Medical, Critical Care
Thayer Medical
Vortran Medical Technology 1, Inc.®

Compressors

CareFusion
DeVilbiss® Healthcare
eVent Medical
General Biomedical Service, Inc.
GF Health Products, Inc.
Hamilton Medical, Inc.
MAQUET, Inc
Medical Support Products, Inc.
Medline Industries, Inc.
Nidek Medical Products, Inc.
PARI Respiratory Equipment, Inc.
Parker Hannifin – Precision Fluidics Division
Praxair Healthcare Services
Precision Medical, Inc.
Salter Labs
Sechrist Industries Inc.
VacuMed
Vortran Medical Technology 1, Inc.®

Cough-Assist Devices

Advantage Medical Systems
Aptalis
CareFore Medical®
Dymedso
General Cardiac Technology, Inc.
General Physiotherapy Inc.
Hill-Rom
Medical Acoustics, LLC
Nightingale-Alan Medical Inc
Philips Respironics
Praxair Healthcare Services
Smiths Medical, Critical Care
United Hayek Medical

CPAP/Bi-Level Devices

Chin Straps

AG Industries
Avalon Aire Inc.
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Global Medical Holdings, LLC
Innomed Technologies Inc.
Medline Industries, Inc.
Pepper Medical Inc®
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
ResMed Corp
Strapparatus® Corporation
Tri-anim
VacuMed

Vital Signs a GE Healthcare Company
VitaLine, Inc.

Face Tents

CareFore Medical®
GaleMed® Corporation
Hsiner Co., Ltd.
Medline Industries, Inc.
Philips Respironics
Praxair Healthcare Services

Head Straps

AG Industries
Avalon Aire Inc.
Besmed Health Business Corp.
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Fisher & Paykel Healthcare, Inc.
GaleMed® Corporation
Global Medical Holdings, LLC
Hans Rudolph, inc.
Hsiner Co., Ltd.
Innomed Technologies Inc.
Koo Americas, Inc.
Medline Industries, Inc.
NuMask Inc.
Pepper Medical Inc®
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
ResMed Corp
RespCare, Inc.
Strapparatus® Corporation
Tri-anim
VacuMed
Vital Signs a GE Healthcare Company

Masks

Afton Medical LLC
AG Industries
Besmed Health Business Corp.
Breas Medical, Inc
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Discover Medical Devices
Fisher & Paykel Healthcare, Inc.
GaleMed® Corporation
GF Health Products, Inc.
Global Medical Holdings, LLC
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



**THE NEXT BEST THING
TO NATURAL BREATHING**

MAQUET
GETINGE GROUP

SERVO-i® with NAVA® provides assist based on the patient's own drive to breathe.

NAVA (Neurally Adjusted Ventilatory Assist) is MAQUET's exclusive neurally closed loop technology that promotes synchronous harmony between the patient and ventilator. With NAVA, diaphragmatic activity is monitored during all modes of ventilation providing clinicians a new vital sign to help evaluate and correct dyssynchrony, and interpret effects of treatment. Non-invasive NAVA, NIV NAVA®, provides assist levels capable of matching the patient's neural demands regardless of leakage or user interface.

Neural-driven support — the essence of natural breathing.

NAVA, NIV NAVA, and SERVO-i are registered trademarks of MAQUET Critical Care AB.



Vital Signs a GE Healthcare Company
VitaLine, Inc.

Systems

Airon Corporation
Automated Control Systems
B&B Medical Technologies
CareFore Medical®
CareFusion
CooperSurgical, Inc.
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Fisher & Paykel Healthcare, Inc.
Global Medical Holdings, LLC
Hamilton Medical, Inc.
Innomed Technologies Inc.
Medline Industries, Inc.
Natus Medical Incorporated
Neotech Products, Inc.
Nightingale-Alan Medical Inc
Philips Respironics
Praxair Healthcare Services
ResMed Corp
RespCare, Inc.
Respiralogs
Sleep Services of America, Inc.
Vital Signs a GE Healthcare Company
VitaLine, Inc.

Tubing

A-M Systems
Afton Medical LLC
AG Industries
Breas Medical, Inc
CareFore Medical®
CareFusion
CooperSurgical, Inc.
Covidien
DeVilbiss® Healthcare
Fisher & Paykel Healthcare, Inc.
GaleMed® Corporation
Global Medical Holdings, LLC
Hamilton Medical, Inc.
Hi-Tech Medical™
Innomed Technologies Inc.
Martab Medical
Medline Industries, Inc.
Neotech Products, Inc.
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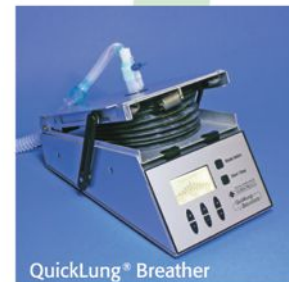
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 Parker Hannifin – Precision Fluidics Division
 Praxair Healthcare Services
 The Lee Company
 W.T. Farley, Inc.

Medical Gas Supplies

Helium

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 Air Products
 Airgas Puritan Medical
 B&B Medical Technologies
 Flotec, Inc.
 Praxair Healthcare Services

Nitric Oxide

Air Liquide Healthcare America Corp
 Airgas Puritan Medical
 Flotec, Inc.
 Ikaria
 Praxair Healthcare Services

Nitrous Oxide

Air Liquide Healthcare America Corp
 Air Products
 Airborne Life Support Systems™
 Airgas Puritan Medical
 Amvex®
 Flotec, Inc.
 Praxair Healthcare Services

Oxygen

Advanced Aeromedical, Inc.
 Advantage Medical Systems
 Air Liquide Healthcare America Corp
 Air Products
 Airgas Puritan Medical
 Amvex®
 Bio-Medical Devices International™
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 Flotec, Inc.
 Maxtec®
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 Praxair Healthcare Services
 R1 Technologies
 Responsive Respiratory Inc.
 Spiracle Technology
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Specialty Gases

Air Liquide Healthcare America Corp
 Air Products
 Airgas Puritan Medical
 Flotec, Inc.
 Hans Rudolph, inc.
 Innovative Medical Marketing of Virginia
 Praxair Healthcare Services
 VacuMed

Medication/Aerosol Delivery Devices

Aerosol Face Tents

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 Praxair Healthcare Services
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 Westmed, Inc.

Aerosol Masks

A-M Systems
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 AG Industries
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 Besmed Health Business Corp.
 Bio-Medical Devices International™
 CareFore Medical®
 DeVilbiss® Healthcare
 Dey Pharma, L.P.
 GaleMed® Corporation
 Global Medical Holdings, LLC
 Healthline Medical, Inc.
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 Nidek Medical Products, Inc.
 Omron Healthcare Inc.
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 Philips Respironics
 Praxair Healthcare Services
 R1 Technologies
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 Vital Signs a GE Healthcare Company
 Westmed, Inc.

Air Compressors

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 CareFore Medical®
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 GE Healthcare
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 Hsiner Co., Ltd.
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 Pentair Porous Media
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 Precision Medical, Inc.
 R1 Technologies
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 Tenacore Holdings, Inc.

Holding Chambers

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 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

IPPB

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 CareFusion
 GaleMed® Corporation
 Smiths Medical, Critical Care
 Teleflex Medical
 Vortran Medical Technology 1, Inc.®

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 B&B Medical Technologies
 CareFore Medical®
 Clement Clarke International Ltd.
 DeVilbiss® Healthcare
 GaleMed® Corporation
 Global Medical Holdings, LLC
 Hamilton Medical, Inc.
 Healthline Medical, Inc.
 Intersurgical®
 Koo Americas, Inc.
 Meditrack Products
 Medline Industries, Inc.
 Monaghan Medical Corporation
 Omron Healthcare Inc.
 PARI Respiratory Equipment, Inc.
 Philips Respironics
 Praxair Healthcare Services
 R1 Technologies
 Salter Labs
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 Teleflex Medical
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 Wolfe Tory Medical, Inc.

Metered-Dose Inhalers

Hand-held

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Meditrack Products
 Philips Respironics
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Thayer Medical

In-line (ventilator)

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 Philips Respironics
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Teleflex Medical
 Thayer Medical
 Westmed, Inc.

Nebulizers

Breath-Actuated

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 Koo Americas, Inc.
 Meditrack Products
 Medline Industries, Inc.
 Monaghan Medical Corporation
 Praxair Healthcare Services

Continuous

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 Hsiner Co., Ltd.
 Koo Americas, Inc.
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 Methapharm Inc.
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 Salter Labs
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 Teleflex Medical
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 Vital Signs a GE Healthcare Company
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Hand-held

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 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
 Methapharm Inc.
 Omron Healthcare Inc.
 PARI Respiratory Equipment, Inc.
 Philips Respironics
 Praxair Healthcare Services
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 VacuMed
 Vital Signs a GE Healthcare Company
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 Westmed, Inc.

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 Vital Signs a GE Healthcare Company

Pneumatic

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 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
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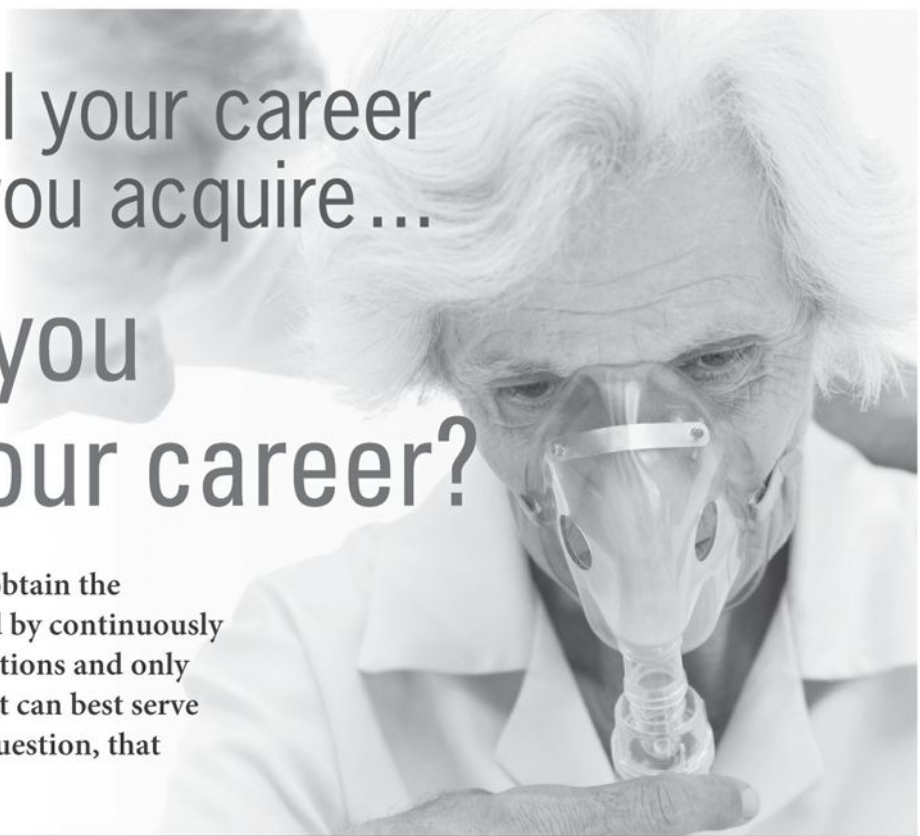
Omron Healthcare Inc.
 Robbins Instruments, Inc.
 Smiths Medical, Critical Care
 Teleflex Medical

Tubing

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 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
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Ventilator Adapters

Advantage Medical Systems
 Airon Corporation
 Amvex®
 B&B Medical Technologies
 Besmed Health Business Corp.
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Dey Pharma, L.P.
Forest Pharmaceuticals, Inc.

Bronchodilators

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

Leukotriene Modifiers

AstraZeneca Pharmaceuticals, LP
Cornerstone™ Therapeutics Inc.

Lung Surfactants

Cornerstone™ Therapeutics Inc.
Dey Pharma, L.P.
ONY Inc. Infasurf
Praxair Healthcare Services

Mucolytics

Genentech, Inc.
Praxair Healthcare Services

Saline

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Medline Industries, Inc.
Nephron Pharmaceuticals Corporation
Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical

Sterile Water

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Smiths Medical, Critical Care
Teleflex Medical

Miscellaneous

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Grifols
Hospira
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Marpac Inc.
Nephron Pharmaceuticals Corporation
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Smiths Medical, Critical Care

Monitors

Airway Pressure

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Natus Medical Incorporated
Philips Respironics
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SenTec™ AG, by Master Distributor Bemes
Smiths Medical, Critical Care
Spiracle Technology
Teleflex Medical

Apnea Monitors/Recorders

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Braebon Medical Corporation
CareFusion
CleveMed
Grass Technologies, an Astro-Med, Inc.
Subsidiary
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MIR Medical International Research
Natus Medical Incorporated
Nihon Kohden America
Nonin Medical, Inc.
Philips Respironics
Praxair Healthcare Services
ResMed Corp
Schiller America Inc
SOMNomedics America, Inc.
Vortran Medical Technology 1, Inc.®

Arterial Blood Gas

Hutchinson Technology Incorporated
MIR Medical International Research
Nihon Kohden America
Praxair Healthcare Services
Schiller America Inc
SPO Medical Equipment Ltd.

Blood Pressure

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Invivo
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Medline Industries, Inc.
Nihon Kohden America
Nonin Medical, Inc.
Praxair Healthcare Services
Schiller America Inc
Smiths Medical North America – Patient
Monitoring
SOMNomedics America, Inc.
SunTech Medical
The ScottCare Corporation
W.A. Baum Co. Inc.
Zoe Medical, Inc.

Carbon Dioxide

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Fukuda Denshi
Invivo
Nihon Kohden America
Nonin Medical, Inc.

Oridion® Capnography, Inc.
Philips Respironics
Praxair Healthcare Services
Schiller America Inc
SenTec™ AG, by Master Distributor Bemes
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Monitoring
Smiths Medical, Critical Care
VacuMed

Carbon Monoxide

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Innovative Medical Marketing of Virginia
Masimo Corporation
Micro Direct Inc.
Praxair Healthcare Services
Vitalograph Inc.

Cardiac

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Draeger Medical, Inc.
Equilibrated Bio Systems Inc
Fukuda Denshi
Nihon Kohden America
Schiller America Inc
SOMNomedics America, Inc.
The ScottCare Corporation
Thought Technology
Zoe Medical, Inc.
Zoll Medical Corporation

Hemodynamic

Draeger Medical, Inc.
GE Healthcare
Masimo Corporation
Schiller America Inc

Holter

Cardiac Science
Futuremed
Midmark
Philips Healthcare
Schiller America Inc
The ScottCare Corporation

Hydrogen

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CEA Instruments, Inc.
Innovative Medical Marketing of Virginia
Praxair Healthcare Services

Multiparameter

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CleveMed
Covidien
Criticare Systems Inc.
Draeger Medical, Inc.
GE Healthcare
General Biomedical Service, Inc.
Invivo
Mediaid, Inc.
Mindray Co., Ltd.
Natus Medical Incorporated
Nihon Kohden America
Praxair Healthcare Services
Schiller America Inc
Smiths Medical North America – Patient
Monitoring
SOMNomedics America, Inc.
Spacelabs Healthcare
Tenacore Holdings, Inc.

The ScottCare Corporation
Zoe Medical, Inc.

Nitric Oxide

CareFusion
CEA Instruments, Inc.
Innovative Medical Marketing of Virginia
Invivo
Praxair Healthcare Services
Vitaline, Inc.

Nitrogen

Maxtec®
Praxair Healthcare Services

Nitrogen Dioxide

CEA Instruments, Inc.
Innovative Medical Marketing of Virginia
Praxair Healthcare Services

Telemetry

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CleveMed
Draeger Medical, Inc.
Fukuda Denshi
GE Healthcare
Invivo
Nihon Kohden America

Praxair Healthcare Services
SOMNOmedics America, Inc.
Spacelabs Healthcare

Temperature

Airborne Life Support Systems™
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Draeger Medical, Inc.
Fukuda Denshi
Instrumentation Industries, Inc.
Invivo
Mediaid, Inc.
Nihon Kohden America
Praxair Healthcare Services
Schiller America Inc
Smiths Medical North America – Patient
Monitoring
Smiths Medical, Critical Care
Thought Technology
Tri-anim

Transcutaneous, Carbon Dioxide/Oxygen

Airborne Life Support Systems™
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Draeger Medical, Inc.
Philips Respironics
Praxair Healthcare Services
Radiometer America Inc.
SenTec™ AG, by Master Distributor Bemis

Ventilator

Advantage Medical Systems
Airborne Life Support Systems™
Bio-Med Devices, Inc.
CareFusion
Draeger Medical, Inc.
Futuremed
Hamilton Medical, Inc.
Maxtec®
Philips Respironics
Praxair Healthcare Services

N

Nitric Oxide Devices

Delivery/Analysis

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Healthline Medical, Inc.
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International Medical, Inc. (IMI)
Mercury Medical®
Micro Direct Inc.
Midmark
Nightingale-Alan Medical Inc
PARI Respiratory Equipment, Inc.
Praxair Healthcare Services
SDI Diagnostics®
Spirometrics Medical Equipment Co.
Tri-anim
VacuMed
Vital Signs a GE Healthcare Company
Westmed, Inc.



Oxygen Delivery

Blenders

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Hsiner Co., Ltd.
Martab Medical
Maxtec®
Medical Support Products, Inc.
Ohio Medical Corporation®
Tenacore Holdings, Inc.
Vapotherm, Inc.

Cannulas

A Plus Medical
A-M Systems
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AG Industries
Airgas Puritan Medical
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Braebon Medical Corporation
CHAD® Therapeutics
Cramer Decker Medical
DeVilbiss® Healthcare
Fisher & Paykel Healthcare, Inc.
Flotec, Inc.
GaleMed® Corporation
Hsiner Co., Ltd.
Intersurgical®

Koo Americas, Inc.
MAQUET, Inc
Medline Industries, Inc.
NASORCAP Medical, Inc.
Nidek Medical Products, Inc.
Nihon Kohden America
Praxair Healthcare Services
R1 Technologies
ResMed Corp
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Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
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Vital Signs a GE Healthcare Company
Western Medica
Westmed, Inc.

Cannulas, Nasal

Advantage Medical Systems
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Hsiner Co., Ltd.
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Neotech Products, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
Teleflex Medical
Vital Signs a GE Healthcare Company

Catheters, Transtracheal

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Hsiner Co., Ltd.
Martab Medical
Praxair Healthcare Services
Transtracheal Systems

Concentrator Transfilling System

Invacare Corporation
Philips Respironics

Concentrators

Portable

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Automated Control Systems
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Chart SeQual Technologies Inc.
Cramer Decker Medical
DeVilbiss® Healthcare
Inogen, Inc.
Inova Labs, Inc.
Invacare Corporation
Medical Support Products, Inc.
Philips Respironics

Stationary

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Automated Control Systems
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Chart SeQual Technologies Inc.
Cramer Decker Medical
DeVilbiss® Healthcare
GF Health Products, Inc.
Invacare Corporation
Nidek Medical Products, Inc.
Parker Hannifin – Precision Fluidics Division
Philips Respironics

Conserving Devices

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CHAD® Therapeutics
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Emergent Respiratory Products, Inc.
Flotec, Inc.
GaleMed® Corporation
Global Medical Holdings, LLC
Medline Industries, Inc.
Parker Hannifin – Precision Fluidics Division
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Responsive Respiratory Inc.
Spiracle Technology
Teleflex Medical
TRG, Inc.
Vortran Medical Technology 1, Inc.®
Western Medica

Cylinders

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Cramer Decker Medical
DeVilbiss® Healthcare
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Flotec, Inc.
Luxfer Gas Cylinders
Medline Industries, Inc.
Michigan Instruments, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Spiracle Technology
TRG, Inc.
W.T. Farley, Inc.
Western Medica

Entrainment Devices

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Teleflex Medical
Vital Signs a GE Healthcare Company

Face Tents

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Medline Industries, Inc.
Praxair Healthcare Services
Salter Labs
Smiths Medical, Critical Care
Teleflex Medical
Westmed, Inc.

High-Pressure Hoses

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Airgas Puritan Medical
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Amvex®
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Flotec, Inc.
GaleMed® Corporation
Instrumentation Industries, Inc.
MAQUET, Inc

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

Hoods

Maxtec®
 Natus Medical Incorporated
 Praxair Healthcare Services

Liquid Systems, Home

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

Liquid Systems, Hospital

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

Lotions/Gels

AG Industries
 Cann-Ease Co.
 LouSal Enterprises Inc.

Masks

Nonrebreathing

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 Hans Rudolph, inc.
 Hsiner Co., Ltd.
 Intersurgical®
 MAQUET, Inc
 MAXAIR® for Bio-Medical Devices
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 Praxair Healthcare Services
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 Westmed, Inc.

Partial Rebreathing

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 Hsiner Co., Ltd.
 Intersurgical®
 Medline Industries, Inc.
 Praxair Healthcare Services
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 Vital Signs a GE Healthcare Company

Simple Oxygen

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 Bio-Medical Devices International™
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 Emergent Respiratory Products, Inc.
 GaleMed® Corporation
 Hans Rudolph, inc.
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 Intersurgical®
 Koo Americas, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 Praxair Healthcare Services
 Salter Labs
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 Teleflex Medical
 Vital Signs a GE Healthcare Company

Tracheostomy

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 GaleMed® Corporation
 Hsiner Co., Ltd.
 Intersurgical®
 Marpac Inc.

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 Praxair Healthcare Services
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 Teleflex Medical
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 Westmed, Inc.

Venturi

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Nasal Prongs

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Flotec, Inc.
GaleMed® Corporation
Luxfer Gas Cylinders
Medline Industries, Inc.
Passy-Muir, Inc.
Pentair Porous Media
Pneuline Supply Inc.
Porous Media Corporation
Praxair Healthcare Services
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Teleflex Medical
Transtracheal Systems
TRG, Inc.
Western Medica

Regulators

Air Liquide Healthcare America Corp
Airgas Puritan Medical
Allied Healthcare Products, Inc.®
Amvex®
CareFusion
Cavagna North America, Inc.
Ceodeux, Inc.
CHAD® Therapeutics
Covidien
Cramer Decker Medical
DeVilbiss® Healthcare
Essex Industries
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Genstar Technologies Co., Inc. (GENTEC®)
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Medline Industries, Inc.
MES, Inc.
Michigan Instruments, Inc.
Pneuline Supply Inc.
Praxair Healthcare Services
Precision Medical, Inc.
Responsive Respiratory Inc.
Salter Labs
Spiracle Technology
Teleflex Medical
Tenacore Holdings, Inc.
TRG, Inc.
Vortran Medical Technology 1, Inc.®
W.T. Farley, Inc.
Western Medica

Reservoirs

Covidien
GaleMed® Corporation
Hsiner Co., Ltd.
Praxair Healthcare Services
Teleflex Medical
TRG, Inc.

Sensors

Air Liquide Healthcare America Corp
CEA Instruments, Inc.
Cramer Decker Medical
Innovative Medical Marketing of Virginia
Maxtec®
Mercury Medical®
Praxair Healthcare Services
Sensidyne, LP
Teleflex Medical
VacuMed

tubing

AEROLUNG CORP
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Covidien (Massachusetts)
Cramer Decker Medical
DeVilbiss® Healthcare
Flotec, Inc.
GaleMed® Corporation
Global Medical Holdings, LLC
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Medline Industries, Inc.
Nidek Medical Products, Inc.
Praxair Healthcare Services
R1 Technologies
Responsive Respiratory Inc.
Salter Labs
Smiths Medical, Critical Care
Smooth-Bor Plastics
Teleflex Medical
Transtracheal Systems
Vapotherm, Inc.
Westmed, Inc.

P

Peak Flow Meters

A-M Systems
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CareFore Medical®
Clement Clarke International Ltd.
Clinical Guard
DeVilbiss® Healthcare
Dey Pharma, L.P.
Equilibrated Bio Systems Inc
Futuremed
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Monaghan Medical Corporation
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¹ Gluck, E. et al. Medical effectiveness of esophageal balloon pressure measurement in weaning patients from mechanical ventilation. *Crit Care Med*, March 1995, 23(3):504-509.
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Morgan Scientific, Inc.

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Schiller America Inc
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Morgan Scientific, Inc.
nSpire Health™
VacuMed

Nitrogen Washout

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nSpire Health™
VitaLine, Inc.

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Medical Graphics Corporation
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Neonatal Pediatric Equipment

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CareFusion
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GaleMed® Corporation
Hans Rudolph, inc.
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Morgan Scientific, Inc.

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Hamilton Medical, Inc.
Marpac Inc.
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Morgan Scientific, Inc.
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Schiller America Inc
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Morgan Scientific, Inc.
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Midmark
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Spirometers

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Covidien
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Futuremed
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Medical Graphics Corporation
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Covidien
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Futuremed
Invivo
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Medical Support Products, Inc.
Micro Direct Inc.
MIR Medical International Research
Morgan Scientific, Inc.
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Schiller America Inc
Sibel S.A.
Smiths Medical North America – Patient Monitoring
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Vitalograph Inc.

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Futuremed
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Micro Direct Inc.
Midmark
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Pulse Oximetry

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Futuremed
GE Healthcare
Invivo
Kentec Medical, Inc.
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Mediaid, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
MIR Medical International Research
Natus Medical Incorporated
NeoForce
Nonin Medical, Inc.
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Tri-anim

Pulse Oximeters

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Cardiac Science
CareFore Medical®
CareFusion
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Covidien
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Futuremed
GE Healthcare
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Martab Medical
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ResMed Corp
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Smiths Medical, Critical Care
Spacelabs Healthcare
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TheraSnore By Distar
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Covidien
Nonin Medical, Inc.

R

Resuscitation Equipment

Accessories

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Koo Americas, Inc.
Medline Industries, Inc.
Mercury Medical®
Praxair Healthcare Services
Pulmodyne®
Strapparatus® Corporation
Teleflex Medical
Vital Signs a GE Healthcare Company
Wolfe Tory Medical, Inc.

Bags

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CareFore Medical®
Covidien
GaleMed® Corporation
GE Healthcare
Hsiner Co., Ltd.
Koo Americas, Inc.
Medline Industries, Inc.
Mercury Medical®
MES, Inc.
NuMask Inc.
Praxair Healthcare Services
R1 Technologies
Smiths Medical, Critical Care
Spiracle Technology
Teleflex Medical
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Westmed, Inc.

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Vital Signs a GE Healthcare Company

Resuscitators

Manual

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 Engineered Medical Systems, Inc.
 GaleMed® Corporation
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 NuMask Inc.
 Praxair Healthcare Services
 Pulmodyne®
 Smiths Medical, Critical Care
 Spiracle Technology
 Teleflex Medical
 Vital Signs a GE Healthcare Company
 Vitalograph Inc.
 Westmed, Inc.

Mechanical

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 United Hayek Medical
 Vortran Medical Technology 1, Inc.®

Pneumatic

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 Fisher & Paykel Healthcare, Inc.
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S

Sleep Diagnostics

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Calibration Devices

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Diagnostic and Testing Services

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 Sleep Services of America, Inc.
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 Stellate Systems
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 Thought Technology
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Home Sleep Study Systems

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Software

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 Dynamic MT
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 Subsidiary
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 SOMNOmedics America, Inc.
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 Philips Respironics
 Praxair Healthcare Services
 Precision Diagnostic Services, Inc.
 ResMed Corp
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 SOMNOmedics America, Inc.
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 Tri-anim
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 Praxair Healthcare Services
 Sage Products Inc.
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 Teleflex Medical
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 Sage Products Inc.
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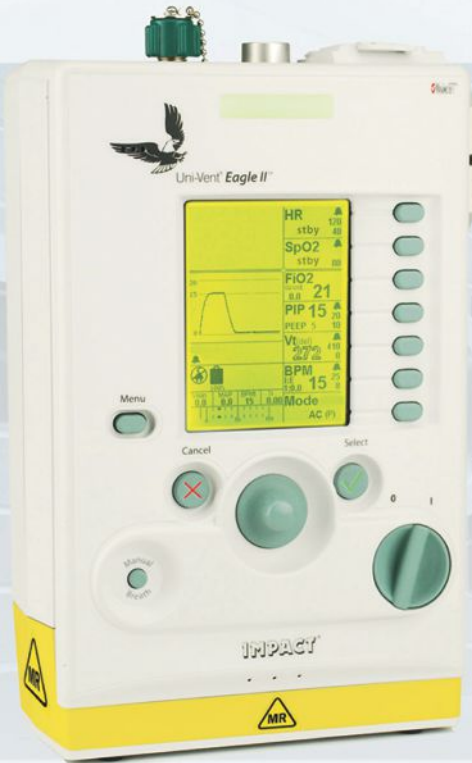
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T

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 MAQUET, Inc
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 Covidien
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 Smiths Medical, Critical Care
 Teleflex Medical
 Tri-anim

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V

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 Medline Industries, Inc.
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The logo for the AARC Congress 2012. It features the letters 'AARC' in a stylized white font on a purple circular background. A yellow swoosh underline is positioned below the letters. Below the purple circle is a green rectangular banner with the text 'CONGRESS 2012' in white, uppercase letters. The background of the entire page is a collage of images: a large bush of pink and red flowers on the left, a person wearing a magnifying glass over their eye on the top right, a park scene with palm trees and a fountain in the middle right, a bowl of shrimp and rice on the bottom middle, a large white church with two spires on the bottom right, and a city skyline at night on the bottom left.

AARC CONGRESS 2012

Here are just a few of the event highlights in 2012:

■ Improving Surveillance for Ventilatory-Associated Events in Adults

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■ Hospital to Home Transitions: COPD Best Practices

The model of healthcare is rapidly changing. Hospitals will now be held accountable for outcomes of patients following discharge. Therefore, hospital-based RTs and home care RTs must collaborate to optimize the care of the patient. This symposium will provide practical opportunities and best practices to better provide care of the COPD patient as they transition from the hospital to the home.

■ Lung Protective Ventilation

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* Topics are subject to change

* CRCE credits apply to most sessions, offering 25 or more for the entire event

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

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My Most Rewarding Moment as an RT

by Vicki L. McAninch, BS, RRT

The Day Kay Was Discharged Home

Working in a long-term care facility that specializes in ventilator care can be an intimidating experience for those who aren't comfortable with "the family experience." First, you have the patient: anxious, scared, unable to communicate, and frustrated. Second, you have the family: protective, exhausted, and overwhelmed.

The first week is stressful for all. The staff is trying to learn the patient's likes and dislikes, which is even more difficult considering the

communication issues. The patient is meeting a lot of new people, trying to settle into the facility's routine, and attempting to rehabilitate as much as possible. The family is just plain worried about everything.

My most memorable experience involves a patient I will call "Kay." When I think of COPD, I think of Kay: pursed-lip breathing on the ventilator, requesting MDIs continuously, and trips to the bedside commode requiring a 30-minute recovery period. Shift reports consisted of the respira-

tory therapists passing on the bad news of yet another failed wean attempt.

As time went by, I became very fond of Kay's husband, Hank. He spent every single day with Kay and was her biggest supporter and cheerleader. I remember the look on his face when she spoke to him for the first time in many months. As a reward, he bought her a phone so she could talk to their kids. Soon Kay started weaning with more enthusiasm and Hank became a littler firmer, telling her to try just another 30 minutes. The successes were celebrated with trips outside, special treats from the ice cream store, and eventually day passes that let them visit friends and family together.

The day Kay was discharged home, ventilator and trach free, was the most satisfying experience of my professional life! ■

Vicki McAninch is now a clinical educator for an RC program in Pennsylvania.

Vicki L. McAninch, BS, RRT, is an AARC member from Erie, PA, where she serves as director of clinical education for the respiratory therapy program at the Fortis Institute.



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My Most Rewarding Moment as an RT

by Bill Baker, RRT

11-11-11

As respiratory home care providers, we do our best to ensure our patients get to do the things they want to do, despite being on home oxygen or other forms of technology.

For one woman, that meant attending a family wedding set to take place on 11/11/11 at 11 a.m. on the beach in Hawaii. She was on “5 liters continuous” here in Tucson due to congestive heart failure secondary to chronic renal failure induced in a CABG procedure some years back, so oxygen requirements at 9,000 feet where the aircraft is pressured to was a nip-and-tuck deal.

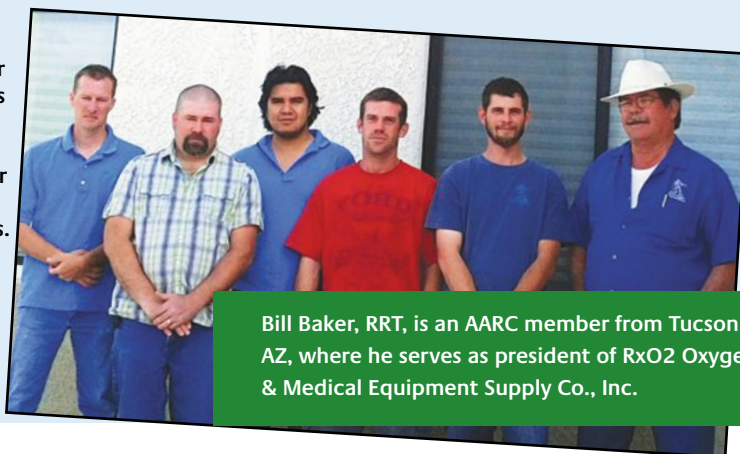
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Bill Baker (far right) and his crew enjoy going the extra mile for their home care patients.



Bill Baker, RRT, is an AARC member from Tucson, AZ, where he serves as president of RxO2 Oxygen & Medical Equipment Supply Co., Inc.

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My Most Rewarding Moment as an RT

by Anne Kwiatkowski, BSEd, RRT, AE-C

I Remember You

I was working the night shift in the medical/surgical ICU and had a patient who coded three different times. Being the RRT on duty, I spent a good portion of my shift at the head of the bed with the patient and the ventilator. Each time the patient coded, we "brought him back."

At one point during the night, I looked at the patient, who was conscious and frightened, and said, "Pete, I don't know what's going on here, but I promise I will be with you throughout this whole thing."

Pete got better and was eventually discharged. I never got to see him in "step down" or during his recuperation. A while later, as I entered the ICU, I came across a gathering of people. I asked what was going on. A nurse said, "Pete's here!"

I went over and stood in the back of the group just as a nurse was asking, "Do you remember anything about your stay here?"

Pete shook his head and slowly scanned the crowd. All of a sudden his eyes caught mine and he said, "You. I don't remember why, but I remember you." This made me feel pretty darn good about the care I provide my patients. ■



Being remembered by a patient created a "feel good" moment for Anne Kwiatkowski.

Anne Kwiatkowski, BSEd, RRT, AE-C, is an AARC member from Toledo, OH, where she works in pulmonary disease management at Mercy St. Vincent Medical Center.

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Retired and Rehired

When I try to think of one rewarding moment in my career, a flood of memories comes rushing through my mind. So many people, so many days when it was just the little things, like a smile from that little old lady who could not catch her breath before her mini-neb.

Once, we had a little lady in a coma. First she was on a ventilator; later she was extubated and on a canula but still in a comatose state. She was on nebulizer treatments and I saw her two, and sometimes three, times a day. Eventually she awoke and recuperated. When I entered her room the first time after she awakened, I greeted her and told her who I was and what I was going to do. She was very quiet and teary for a moment, then she said, "I know your voice. You spoke to me every day."

As my career progressed, I began to experience stroke-like symptoms. I would have numbness and tingling in my hands and feet. I was drawing an ABG one day and had the needle in

with good blood return, when all of a sudden it was like the whole room rocked from side to side! I immediately supported the lady's arm and pulled the needle out, applying pressure while I hung on. I told her to call the nurse.

I was evaluated and sent home. Later on I was having a busy day in our ICU when a neurologist I had seen called me and informed me rather bluntly, "You have MS." Of course, the only people I had seen with MS were the extreme cases, so I crumbled. My symptoms became increasingly worse, and my department director and one of the administrators of the hospital eventually called me in and informed me that I would need to retire. My neurologist confirmed it. I cried and cried.

My daughters enjoyed having me at home. I was an excellent room mother at their school and even went on to become PTA president for a term. I rested when I needed to. Eventually I felt better. Not great, but better. When my youngest daughter was in high school, the bills had piled up to the point where my husband was contemplating a second job. When my eldest daughter was applying for a CNA position, I saw a surplus of

day-shift RT positions on the employment list. It was like a light bulb being turned on in a dark room.

The first thing I did was to get recertified in BLS CPR. Then I made out a resume and sent 33 copies out to various hospitals, home care companies, and even pulmonologist offices and agencies. I was thrilled to receive a number of replies.

By this time, my illness was in regression so it was not a factor. I chose the hospital setting that I had so loved before. Of course, I had been at home for 13 years, so I was in for what I called "technical shock!" The director interviewing me asked one of my former supervisors if she should hire me. She said, "A ventilator is still a ventilator. The principals are the same." I was hired, completed orientation, and began working in the ER immediately.

Still, I was not satisfied. At 44 years old, after being at home for 13 years, I became an RRT! I am supposed to have cognitive problems, and maybe I do. But I was able to pass that exam.

I could tell many stories of successful resuscitations and compressions. But what I want you to remember out of all of this is, speak to your patients whether you think they can hear you or not. You just might find they are listening. ■



Cynthia Crain's own experience with MS has taught her how important it is to talk to her patients, whether they appear to hear her or not.

Cynthia Crain, RRT, is an AARC member from Louisville, KY, where she serves as an RT at Norton Audubon Hospital.

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■ Building a Simulation Toolbox

Thursday, July 12, 2012

1:00 – 5:05 pm

AARC Summer Forum Pre-Course

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■ Getting the Best Return on Your Investment (ROI): Maximizing Patient Education

Sunday, July 15, 2012

1:30 – 5:00 pm

AARC Summer Forum Post-Course

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See page 135 for more information about AARC Summer Forum.

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My Most Rewarding Moment as an RT

by Julia D. Downs, RRT-NPS, AE-C

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These are not from my grandkids but from two very special asthma patients. My home unit is B6-acute care asthma patients. We have a fairly short length of stay for some very sick children with asthma. I am in the room frequently, not only providing therapy but education as well. Two of my recent patients

displayed their thanks by leaving me their artwork. This is what keeps me doing what I do. ■



These drawings made Julia Downs' day. Caring for children with asthma comes with special rewards.

Julia D. Downs, RRT-NPS, AE-C, is an AACR member from Dallas, TX, where she serves as a team leader at Children's Medical Center.

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My Most Rewarding Moment as an RT

by Stephanie Lane, CRT

Kudos Count

I have had contact with lots of patients and family members in my 37 years as an RT — some, of course, more rewarding than others. Recently, as I was “purging” patient charts, I came across a note from a family member of an outpatient. Over the years working in the outpatient arena I have received many “kudos” like this one, and all have made my career so worth it:

5/25/2007

Dear Stephanie,

Our family wishes to thank you for all you've done for our mother.... When we first brought her to you, she could barely walk or breathe. Then after only the first treatment we noticed a remarkable improvement — you worked wonders on Mom. Her condition continued to improve until she was back to her “old healthy self.” Now she can walk, go on long car trips, talk without losing her breath, and so on. Her quality of life has increased tremendously, and we are so grateful to you. We cannot thank you enough for all you've done for Mom.

P.S. Mom will certainly miss you!

How could one not appreciate “most rewarding moments” like this? ■

Stephanie Lane coaches one of her pulmonary rehab patients.



Stephanie Lane, CRT, is an AARC member from Lafayette, LA, where she serves as an RT in the pulmonary rehabilitation program at Lafayette General Medical Center.

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My Most Rewarding Moment as an RT

by Garner G. Faulkner II, BSRC, RRT

Remembering Life

Shortly after I graduated from college, I took care of a patient in the ICU whom I will call “Thomas.” He had quickly become life-threateningly ill secondary to cancer. His wife and daughter rarely left his side throughout his hospitalization. In the beginning of his admission to the ICU, they sat in the room quietly watching him and rarely spoke to anyone.

I was assigned to this particular unit all of the time, so I typically had Thomas each time I was on shift. Over the next several weeks while Thomas was in the ICU, I talked to him and the family often.

As the weeks went by, the wife and daughter began opening up and would tell me about Thomas and the things he liked and share their family’s funny stories. Each day that

passed, I found myself enjoying the stories and the time I spent caring for Thomas and his wonderfully kind family more and more.

Sadly, six weeks from the time he was admitted into the ICU, Thomas lost his battle with cancer. The night Thomas passed, I removed him from the ventilator and was about to leave the room to give his wife and daughter time alone with him when his wife reached out for my hand, grasping it firmly between both of hers. With a tear streaming down her cheek, she whispered, “Thank you so much. You helped us remember Thomas as the loving and wonderfully perfect man that he was.”

As I reflect back on this moment, I realize exactly what she meant. In their last few weeks with Thomas, they truly spent time remembering the amazing man he was and not the devastating disease that had taken his life. They had the opportunity to celebrate his life and not await his death. ■

Garner Faulkner recalls a special bond with a special family.



Garner G. Faulkner II, BSRC, RRT, is an AARC member from San Diego, CA, where he serves as manager of respiratory care services at the University of California San Diego Medical Center.

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Sleepnet Corporation manufactures a line of gel sleep apnea masks. All masks are made at the headquarters in Hampton, NH, and are shipped worldwide with representatives across the globe. All of Sleepnet's masks use a patented gel that makes direct contact with the wearer's face. An internal moldable comfort band as well as a soft, flexible shell allow for a unique, personalized, and comfortable fit. Sleepnet is dedicated to providing professional and compassionate services to all of its clients as well as leading the industry in quality, innovation, and comfort.

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The Smiths Medical North America Patient Monitoring group is a designer, manufacturer, and distributor of the BCI® brand of patient monitoring equipment used to monitor respiration, SpO₂, ETCO₂, temperature, blood pressure, and ECG. They also distribute the PneuPac® brand of MRI-compatible transport ventilators providing emergency support for adults and children in respiratory distress.

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My Most Rewarding Moment as an RT

by Ken Lizzi, MPH, RRT

First Breaths

It was a warm, late winter morning in Loma Linda, CA, on March 2, 1975, at 8 a.m. My brother, Phil, and his wife, Judy, who was 34 weeks pregnant with their first child, surprised me by pulling into my driveway. They had driven four hours from their home in Needles, CA.

The day before I had worked the 3-11 shift in the NICU at Loma Linda University Medical Center, so I was just getting out of bed after a good night's sleep. Phil, a Porsche fanatic, wanted to attend the Porsche car show that day at the Santa Anita racetrack, about an hour away. He asked if I wanted to go.

"Sure," I said, "but I have to be home by 2:30. I work again at 3:00."

We went to the car show, admired the cars, and came back home. Just as we were about to pull into my driveway, my wife and Judy were pulling out.

I asked, "Where are you going?"

"To the hospital," was the reply. "Judy is in labor."

"See you there," I said and ran in to get ready for work.

That afternoon the shift was in its regular rhythm; and since it was a quiet day, I was the only NICU therapist on duty. About 5 p.m. I noticed activity in the high-risk delivery room next to the NICU through a sliding glass window that separated the two rooms. At 5:30, Judy, who is of Sicilian descent and suffers from thalassemia, was wheeled into the delivery room and moved to the delivery table. Half an hour later she delivered a baby boy.

I slid open the window and received this newborn, my nephew.

He was not making any respiratory effort; and as I placed him under the radiant warmer on warm blankets, I began vigorously drying him. He did not breathe during this stimulation. I continued to dry him with more blankets. I rubbed his back and flicked his fingers and toes, with no success. Finally I took the bag valve mask and gave him two breaths. He has been breathing on his own, without interruption, ever since.

Today my nephew has a successful career with the city of San Diego. Each time I see him or his parents I remember that day in March of 1975 when I had the privilege of giving him his first breaths. Now, as an instructor of respiratory therapy, I tell my students that they may not have the privilege of giving the breath of life to their nephew or another family member such as I did, but they will be doing so for someone else's nephew, niece, father, or mother — and at the end of the shift, the reward they feel will be remembered forever. ■



Ken Lizzi uses a favorite family memory to help educate students in his RT program today.

Ken Lizzi, MPH, RRT, is an AARC member from Renton, WA, where he serves as program director of respiratory therapy at the Pima Medical Institute-Renton.

V

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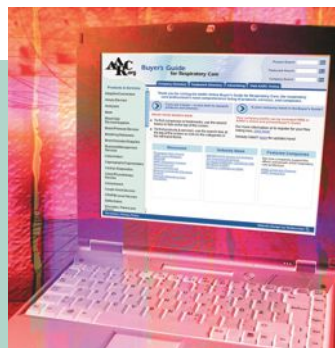
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My Most Rewarding Moment as an RT

by Andrew G. Miller, RRT

A Wonderful Surprise



Andrew Miller believes RTs have a chance to make a difference every day.

My best moment as an RT came on a day when the emergency department had been extremely busy with multiple codes, intubations, patients requiring NPPV, and the usual asthma/COPD patients.

One of the codes was a pediatric patient who was the victim of a “hit and run.” No matter how many pediatric codes I’ve been in, I never get used to them, and seeing the families is especially hard. Later in the day they moved this young man to another room; and when I went to eat lunch I saw his brothers, sisters, aunts, uncles, and grandparents — all looking concerned. Another patient had arrived after being hit by a car while running from the police, but had no serious injuries. It just didn’t seem fair.

After transporting a patient to the ICU, I got called for MDI teaching on a pediatric patient who had come in for a mild asthma attack. I must have looked sad when I entered the room because the patient, who was about three years old, ran across the room and gave me a hug. It was a wonderful surprise — I don’t think I had ever been hugged by a patient before and have yet to be hugged by another one since.

After all the bad things that had happened that day, it made me remember why I had become an RT. We get to make a difference every single day, and we’re lucky to be given that opportunity. ■

Andrew Miller, RRT, is an AARC member from North Carolina, where he serves as a staff therapist at Duke University Hospital in Durham.

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My Most Rewarding Moment as an RT

by James C. Woods III, RRT

I'm Gonna Miss You



James Woods in the ICU at his hospital today.

He was four years old and had slipped into the fenced-in area around the pool and fallen in. When he was found, he was face down. No one knew how long he had been there. Bystanders summoned EMS as CPR was started.

Now Tommy had been in our PICU for several days already. Unresponsive from the near drowning, his outcome was grim. Mom and Dad had been taking turns staying close and sleeping in the room in the event he awoke. Today could be the day.

Of course, we had done the tests; there was no sign of brain activity, no response to pain. It amazed me how

intact he appeared, beautiful, just sleeping. Today would be the day.

Dad was at the bedside when I came in. He looked at me as I entered. "I just want to hold him," was all he said. I only nodded.

I went out into the unit and found the RN whom I shared this family with and told her of the dad's request. We returned to the room and started to set things up to help dad's wish come true.

As we disconnected Tommy from the ventilator to reposition, dad leaned down and gently breathed into the ET. At that moment the RN and I looked at each other, and it was as if everything

stopped. The silence was deafening. Again, slowly, he breathed into the ET. I motioned to dad to sit, attached the resuscitation bag, and prepared to move Tommy.

The smile on dad's face was unforgettable. He pulled his son close and just sat. For a moment everything was as it should be. Then quietly, as if saying good night, I heard him say, "I'm gonna miss you Tommy."

With a wave of his hand dad asked for a book and began reading to his son. He stopped for an instant and looked at the two of us and said "thank you." ■

James Woods III, RRT, is an AARC member from Ohio, where he serves as an RT on the T-5 pulmonary unit and chairperson for the Interdisciplinary Forum at Nationwide Children's Hospital in Columbus.

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My Most Rewarding Moment as an RT

by Vicki Frausini-Moran, BS, RRT-NPS

No Better Gift



I have been a therapist for 37 years, so there have been many rewarding moments in my career. But I particularly remember the time we had a gentleman admitted for pneumonia and a history of polio. Given his history, any respiratory infection really taxed his respiratory system.

This was back in the days when hand nebulizers were taking over for the once popular IPPB treatments. However, this patient just wasn't getting anywhere, even with CPT. The doctors were beginning to think about intubation, and I literally had to beg them to let me do some IPPB

treatments and continue his CPT instead. Thank goodness I was able to spend much more time with him than was usual (and probably even possible these days).

Needless to say, he became very productive and the therapy kept him off the vent. A few months later, I saw him in the grocery store. I was with my five-year-old son. He came over to me, hugged me, and then deliberately looked at my son and said, "You have a great mom. She saved my life."

There really couldn't be a better gift than that. ■

Reviving an old treatment helped Vicki Frausini-Moran deliver the care her patient needed.

Vicki Frausini-Moran, BS, RRT-NPS, is an AARC member who serves as an RT at Lawrence and Memorial Hospital in New London, CT.

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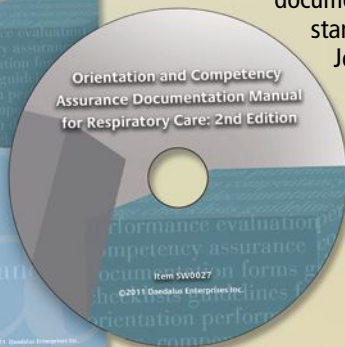
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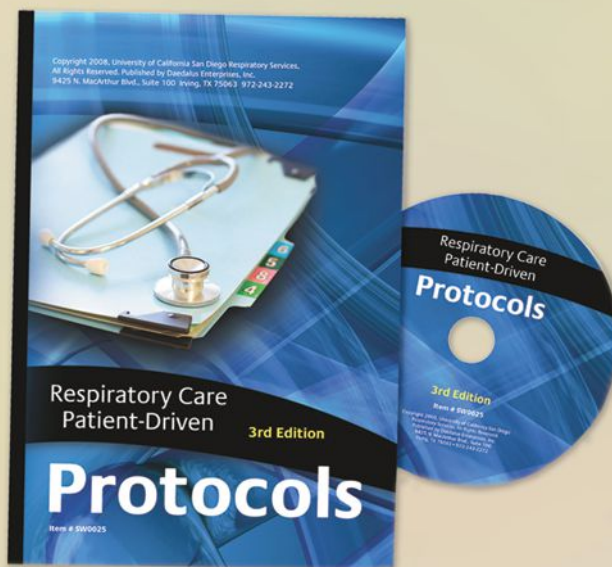
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My Most Rewarding Moment as an RT

by Marilyn Walton, MHS, RRT, AE-C

A Kiss and Hug Make the Day

My rewarding story is about a family who was ordered to receive asthma education for their newly diagnosed five-year-old son “Michael,” who also happened to be autistic.

As an asthma educator, I meet with many different families and see many different family dynamics. There are times when every educator sits down with a family and perceives early on that the session will be a challenging one. The family in this situation was very cooperative. In fact, there were about eight people in the hospital room, including grandparents and other relatives who were involved with Michael’s care.

Although they were all willing to learn, the situation was becoming a little chaotic, with everyone trying to contribute to the process while also entertaining the energetic little guy with asthma. I was forewarned that he did not like being in contact with strangers. So I maintained a friendly disposi-

tion but tried to limit the disruption to his surroundings. Still, there were moments when it was difficult for any of us to concentrate on the learning process, as Michael would have frequent emotional outbursts due to things as simple as losing his matchbox car under the chair.

We managed to get through the session with Michael practically bouncing off the walls. As far as I could tell, he was totally ignoring my presence. When we completed the education, I stood up from my chair and thanked everyone for the opportunity to meet with them. Lo and behold, Michael proudly pranced over to me, planted a huge kiss on my arm, and hugged me for about a minute without letting go! Without looking at me, he told me good-bye and walked back over to his toys.

Moments like this are the catalysts that make you want to go to work every day. ■

Marilyn Walton, MHS, RRT, AE-C, is an AARC member from Niles, OH. She currently serves as the program education coordinator for asthma at the Akron Children’s Hospital Mahoning Valley Community Outreach, Education and Support Center in Youngstown.

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My Most Rewarding Moment as an RT

by Karen Neale, MHA/ED, RRT

Alex



Working as a respiratory therapist on the night shift requires stamina, patience, and independent thinking. A subacute patient care setting places high demands on the respiratory staff. The night shift expectations are no different from the dayshift expectations, especially when patients have no concept of day or night and require undivided ventilator weaning attention.

Alexandra, or “Alex,” as we came to know her, was severely compromised when she arrived on the unit. She had been admitted to an acute care facility in December with multiple trauma to her lungs, heart, and brain. She was ventilator dependent and depressed. Our goal was to wean her from life support and work with physical, occupational, and speech therapy to progress Alex to transitional care.

Fortunately for Alex and me, the unit had few patients who were weaning at night, so I was able to spend a lot of dedicated time and effort with her. After three months of intense weaning, therapy, bronchial hygiene

therapeutics, and compassion, Alex was off the ventilator. Working with speech therapy to use a speaking valve, we were able to decannulate Alex and place her on very little supplemental oxygen during therapy sessions only.

The bond that we established with Alex and our compassion for her and her condition was instrumental in her recovery. The patience and attention given to both Alex and her family members fostered a sense of trust and admiration for everyone working with her.

Knowledge, patient care excellence, and compassion are expected from health care providers; they are not a gift. True success stories and patient care bonds are what make what we do so special and rewarding. I firmly believe excellent patient care experiences can happen every day at work, if we allow them to. ■

Undivided ventilator weaning attention made the difference for Karen Neale’s patient.

Karen Neale, MHA/ED, RRT, is an AARC member from Pennsylvania, where she serves as manager of regulatory compliance at Genesis Rehabilitation Services in Kennett Square.

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My Most Rewarding Moment as an RT

by Kelly Welton, BA, RRT-NPS

Following Your Gut

Post op CABG x 4 with AVR. Simple, routine surgery for our unit. On paper, the patient looked great. He was on CPAP, his ABG was perfect, and he looked comfortable. Vital signs were stable. He was arousable and able to answer questions, although he would fall right back to sleep.

“OK, let’s extubate him,” the resident ordered.

“He’s not ready yet,” I replied.

“Of course he is! Extubate him now!” the resident barked.

There was something about this patient. I could not verbalize it, but I had a feeling he was not going to fly if we extubated him just now.

Then the chief of thoracic surgery joined us at the bedside. “We’re just about to extubate,” said the resident, smiling.



Kelly Welton, BA, RRT-NPS, is an AARC member from Anaheim, CA, where she serves as an RT and clinical educator at Kaiser Permanente.

“No,” I interjected. “I don’t think he is ready.”

“Why not?” asked the chief.

I still couldn’t verbalize it — hadn’t quite worked out the translation of my gut to my brain in that one minute — so I just took a deep breath and said, “Nothing scientific sir, just a gut feeling.”

“Huh?” mocked the resident.

The thoracic chief thought a minute. “Daniel*, how long have you been a doctor?” he asked the resident.

“Four years,” he said proudly.

“Kelly, how long have you been a respiratory therapist?”

“14 years,” I replied.

“So, Daniel, whom should I listen to?” asked the chief. “Someone with 14 years of bedside post-op experience or someone with four years?”

We kept him intubated, and later in the night he became very unstable. We stayed on top of it, though, and the patient stabilized. He went home two days later, and I learned to always trust my gut with patients, even with solid numbers and a persistent resident in my ear. ■

*Name changed to protect the not-so-innocent.

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ResMed™ ... Contact: Advantage Medical Systems

Resource ... Contact: Cramer Decker Medical

Respi-Check® breathing indicator masks ... Contact: Intersurgical®

Respi.Aide™ ... Contact: GaleMed® Corporation

RespiCal® ... Contact: Allied Healthcare Products, Inc.®

Respifit ... Contact: R1 Technologies

Respiradyne® ... Contact: GaleMed® Corporation

Respirapedia© ... Contact: College of DuPage Press

Respiratory Associates of Texas® ... Contact: Respiratory Associates of Texas

Respiratory Care Lexicon© ... Contact: College of DuPage Press

Respiratory Care Week^(SM) ... Contact: American Association for Respiratory Care

Respiratory Care, Cares® ... Contact: American Association for Respiratory Care

RESPIRATORY CARE® journal ... Contact: American Association for Respiratory Care

RESPIRATORY CARE® journal ... Contact: Daedalus Enterprises, Inc.

RespiratoryBooks ... Contact: Health Educator Publications, Inc.

Respirgard ... Contact: Vital Signs a GE Healthcare Company

Respironics® ... Contact: Philips

Resptrace QDC ... Contact: CareFusion

Trademark/Brand Name Manufacturer or Exclusive Distributor

RespiTrainer® ... Contact: IngMar Medical Ltd.

Respond C5 Oxygen Conserver ... Contact: Responsive Respiratory

Respond G5 Percussors ... Contact: Responsive Respiratory Inc.

RespondO2 Oxygen Conservers ... Contact: Responsive Respiratory Inc.

RespSense™ ... Contact: Nonin Medical, Inc.

Rest Assured™ ... Contact: Ambu Sleepmate®

ResTraxx™ ... Contact: ResMed Corp

ResusciTIMER® ... Contact: Allied Healthcare Products, Inc.®

Rhinocort Aqua® ... Contact: AstraZeneca Pharmaceuticals, LP

Rhinocort Nasal Inhaler® ... Contact: AstraZeneca Pharmaceuticals, LP

RhythmSIM™ ... Contact: Armstrong Medical Industries Inc.

Riccar® ... Contact: Simplicity® Vacuums

RM200L ... Contact: Ceodeux, Inc.

RNA Medical® ... Contact: RNA Medical, Division of Bionostics

Roche Cobas b221™ ... Contact: Roche Diagnostics

RoEzIt® ... Contact: LouSal Enterprises Inc.

Roll-BY® Mobile Aneroid ... Contact: W.A. Baum Co. Inc.

Rookare™ ... Contact: BOMlmed Ltd.

RotoRest® Delta ... Contact: Kinetic Concepts, Inc. (KCI)

Rozinn by ScottCare™ ... Contact: The ScottCare Corporation

RPM AutoAdjust® ... Contact: DeVilbiss® Healthcare

RPM® Bilevel ... Contact: DeVilbiss® Healthcare

RPV 213/RPV 212 ... Contact: Ceodeux, Inc.

RUSleeping® ... Contact: Philips Respironics

———— S ————

S Series ... Contact: Parker Hannifin – Precision Fluidics Division

S-Scort® New-Duet™ Suction Unit ... Contact: Armstrong Medical Industries Inc.

S1® ... Contact: Hamilton Medical, Inc.

S2® Racepinephrine Inhalation Solution ... Contact: Nephron Pharmaceuticals Corporation

S6™ series flow generators ... Contact: ResMed Corp

S7™ series flow generators ... Contact: ResMed Corp

S8™ series flow generators ... Contact: ResMed Corp

S9™ Series ... Contact: ResMed Corp

Saf-T Holder® ... Contact: Smiths Medical, Critical Care

Saf-T Wing® ... Contact: Smiths Medical, Critical Care

Saf-T-Scan ... Contact: NASORCAP Medical, Inc.

Safe-Response® ... Contact: Smiths Medical, Critical Care

Safe-t-chek™ ... Contact: Quset Medical

Safe-T-Chek™ ... Contact: SDI Diagnostics®

Safe-T-Fill® Blood Gas Capillary Tubes ... Contact: RAM Scientific

Safe-T-Vac® ... Contact: Covidien (Massachusetts)

Safe-Wrap® ... Contact: RNA Medical, Division of Bionostics, Inc.

Safe™ Electrodes ... Contact: Cadwell Laboratories, Inc.

SafeSorb™ ... Contact: Medline Industries, Inc.

Safety Stylette ... Contact: Vital Signs a GE Healthcare Company

SafetyTip™ ... Contact: Westmed, Inc.

Safiro™ ... Contact: Compumedics Ltd.

Salem Sump® ... Contact: Covidien (Massachusetts)

Saline with Phenol ... Contact: Methapharm Inc.

Salter Aire Plus® ... Contact: Salter Labs

Salter Eyes® ... Contact: Salter Labs

Salter Style® ... Contact: Salter Labs

SAM™, the Student Auscultation Manikin ... Contact: Cardionics

Sandman Digital 20™ Amplifier ... Contact: Covidien

Trademark/Brand Name Manufacturer or Exclusive Distributor

Sandman Digital 32+™ Amplifier ... Contact: Covidien
 Sandman Elite® Software ... Contact: Covidien
 Sandman Spyder™ Software ... Contact: Covidien
 Sandman® ... Contact: Natus Medical Incorporated
 Sandman® EXpress™ Sleep Diagnostic System ... Contact: Covidien
 Sandman® Pocket™ Portable Recorder ... Contact: Covidien
 Sapphire PSG™ ... Contact: CleveMed
 SAR Backpack Portable Kit ... Contact: Spiracle Technology
 SAROS Battlefield Oxygen System ... Contact: Chart SeQual Technologies Inc.
 Satellite ... Contact: Jones Medical Instrument Company
 Satellite Conserver™ ... Contact: Inogen, Inc.
 Sav-A-Gauge ... Contact: W.T. Farley, Inc.
 Savina 300 ... Contact: Draeger Medical, Inc.
 Schiller ... Contact: Schiller America Inc
 Scholar® ... Contact: Criticare Systems Inc.
 Schrader Medical ... Contact: Armstrong Medical Industries Inc.
 Schroff® ... Contact: Pentair Porous Media
 Schuco® ... Contact: Allied Healthcare Products, Inc.®
 Schwarzer PSG/EEG system ... Contact: Natus Medical Incorporated
 SCOOP Transtracheal Catheter ... Contact: Transtracheal Systems
 scopeGuard™ ... Contact: ARC Medical Inc.
 ScopeSafe™ ... Contact: Armstrong Medical Industries Inc.
 Scopettes Jr.® ... Contact: Birchwood Laboratories, Inc.®
 Scopettes® ... Contact: Birchwood Laboratories, Inc.®
 SCOUT™ Hand-held SpO2 Monitor ... Contact: Invivo
 ScreenStar® ... Contact: Morgan Scientific, Inc.
 Seahorse Portable Airway Kit ... Contact: Spiracle Technology
 Sechrist 3500HL High/Low Air Oxygen Mixer ... Contact: Sechrist Industries Inc.
 Sechrist 500A Hyperbaric Ventilator ... Contact: Sechrist Industries
 Sechrist Animal Research Hyperbaric Chamber ... Contact: Sechrist Industries Inc.
 Sechrist IV 100B Infant/Pediatric Ventilator ... Contact: Sechrist Industries Inc.
 Sechrist IV200 Savi™ Infant/Pediatric Ventilator ... Contact: Sechrist Industries Inc.
 Sechrist Model 2800 Monoplace Hyperbaric Chamber ... Contact: Sechrist Industries Inc.
 Sechrist Model 3200 Monoplace Hyperbaric Chamber ... Contact: Sechrist Industries Inc.
 Secure Balance® ... Contact: Ingen Technologies, Inc.
 Secure O2® nasal cannulas ... Contact: AEROLUNG CORP
 Secure O2® oxygen masks ... Contact: AEROLUNG CORP
 Secure O2® oxygen tubing ... Contact: AEROLUNG CORP
 Secure-ET® ETT Holder ... Contact: Neotech Products, Inc.
 SecureEasy® Endotracheal Tube Holder ... Contact: Smiths Medical, Critical Care
 Selec-Trol® ... Contact: Covidien (Massachusetts)
 SensAid™ SpO2 Sensors & Tape ... Contact: Sensidyne, LP
 SensAlarm Universal Gas Monitor ... Contact: Sensidyne, LP
 Sensatec ... Contact: Northern Pacific Medical LLC®
 Sensi-Vac® ... Contact: Covidien (Massachusetts)
 SenTec™ ... Contact: SenTec™ AG, by Master Distributor Bemes
 SeQual® ... Contact: Chart SeQual Technologies Inc.
 Serenity® Mask ... Contact: DeVilbiss® Healthcare
 SERVO-i® ... Contact: MAQUET, Inc
 SERVO-s® ... Contact: MAQUET, Inc
 Shared Solutions ... Contact: Vital Signs a GE Healthcare Company
 SHER-I-BRONCH® ... Contact: Teleflex Medical

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SHER-I-SLIP® ... Contact: Teleflex Medical
 SHER-I-SWIV® ... Contact: Teleflex Medical
 SHERIDAN/CF® ... Contact: Teleflex Medical
 SHERIDAN/HVT® ... Contact: Teleflex Medical
 SHERIDAN® ... Contact: Teleflex Medical
 Shiley® Tracheostomy Tubes ... Contact: Covidien
 SI70/SL70 ... Contact: Ceodeux, Inc.
 Sibelmed ... Contact: Sibel S.A.
 Sierra® II ... Contact: Cadwell Laboratories, Inc.
 Siesta™ ... Contact: Compumedics Ltd.
 Sievers® ... Contact: GE Analytical Instruments
 Sigma 34 Monoplace ... Contact: Perry Baromedical Corporation
 Sigma 36 Monoplace ... Contact: Perry Baromedical Corporation
 Sigma 40 Monoplace ... Contact: Perry Baromedical Corporation
 Sigma Elite Monoplace ... Contact: Perry Baromedical Corporation
 Sigma Telemedicine System ... Contact: Cardionics, Inc.
 Sil.Flex™ ... Contact: GaleMed® Corporation
 Sil.Flex™ ... Contact: A Plus Medical
 Sil.Flex™ ... Contact: Respiralogics
 Sil.Flex™ Stoma Pad ... Contact: B&B Medical Technologies
 Sil.Plus™ ... Contact: GaleMed® Corporation
 Simplicity™ ... Contact: Philips Respironics
 Simplicity® Vacuums ... Contact: Simplicity® Vacuums
 SimulScope® Bedside Auscultation System ... Contact: Cardionics
 SimulScope® Telemedicine Auscultation System ... Contact: Cardionics, Inc.
 SleepEasy® ... Contact: Philips Respironics
 SleepGen ... Contact: Sleep Multimedia, Inc.
 SleepGen Version 8.5 ... Contact: Sleep Multimedia, Inc.
 SleepLab Pro ... Contact: CareFusion
 Sleepmate® ... Contact: Ambu Sleepmate®
 SleepMultiMedia Version 3.0 ... Contact: Sleep Multimedia, Inc.
 SleepMultiMedia Version 6.0 ... Contact: Sleep Multimedia, Inc.
 Sleepscan™ ... Contact: Natus Medical Incorporated
 Sleepscan™ II Polysomnograph ... Contact: Natus Medical Incorporated
 SleepScout™ ... Contact: CleveMed
 SleepScreen ... Contact: CareFusion
 SleepSense® ... Contact: SLP, Inc.
 SleepStrip® ... Contact: TheraSnore By Distar
 Sleeptrek®: ... Contact: Grass Technologies, an Astro-Med, Inc. Subsidiary
 SleepView® ... Contact: Midmark
 SleepWorks™ Software ... Contact: Natus Medical Incorporated
 SLIPA™ ... Contact: ARC Medical Inc.
 Smart Basin™ ... Contact: Westmed, Inc.
 Smart CapnoLine™ ... Contact: Oridion® Capnography, Inc.
 Smart CapnoLine™ O2 ... Contact: Oridion® Capnography, Inc.
 Smart Nasal Cannula ... Contact: Ingen Technologies, Inc.
 SMART Tap® ... Contact: Smart Tap inc
 Smart Track® Oxygen Management System ... Contact: DeVilbiss® Healthcare
 SmartCode™ ... Contact: DeVilbiss® Healthcare
 SmartDisk ... Contact: Clement Clarke International Ltd.
 SmartDose ... Contact: Global Medical Holdings, LLC
 SmartDose™ Technology ... Contact: Inspired Technologies
 SmartFlex® ... Contact: DeVilbiss® Healthcare
 SmartInhaler Tracker ... Contact: Clement Clarke International Ltd.
 SmartInhaler™ ... Contact: Clement Clarke International Ltd.
 SmartLink™ Therapy Management System ... Contact: DeVilbiss® Healthcare
 SmartPack™ ... Contact: Natus Medical Incorporated

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SmartStart® ... Contact: ResMed Corp
 SmartSync™ Pressure Sensing Trigger ... Contact: Sechrist Industries Inc.
 SmartTrack ... Contact: Clement Clarke International Ltd.
 SmartTrack™ ... Contact: Natus Medical Incorporated
 SmartTurbo ... Contact: Clement Clarke International Ltd.
 SmartVest Wrap™ ... Contact: Electromed, Inc.
 SmartVest® Airway Clearance System ... Contact: Electromed
 SmartVest® Model 2000ez ... Contact: Electromed, Inc.
 SmartVest® Model SV2100 ... Contact: Electromed, Inc.
 SmartVest® Trimline™ ... Contact: Electromed, Inc.
 SmokeCheck ... Contact: Micro Direct Inc.
 Smooth-Bor® ... Contact: Smooth-Bor Plastics
 SMOOTH-FLO® ... Contact: Teleflex Medical
 SnoreByte® ... Contact: Braebon Medical Corporation
 Snuffer ... Contact: VacuMed
 Sodium Chloride Inhalation Solution ... Contact: Nephron Pharmaceuticals Corporation
 Sofn'Air ... Contact: Vital Signs a GE Healthcare Company
 Soft-Seal® ... Contact: Smiths Medical, Critical Care
 SoftCare® Nonadhesive Sensor ... Contact: Covidien
 Softech® ... Contact: Teleflex Medical
 Softech® Plus ... Contact: Teleflex Medical
 Softip™ ... Contact: GaleMed® Corporation
 Solar® ... Contact: GE Healthcare
 SOLO2® ... Contact: Invacare Corporation
 Solus™ laryngeal mask airway ... Contact: Intersurgical®
 SOMNOscreen™ ... Contact: SOMNOmedics America, Inc.
 Somnosoft® ... Contact: Ambu Sleepmate®
 SomnoStar ... Contact: CareFusion
 SomnoStar Pro ... Contact: CareFusion
 SomnoTrac ... Contact: CareFusion
 SOMNOWatch™ ... Contact: SOMNOmedics America, Inc.
 SomnuSeal™ ... Contact: Discover Medical Devices
 Somte™ ... Contact: Compumedics Ltd.
 SonarMed® ... Contact: SonarMed, Inc.
 Sonovit ... Contact: Schiller America Inc
 Sopora™ ... Contact: AG Industries
 Sorensen® ... Contact: Impact Instrumentation, Inc.
 SpO2Guard™ ... Contact: Strapparatus® Corporation
 SpCO™ ... Contact: Masimo Corporation
 Spectracef® ... Contact: Cornerstone™ Therapeutics Inc.
 SPECTRO2® Pulse Oximeter ... Contact: Smiths Medical, Critical Care
 SpHb™ ... Contact: Masimo Corporation
 Spherasorb® medical grade soda lime ... Contact: Intersurgical®
 SPIRAL-FLEX® ... Contact: Teleflex Medical
 Spirit 300® ... Contact: Caire, Inc.
 Spirit 600® ... Contact: Caire, Inc.
 Spiritus™ Nasal Patient Interface ... Contact: CareFusion
 Spiriva® ... Contact: Pfizer Inc
 Spiriva® HandiHaler® ... Contact: Boehringer Ingelheim Pharmaceuticals, Inc.
 SpiroAir® ... Contact: Morgan Scientific, Inc.
 Spirobank G USB™ ... Contact: MIR Medical International Research
 Spirobank II™ ... Contact: MIR Medical International Research
 Spirobank USB™ ... Contact: MIR Medical International Research
 Spirodoc™ ... Contact: MIR Medical International Research
 SpiroDynamics® ... Contact: GE Healthcare
 SpiroFlow Adult Peak Flow Meter ... Contact: Spirometrics Medical Equipment Co.

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SpiroFlow Children's Peak Flow Meter ... Contact: Spirometrics Medical Equipment Co.
 Spirolab III™ ... Contact: MIR Medical International Research
 Spiropalm 6MWT ... Contact: COSMED USA, Inc.
 Spiropalm™ ... Contact: COSMED USA, Inc.
 SpiroPro ... Contact: CareFusion
 SpiroSafe PFT™ Filter ... Contact: Micro Direct Inc.
 SpiroTech S700 ... Contact: CareFusion
 SpiroTech S780 ... Contact: CareFusion
 SpiroteI™ ... Contact: MIR Medical International Research
 SpiroTube™ ... Contact: Queset Medical
 Spirotube™ ... Contact: SDI Diagnostics®
 SpiroUSB ... Contact: Micro Direct Inc.
 SpiroVision-3 Plus PC-based Spirometer ... Contact: Futuremed
 SpMet™ ... Contact: Masimo Corporation
 SpOCT™ ... Contact: Masimo Corporation
 Sporicidin® Antimicrobial Lotion Soap ... Contact: Sporicidin by Contec, Inc.
 Sporicidin® Canister Towelette ... Contact: Sporicidin by Contec
 Sporicidin® Disinfectant Solution ... Contact: Sporicidin by Contec, Inc.
 Sporicidin® Disinfectant Spray ... Contact: Sporicidin by Contec
 Sporicidin® Disinfectant Towelettes ... Contact: Sporicidin by Contec, Inc.
 Sporicidin® Germicidal Surface Wipes ... Contact: Sporicidin by Contec, Inc.
 Sporicidin® Sterilizing Solution ... Contact: Sporicidin by Contec
 Sportneb 2 ... Contact: Global Medical Holdings, LLC
 Sprint 1200® ... Contact: Caire, Inc.
 Sprint® ... Contact: Caire, Inc.
 Sputum Bowl® ... Contact: American Association for Respiratory Care
 ST-3™ ... Contact: Pro-Tech Services, Inc.
 StabilTube™ ... Contact: B&B Medical Technologies
 STANDBY® ... Contact: W.A. Baum Co. Inc.
 STAR LUMEN® ... Contact: Teleflex Medical
 Stardust® Sleep Recorder ... Contact: Philips Respironics
 StartRight ... In Nursing School A Self-Assessment Tool® ... Contact: College of DuPage Press
 Stat Profile® Critical Care Xpress ... Contact: Nova Biomedical
 Stat Profile® pHox® ... Contact: Nova Biomedical
 Stat-Stand™ ... Contact: I.V. League Medical
 StatCO2® CO2 Detector ... Contact: Mercury Medical®
 StatSensor® Creatinine Meter ... Contact: Nova Biomedical
 StatStrip® Glucose Monitor ... Contact: Nova Biomedical
 Steri-Cath® ... Contact: Smiths Medical, Critical Care
 Sterile Empty Vials ... Contact: Methapharm Inc.
 StethView™ Digital Recording System ... Contact: Cardionics, Inc.
 Sticky Whiskers™ ... Contact: Beevers Mfg & Supply Inc.
 Stor-Locx ... Contact: GCX® Corporation
 Strapparatus® ... Contact: Strapparatus® Corporation
 StrapPatch™ ... Contact: Strapparatus® Corporation
 STS™ Auscultation Self-Teaching System ... Contact: Cardionics
 Suction Caddy™ Suction Device Holder ... Contact: Neotech Products, Inc.
 Summer Forum® ... Contact: American Association for Respiratory Care
 Sunrise Medical Quickie™ ... Contact: Northern Pacific Medical
 SunTech 247™ Diagnostic Station ... Contact: SunTech Medical
 SuperCircuit ... Contact: Vital Signs a GE Healthcare Company
 Superset® catheter mounts ... Contact: Intersurgical®
 SURE SEAL® ... Contact: Teleflex Medical

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SureClick ... Contact: Western Medica
SureFit Kit® ... Contact: DeVilbiss® Healthcare
SureFlow™ Oxygen Flow Station ... Contact: AirSep® Corporation
SureGrip™ ... Contact: Smiths Medical, Critical Care
Surestream EtCO2 Sampling Lines ... Contact: Oridion®
Capnography, Inc.
Surfaxin® ... Contact: Discovery Laboratories, Inc.
SurgeX® ... Contact: Allied Healthcare Products, Inc.®
Surgi-Cuf® ... Contact: Ethox International, Inc.
Surgi-Support Vest™ ... Contact: General Cardiac Technology, Inc.
Suzanne® Portable Recording System ... Contact: Covidien
Sweet Dreams® Face Masks ... Contact: King Systems Corporation
Sylent® Nasal Mask ... Contact: RespCare, Inc.
Synchrony® (BiPAP® Synchrony®) ... Contact: Philips Respironics
System One™ ... Contact: Philips Respironics
SzAC® ... Contact: Grass Technologies, an Astro-Med, Inc.
Subsidiary

T

T1 ... Contact: Hamilton Medical, Inc.
Taifun Inhaler ... Contact: Medisize US, Inc.
Talus Outdoor Technologies, LLC ... Contact: ColdAvenger®
Facemask
Tammy Tracheasaurus™ ... Contact: Passy-Muir, Inc.
Tango+® ... Contact: SunTech Medical
Tanktote ... Contact: Cramer Decker Medical
TBird ... Contact: CareFusion
TCM™ ... Contact: Radiometer America Inc.
TDx 2.0 Pulmonary Resuscitation Monitor ... Contact: Spiracle
Technology
Teaching Nursing, The Art and Science, Volumes 1-4© ... Contact:
College of DuPage Press
Technoneb™ Desktop Compressor ... Contact: Sterling
Respiratory Distributors
Technoneb™ Handy Nebulizer ... Contact: Sterling Respiratory
Distributors
Technoneb™ Pediatric Nebulizers ... Contact: Sterling Respiratory
Distributors
TELALERT® Telemetry Remote Monitoring System ... Contact: Air
Products
Tele Oximetry™ ... Contact: GE Healthcare
TeleRehab™ Cardiopulmonary Rehab Monitoring ... Contact: The
ScottCare Corporation
Temp Marq® ... Contact: Vital Signs a GE Healthcare Company
Tender Grip® ... Contact: Salter Labs
Test Your Lungs, Know Your Numbers® ... Contact: National Lung
Health Education Program
The Advantage Series ... Contact: CareFusion
The MedPulse® SmartVest® Airway Clearance System ... Contact:
Electromed, Inc.
The Oxygen Lifeline© ... Contact: Automated Control Systems
The PhysWhiz© and The PhysWhiz II© series ... Contact: College
of DuPage Press
The Smokerlyzer® System ... Contact: Innovative Medical
Marketing of Virginia, LLC
The Test Lung™ 1 Liter ... Contact: B&B Medical Technologies
The Test Lung™ Pediatric .5 Liter ... Contact: B&B Medical
Technologies

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The Thinking Nurse® Board Games ... Contact: College of DuPage
Press
The Vest™ Airway Clearance System ... Contact: Hill-Rom
The Wright Face and Tracheostomy Nebulizing Mask ... Contact:
Wright Solutions LLC
The Wright Mask ... Contact: Wright Solutions LLC
Thera-Heat® Heated Humidification System ... Contact: Smiths
Medical, Critical Care
Thera-Mist™ Nebulizers and Humidifier ... Contact: Smiths
Medical, Critical Care
TheraPEP® ... Contact: Smiths Medical, Critical Care
TheraSnorell® ... Contact: TheraSnore By Distar
Therma Sure Series 1000 Forced-Air Drying Cabinets ... Contact:
Cenorin
Thermadraper® ... Contact: Vital Signs a GE Healthcare Company
THERMAGARD® ... Contact: Teleflex Medical
ThermaSure Series 130 Forced-Air Drying Cabinets ... Contact:
Cenorin
ThermaSure Series 300 Forced-Air Drying Cabinets ... Contact:
Cenorin
ThermiSense® ... Contact: Salter Labs
ThermoFlo™ ... Contact: ARC Medical Inc.
Thermovent® ... Contact: Smiths Medical, Critical Care
Thrombate III® ... Contact: Grifols
Thumper® CPR Systems ... Contact: Michigan Instruments, Inc.
TiControl™ ... Contact: ResMed Corp
Tilson Trach Guard® ... Contact: Beevers Mfg & Supply Inc.
titanium™ ... Contact: Natus Medical Incorporated
TLCannula® ... Contact: Salter Labs
Tobi® ... Contact: Novartis Pharmaceuticals Corporation
Toby Tote™ ... Contact: Passy-Muir, Inc.
Toby Tracheasaurus™ ... Contact: Passy-Muir, Inc.
Toothette® ... Contact: Sage Products Inc.
Torrmaster® ... Contact: Vital Signs a GE Healthcare Company
TotalCare SpO2RT® Pulmonary Therapy System ... Contact:
Hill-Rom
Tote-Ivac® ... Contact: Ohio Medical Corporation®
ToxCO+ ... Contact: Innovative Medical Marketing of Virginia, LLC
Trac-Nedge™ ... Contact: Smiths Medical, Critical Care
Trach Aid™ ... Contact: Strapparatus® Corporation
Trach Tamer™ ... Contact: ErgoMed Inc.
TRACH TAPE ... Contact: Product Technologies Design, LLC
Trach-Aide™ ... Contact: Tarpaw, LLC
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, Inc.
Trakeez™ ... Contact: ErgoMed Inc.
TransAir® ... Contact: Morgan Scientific, Inc.
Traveler® ... Contact: Natus Medical Incorporated
tremoFlo™ ... Contact: THORASYS™ — Thoracic Medical Systems
Inc.
Trex™ HD Home Sleep ... Contact: Natus Medical Incorporated
Tri-Seal ... Contact: VacuMed
TriaDyne® II ... Contact: Kinetic Concepts, Inc. (KCI)

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TriADyne® Preventa™ ... Contact: Kinetic Concepts, Inc. (KCI)
Trilogy™ ... Contact: Philips
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
Txp® ... Contact: Percussionaire Corp.

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U-Control™ ... Contact: Thought Technology
Ultagen™ ... Contact: AG Industries
Ultima Cardio2® ... 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
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 Electro-Medical, Inc.
UltraLast™ Cup Electrodes ... Contact: Rochester Electro-Medical
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.
UniFlow® coaxial breathing systems ... Contact: Intersurgical®
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 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.

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V-Cue® Dynamic Air Therapy® Mattress Replacement ... Contact: Hill-Rom
V-Sign™ ... Contact: SenTec™ AG, by Master Distributor Bemes
V-STATS™ ... Contact: SenTec™ AG, by Master Distributor Bemes
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: Global Medical Holdings, LLC
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.®
VAR™-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
Vent Plus ... Contact: Vital Signs a GE Healthcare Company
Vent-Straps® ... Contact: Pepper Medical Inc®
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VentAssist ... Contact: Philips Respironics
VENTI-COMP® ... Contact: Teleflex Medical
Venti.Plus™ ... Contact: GaleMed® Corporation
Venti.Plus™ ... Contact: A Plus Medical
Venti.Plus™ ... Contact: Respiralogics
Ventricaire® ... Contact: Flexicare Inc.
VENTILARM® ... Contact: Teleflex Medical
Ventimask® ... Contact: Flexicare Inc.
VentiSure2™ ... Contact: Pulmodyne®
VentiSure2™ ... Contact: Engineered Medical Systems, Inc.
VentLok® ... Contact: Smiths Medical, Critical Care
VersaCable Ribbon Electrodes ... Contact: Rochester Electro-Medical, Inc.
VHCT™ Series Workstation ... Contact: GCX® Corporation
VHM™ ... Contact: GCX® Corporation
VHRC™ Series Mobile EMR Solution ... Contact: GCX® Corporation
VHRST™ ... Contact: GCX® Corporation
VHS LT micro-dispense valves ... Contact: The Lee Company
VHS micro-dispense valves ... Contact: The Lee Company
VIAspire™ ... Contact: Inspired Technologies
Victim Rescue Unit Plus (VRU+) ... Contact: Essex Industries
View O2 Pulse Oximeter™ ... Contact: Responsive Respiratory Inc.

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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™ ... Contact: AirSep® Corporation
 VisionAire™ 3 ... 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® Capnography, Inc.
 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: 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
 VR1® Ventilator ... Contact: Smiths Medical North America - Patient Monitoring
 VSO ... Contact: Parker Hannifin – Precision Fluidics Division
 VSO-MI proportional valve ... Contact: Parker Hannifin – Precision Fluidics Division
 Vsync with TiControl™ ... Contact: ResMed Corp
 Vsync™ ... Contact: ResMed Corp

Trademark/Brand Name Manufacturer or Exclusive Distributor

VT Mobile Gas Flow Analyzer ... Contact: Fluke Biomedical
 VT Plus HF Gas Flow Analyzer ... Contact: Fluke Biomedical

W

Walk-O2-Bout™ Oxygen Regulator ... Contact: Essex Industries
 Walk-O2-Bout® ... Contact: Airgas Puritan Medical
 Wampole® MycoPlasma IgG Elisa II ... Contact: Alere Inc.
 Wampole® MycoPlasma IgM Elisa II ... Contact: Alere Inc.
 WarmTouch® Convective Air Warming System ... Contact: Covidien
 Whisper Jet ... Contact: Vital Signs a GE Healthcare Company
 WhisperJet ... Contact: Bunnell Incorporated
 Windmill Trainer ... Contact: Clement Clarke International Ltd.
 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® Effort Belts ... Contact: Natus Medical Incorporated
 Xitek ... Contact: Natus Medical Incorporated
 Xolair® ... Contact: Novartis Pharmaceuticals Corporation
 XOPENEX® HFA ... Contact: Sunovion Pharmaceuticals Inc.
 XOPENEX® Inhalation Solution ... Contact: Sunovion Pharmaceuticals Inc.
 XPO2™ ... Contact: Invacare Corporation
 Xpod® ... Contact: Nonin Medical, Inc.
 XTRA® ... Contact: Allied Healthcare Products, Inc.®

Y

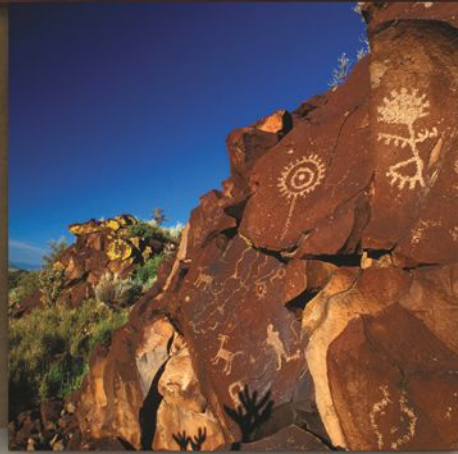
Y-Sensor™ ... Contact: Dixtal Medical, Inc.™
 Your Education Is Our Profession® ... Contact: RC Educational Consulting Services, Inc.
 Your Medical Gas Fittings Specialist™ ... Contact: Bay Corporation

Z

Zaditen® ... Contact: Novartis Pharmaceuticals Corporation
 ZAN® Measuring Instruments ... Contact: nSpire Health™
 Zee-Frame™ ... Contact: Equilibrated Bio Systems Inc
 Zephyr™ CPAP Face Masks ... Contact: Koo Americas, Inc.
 Zephyr® ... Contact: Air Lift Oxygen Carriers
 Zephyr® ... Contact: CareFore Medical®
 Zest™ Nasal Mask ... Contact: Fisher & Paykel Healthcare, Inc.
 ZITHROMAX® ... Contact: Pfizer Inc
 Zyflo CR® ... Contact: Cornerstone™ Therapeutics Inc.
 Zyrtec® ... Contact: Pfizer Inc



Log on to
<http://buyersguide.aarc.org> to
 locate the companies that sell the
 products you want.



2012 Summer Meetings

July 12–15, 2012

Thursday–Sunday



Hilton Santa Fe Golf Resort & Spa at Buffalo Thunder • Santa Fe, NM

American Association for Respiratory Care

Combine a truly rewarding experience with a great new summer resort destination.

AARC Summer Forum

July 13-15

Concurrent Sessions for Managers and Educators

Pre-Summer Forum Sessions

July 12

- NBRC-Sponsored Item Writing Workshop
- CoARC Meet the Commission
- New Special Session – Building a Simulation Toolbox

Post-Summer Forum Session

July 15

- New Special Session – Getting the Best Return on Your Investment: Maximizing Patient Education

Come Thursday through Sunday to maximize your investment while you enjoy this great location.

For complete details, visit the website at

www.AARC.org/education/meetings

Here are just a few of the Summer Forum sessions that will be offered*:

Plenary Session

■ THE TRANSFORMATION OF RESPIRATORY CARE: MORE OF THE SAME OR A DEFINING MOMENT FOR THE PROFESSION?

In this presentation, Patrick Dunne, RRT, FAARC and past-president of the AARC will dissect the current and pending changes to both healthcare as a whole and the profession of respiratory therapy. Are significant changes really possible? What must the profession do to keep pace? Attend this riveting keynote presentation to find out!

Education Section

■ WIN/WIN PROGRAM DEVELOPMENT: DOING MORE WITH LESS

Hospital-based clinical preceptors are often an overlooked adjunct of a program's teaching faculty. This presentation will discuss opportunities to maximize the role, skills, and attributes of the clinical preceptors to maximize their value to an educational program. Presenter will discuss the Clinical PEP preceptor training module that should be a "must" for any program.

■ LEADING GRADUATE & UNDERGRADUATE RESEARCH TEAMS

Does your program incorporate research projects into your curriculum? Should you? Attend this presentation as the lecturer defines the role of faculty in research-based learning, what should be expected of students, and instructional tools on teaching students the skills to draft abstracts and manuscripts for publication in a scientific journal.

Management Section

■ WHAT'S THE EVIDENCE AND HOW DO WE MARKET OUR SERVICES?

Published evidence clearly shows that RTs provide value to the patient, hospital and healthcare team. Why is it then that respiratory care managers struggle in defining value to those in the C-suite? This session will provide a "copy & paste" marketing plan that managers can use in their own institutions to help bring value-added opportunities to their department.

■ STAFFING YOUR DEPARTMENT

The Affordable Care Act will force hospitals and RT departments to operate as lean as possible. With staffing and human resources accounting for more than 50% of an organization's total expenses, managers must possess the knowledge and tools to make appropriate staffing decisions. Attendees will better understand the value of the AARC URM, how to use it, and how to create your own staffing model to ensure 100% productivity of your staff.

Pre- and Post- Summer Forum Special Sessions will be offered at a nominal charge.

Most sessions at the AARC Summer Meetings are approved for CRCE® contact hours. All programs are presented at the Santa Fe Hilton at Buffalo Thunder just outside Santa Fe, NM.

Discounts are available for hotel and travel.

* Topics are subject to change.

Consumer Buyer's Guide



B

Beds

BOMImed Ltd.
Hill-Rom
Intersurgical®
Invacare Corporation
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
Medline Industries, Inc.
Midmark
Omron Healthcare Inc.
Praxair Healthcare Services
Schiller America Inc
SunTech Medical
The ScottCare Corporation
Tri-anim
Vital Signs a GE Healthcare Company
W.A. Baum Co. Inc.

Monitors

Airborne Life Support Systems™
Cardiac Science
CASMED® – CAS Medical Systems, Inc.
Criticare Systems Inc.
Invivo
Mediaid, 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)

Besmed Health Business Corp.
Covidien (Massachusetts)
Electromed, Inc.
Engineered Medical Systems, Inc.
EPER Ltd.
GaleMed® Corporation
General Physiotherapy Inc.
Hill-Rom
Medical Support Products, Inc.
Praxair Healthcare Services
Pulmodyne®
Smiths Medical, Critical Care
Thayer Medical
Vortran Medical Technology 1, Inc.®

Cough-Assist Devices

Advantage Medical Systems
Aptalis
CareFore Medical®
Dymedso
General Cardiac Technology, Inc.
General Physiotherapy Inc.
Hill-Rom
Medical Acoustics, LLC
Nightingale-Alan Medical Inc
Philips Respironics
Praxair Healthcare Services
Smiths Medical, Critical Care
United Hayek Medical

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

AG Industries
Avalon Aire Inc.
CareFore Medical®
CareFusion
Covidien
DeVilbiss® Healthcare
Global Medical Holdings, LLC
Innomed Technologies Inc.
Medline Industries, Inc.
Pepper Medical Inc®
Philips Respironics
Praxair Healthcare Services
Pulmodyne®
ResMed Corp
Strapparatus® Corporation
Tri-anim
VacuMed
Vital Signs a GE Healthcare Company
Vitaline, Inc.

2012 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)****Pulse Oximeters****Stethoscopes****Suction Devices & Supplies (Portable)****Ventilator Supplies****(Tracheostomy Tubes)****Ventilators**

Head Straps

AG Industries
 Avalon Aire Inc.
 Besmed Health Business Corp.
 CareFore Medical®
 CareFusion
 Covidien
 DeVilbiss® Healthcare
 Fisher & Paykel Healthcare, Inc.
 GaleMed® Corporation
 Global Medical Holdings, LLC
 Hans Rudolph, inc.
 Hsiner Co., Ltd.
 Innomed Technologies Inc.
 Koo Americas, Inc.
 Medline Industries, Inc.
 NuMask Inc.
 Pepper Medical Inc®
 Philips Respironics
 Praxair Healthcare Services
 Pulmonary®

ResMed Corp
 RespCare, Inc.
 Strapparatus® Corporation
 Tri-anim
 VacuMed
 Vital Signs a GE Healthcare
 Company

Masks

Afton Medical LLC
 AG Industries
 Besmed Health Business Corp.
 Breas Medical, Inc
 CareFore Medical®
 CareFusion
 Covidien
 DeVilbiss® Healthcare
 Discover Medical Devices
 Fisher & Paykel Healthcare, Inc.
 GaleMed® Corporation
 GF Health Products, Inc.

Global Medical Holdings, LLC
 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
 Pulmonary®
 R1 Technologies
 ResMed Corp
 RespCare, Inc.
 Sleepnet Corporation
 Tri-anim
 Vital Signs a GE Healthcare
 Company
 Vitaline, Inc.

Ask Your Physician

Questions, Questions, Questions



Respiratory therapists from the AARC can help you decide what to ask your physician during your next visit

Whether you've been newly diagnosed with a respiratory condition, have had one for a while, or just suspect something may be wrong with your lungs, you will probably be seeing your doctor soon. But knowing everything you want to ask — or should ask — during your office visit can be a real challenge.

Throughout this special "Consumer Buyer's Guide" you'll find six lists of questions about common respiratory problems that respiratory therapists from the American Association for Respiratory Care (AARC) believe you should consider asking the next time you see your doctor. So check them out and then use them to make sure you get all the information you need and want when you meet with your physician. You can also download the lists separately on the AARC's consumer website at www.YourLungHealth.org by clicking on the "Finding Care" link. ■

Topics For Professor's Rounds 2012

■ The Mandate to Reduce Hospital Readmissions - How Respiratory Therapists Can Help

John R. Walton, MBA RRT FAARC
Sam Giordano, MBA RRT FAARC

monaghan™

■ Medical-Legal Implications of the Changing Healthcare System for Respiratory Therapists

Anthony L DeWitt, JD RRT FAARC
Doug Laher, MBA RRT

■ Reducing Cost While Adding Value - Critical Roles for Respiratory Therapists

Rick Ford, BS RRT FAARC
Doug Laher, MBA RRT

Dräger

■ Managing the Chronically Ill Pediatric Respiratory Patient

Bruce K Rubin, MD MEngr MBA FAARC
Timothy R. Myers, BS RRT-NPS

■ Educating Patients with Chronic Respiratory Disease – RTs Make the Difference

Timothy R. Myers, BS RRT-NPS
Tom Kallstrom, MBA RRT FAARC

■ Palliative and End-of-Life Care: What Respiratory Therapists Need to Know

J.Randall Curtis, MD MPH
Dean Hess, PhD RRT FAARC

■ Get 'Em Movin' - Early Mobility for Ventilator-Dependent Patients

Eddy Fan, MD FRCPC
Dean Hess, PhD RRT FAARC

 **CareFusion**

■ Improving Patient Safety - How Respiratory Therapists Can Contribute

Karen Frush, MD
Ira Cheifetz, MD

BONUS

Effectively Treating Tobacco Dependence:

We Can Move the Mountain

Michael Fiore, MD MPH MBA
Sam Giordano, MBA RRT FAARC

As shown above, some topics are sponsored in part by unrestricted educational grants.

We would like to thank our Sponsors for supporting Professor's Rounds through unrestricted educational grants. The AARC has the sole responsibility of assuring appropriate educational content of Professor's Rounds.

PLEASE NOTE: One topic is released each month beginning in April 2012 and will be shipped automatically to series purchasers. Topics and presenters are subject to change.



PROFESSOR'S ROUNDS 2012

RESPIRATORY THERAPISTS ADDING VALUE IN THE CHANGING HEALTHCARE SYSTEM

Improve Patient Safety to Improve Patient Care

THE AARC PROFESSOR'S ROUNDS FOR 2012 PROVIDES:

Eight [8] lectures on topics associated with patient safety and the role of the respiratory therapist

BONUS! WITH SERIES PURCHASE

Tobacco Cessation Program
Michael C. Fiore, MD MPH MBA
- a \$320 value!

- ✓ Provides 8 in-service training lectures for your entire facility
- ✓ Presented by recognized leaders and specialists in the trends and practices featured
- ✓ Approved for 1 CRCE per topic per participant for your entire facility
- ✓ Includes complete Proctor Guide, Course Materials, Attendance Logs, and Completion Certificates
- ✓ Adjusts to flexible schedules with the DVD that can be viewed at any time
- ✓ Eliminates travel expense and time, allowing faster return to patient care
- ✓ Invite other health care colleagues in your institution to view these programs

AARC Professor's Rounds 2012 - The Series includes 8 scheduled lectures + 1 bonus lecture

ITEM # PR2012S

Nonmember Price \$1,605

MEMBER PRICE \$1,420

**Member
Savings
\$185**



Individual topics will be available for purchase as released.

Visit www.aarc.org/education for more information.

Systems

Airon Corporation
 Automated Control Systems
 B&B Medical Technologies
 CareFore Medical®
 CareFusion
 CooperSurgical, Inc.
 Covidien
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Fisher & Paykel Healthcare, Inc.
 Global Medical Holdings, LLC
 Hamilton Medical, Inc.
 Innomed Technologies Inc.
 Medline Industries, Inc.
 Natus Medical Incorporated
 Neotech Products, Inc.
 Nightingale-Alan Medical Inc
 Philips Respironics

Praxair Healthcare Services
 ResMed Corp
 RespCare, Inc.
 Respiralogics
 Sleep Services of America, Inc.
 Vital Signs a GE Healthcare
 Company
 VitaLine, Inc.

Tubing

A-M Systems
 Afton Medical LLC
 AG Industries
 Breas Medical, Inc
 CareFore Medical®
 CareFusion
 CooperSurgical, Inc.
 Covidien
 DeVilbiss® Healthcare

Fisher & Paykel Healthcare, Inc.
 GaleMed® Corporation
 Global Medical Holdings, LLC
 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 a GE Healthcare
 Company
 VitaLine, Inc.

Ask Your Physician

30 Questions...

Respiratory Therapists Want You To Ask Your Physician About Your Asthma



1. What is asthma?
2. What kinds of tests should I get to be sure I have it?
3. How did I get asthma?
4. Is asthma hereditary?
5. Do you follow the National Institutes of Health's "NAEPP Expert Panel Report 3" guidelines for the management of asthma?
6. Should I be getting immunizations such as the flu shot and pneumonia shot? If so, which ones should I get, and how often should I get them?
7. How are you planning to treat my asthma, and why did you choose these treatments for me?
8. How do these treatments work?
9. What's the difference between the quick-relief medication and the controller medication?
10. What kind of side effects do these treatments have, and what can I do about them?

E

Education, Patient and Family**Books/Pamphlets**

American Association for
Respiratory Care
BC Decker Inc.
CareFusion
College of DuPage Press
Covidien
Daedalus Enterprises, Inc.
DeVilbiss® Healthcare
Monaghan Medical Corporation
Mosby/Saunders-Elsevier

National Lung Health Education
Program
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

CDs/DVDs

Birthways, Inc
Boston Medical Products, Inc.
CareFusion
College of DuPage Press

Covidien
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

Internet-Based

American Association for
Respiratory Care
Boston Medical Products, Inc.

Prepared with input from: AARC members Karen Gregory, RRT, AE-C, FAARC, advanced practice nurse, respiratory therapist, and certified asthma educator at the Oklahoma Allergy & Asthma Clinic in Oklahoma City, OK; and Rhonda Vosmus, RRT-NPS, AE-C, asthma education specialist for the AH! Asthma Health Program at Maine Medical Center in Portland, ME.

11. Who will teach me how to use my asthma inhalers correctly?
12. Are there any asthma education programs in our community that I could attend to learn more about asthma?
13. Are there any alternative medications that could help my asthma?
14. Will my smoking, or the smoking of people who live in my home, affect my asthma?
15. Can secondhand smoke affect my asthma even if the person smokes outside?
16. Do I have to give away my pets just because I have asthma?
17. What are some of the things that can make my asthma worse, and what can I do to minimize my exposure to them?
18. Should I be tested to see what I am allergic to? What kinds of allergy tests should I have?
19. If I test positive, should I get allergy shots?
20. Can I still exercise or play sports?
21. If I do play sports, what precautions should I take?
22. Are there any activities that I shouldn't do because of my asthma?
23. When does my child need to stay home from school because of asthma?
24. How can I tell if my asthma is getting worse, and what should I do if that happens?
25. Should I be using a peak flow meter to measure how well I am breathing?
26. How often should I be getting pulmonary function testing?
27. How often should I see my clinician?
28. What kind of financial assistance is available to help me cover the costs of my asthma medications?
29. Will you give me an asthma action plan to help me manage my asthma?
30. When should I call your office or go to the emergency room if my asthma gets worse?

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

Software

Cardionics, Inc.
College of DuPage Press
Methapharm Inc.
Sleep Multimedia, Inc.

Equipment Accessories

Cases/Covers

Air Lift Oxygen Carriers
CareFusion
Cramer Decker Medical
DeVilbiss® Healthcare
EPER Ltd.
Fordion Packaging LTD.
Futuremed
Instrumentation Industries, Inc.
MES, Inc.
Michigan Instruments, Inc.

Northern Pacific Medical LLC®
Pentair Porous Media
ResMed Corp
Salter Labs
Vortran Medical Technology 1,
Inc.®

Mountings/Holders/I.V.

A Plus Medical
Baitella AG
CareFusion
Falls Welding & Fabricating, Inc.
GCX® Corporation
I.V. League Medical
Instrumentation Industries, Inc.
Marpac Inc.
MES, Inc.
Northern Pacific Medical LLC®
Tenacore Holdings, Inc.

Equipment Cleaning/ Disinfection

Detergents

Maril Products Inc.
Medline Industries, Inc.
Passy-Muir, Inc.
Praxair Healthcare Services

Vital Technologies, Inc.

Disinfectants/Deodorants

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

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

F

Filters (Room Air)

Austin Air Systems
Biological Controls Inc.

Ask Your Physician

19 Questions...



Respiratory Therapists Want You To Ask Your Physician About Your Aerosol Delivery Devices

1. What kind of inhalers are you prescribing for my respiratory condition?
2. Why are you giving me these medications? Are there other choices?
3. Why do I need more than one type of inhaler, and what is the difference between these different inhalers?
4. Why do I have to use a holding chamber with my inhaler?
5. Why do I have to take a slow breath when using an MDI?
6. What is the purpose of a breath hold when using an MDI?

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
Allied Healthcare Products, Inc.®
Bio-Medical Devices
International™
CareFusion
DeVilbiss® Healthcare
GaleMed® Corporation
GE Healthcare
Hans Rudolph, inc.
King Systems Corporation
Koo Americas, Inc.
Medline Industries, Inc.
Mercury Medical®
NASORCAP Medical, Inc.
Pall Medical

Praxair Healthcare Services
Smiths Medical, Critical Care
Spiracle Technology
Teleflex Medical
Vital Signs a GE Healthcare
Company
Westmed, Inc.

H

HEPA Filtration

AG Industries
ARC Medical Inc.
Biological Controls Inc.
CareFore Medical®
GaleMed® Corporation
INMABU®
King Systems Corporation
Pentair Porous Media
Porous Media Corporation
Praxair Healthcare Services
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
Baitella AG
Bio-Med Devices, Inc.
CareFore Medical®
Cramer Decker Medical
Falls Welding & Fabricating, Inc.
Genstar Technologies Co., Inc.
(GENTEC®)
I.V. League Medical
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
R1 Technologies
Responsive Respiratory Inc.

Prepared with input from: AARC members Douglas S. Gardenhire, EdD, RRT-NPS, director of clinical education, Byrdine F. Lewis School of Nursing and Health Professions, Georgia State University, Atlanta, GA; and Timothy R. Myers, MBA, RRT-NPS, director, woman's and children's respiratory care and procedural services and Pediatric Heart Center, Rainbow Babies & Children's Hospital and MacDonald Women's Hospital, Cleveland, OH.

7. Why should I rinse my mouth after an MDI treatment? Do I need to do this after all of my medications?
8. How do I clean my respiratory devices?
9. How will I know when the device is empty?
10. How can I tell if my child is using his rescue inhaler too often?
11. I find it difficult to use an inhaler. Is there another way I can get my respiratory medications besides using an inhaler?
12. Should I breathe in through my nose or through my mouth when receiving an aerosol treatment using an aerosol mask?

13. How will I be able to get my infant to accept treatment with the nebulizer?
14. How long should a breathing treatment last for an adult? For a child?
15. Can I use the blow-by technique?
16. Do I need to use a mouthpiece?
17. How often do I change the nebulizer?
18. Do I still need to take my breathing treatments when I am no longer wheezing?
19. What kind of financial assistance is available to help me cover the costs of my aerosol medications?

Teleflex Medical
TRG, Inc.
Vortran Medical Technology 1,
Inc.[®]
W.T. Farley, Inc.
Western Medica

Carts/Racks

Advantage Medical Systems
Air Liquide Healthcare America
Corp
Airgas Puritan Medical
CareFore Medical[®]
Cramer Decker Medical
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Genstar Technologies Co., Inc.
(GENTEC[®])
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

Advantage Medical Systems
Air Liquide Healthcare America
Corp
Airgas Puritan Medical
Allied Healthcare Products, Inc.[®]
CareFore Medical[®]
Cramer Decker Medical
DeVilbiss[®] Healthcare
Falls Welding & Fabricating, Inc.
Flotec, Inc.
Luxfer Gas Cylinders
Medline Industries, Inc.
Praxair Healthcare Services
Responsive Respiratory Inc.
Spiracle Technology
TRG, Inc.
W.T. Farley, Inc.
Western Medica

Gauge Protectors

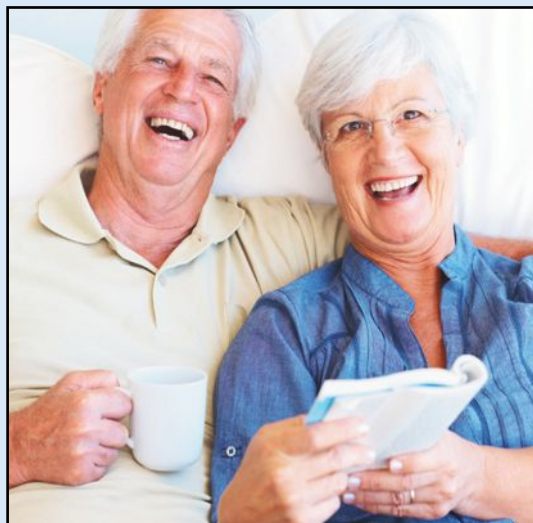
Air Liquide Healthcare America
Corp
Air Products
Cramer Decker Medical
Flotec, Inc.
Instrumentation Industries, Inc.
Medline Industries, Inc.
MES, Inc.
Praxair Healthcare Services
Smiths Medical, Critical Care
TRG, Inc.
VacuMed
W.T. Farley, Inc.
Western Medica

Medical Gas Supplies (Oxygen)

Advanced Aeromedical, Inc.
Advantage Medical Systems
Air Liquide Healthcare America
Corp
Air Products
Airgas Puritan Medical
Amvex[®]

Ask Your Physician

22 Questions...



Respiratory Therapists Want You To Ask Your Physician About Your COPD

1. What is COPD?
2. How did I get this condition?
3. What kinds of tests will you give me to make sure I have it?
4. What are some of the things that may make my COPD worse, and how can I avoid them?
5. Will quitting smoking help me get better?
6. What can you do to help me quit?
7. Are there any vaccinations that can help keep my lungs healthier?
8. I have never smoked. What else could be causing my COPD, and can you test me for it?

Bio-Medical Devices International™
 DeVilbiss® Healthcare
 Flotec, Inc.
 Maxtec®
 Medline Industries, Inc.
 Oxigraf Inc.
 OxySure® Systems, Inc.
 Praxair Healthcare Services
 R1 Technologies
 Responsive Respiratory Inc.
 Spiracle Technology
 W.T. Farley, Inc.

Medication/Aerosol Delivery Devices

Aerosol Masks

A-M Systems
 Afton Medical LLC
 AG Industries
 Allied Healthcare Products, Inc.®
 Besmed Health Business Corp.
 Bio-Medical Devices International™

CareFore Medical®
 DeVilbiss® Healthcare
 Dey Pharma, L.P.
 GaleMed® Corporation
 Global Medical Holdings, LLC
 Healthline Medical, Inc.
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
 Mercury Medical®
 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 a GE Healthcare Company
 Westmed, Inc.

Air Compressors

Advantage Medical Systems
 Airborne Life Support Systems™
 Allied Healthcare Products, Inc.®
 CareFore Medical®
 DeVilbiss® Healthcare
 GE Healthcare
 Global Medical Holdings, LLC
 Hsiner Co., Ltd.
 Medical Support Products, Inc.
 Medline Industries, Inc.
 Nidek Medical Products, Inc.
 PARI Respiratory Equipment, Inc.
 Pentair Porous Media
 Praxair Healthcare Services
 Precision Medical, Inc.
 Salter Labs
 VacuMed
 Vortran Medical Technology 1, Inc.®

Holding Chambers

Dey Pharma, L.P.
 GaleMed® Corporation
 Healthline Medical, Inc.

Prepared with input from: AARC members Scott Cerreta, BS, RRT, director of education, COPD Foundation; and Debbie Koehl, MS, RRT, AE-C, program coordinator, pulmonary rehab and patient education program, Indiana University Health Methodist Hospital, Indianapolis, IN, with the able assistance of patients from the COPD Foundation's COPD Information Line and participants in the Indiana University Health Methodist Hospital pulmonary rehabilitation program.

9. What kind of medications will you prescribe to treat my COPD?
10. Why are you giving me these medications, and how will they help me breathe better?
11. What are the side effects of these medications?
12. Who will teach me how to use my medications correctly?
13. How can I tell if these medications are working for me?
14. What are some of the signs that my COPD may be getting worse, and what should I do if I think this is happening?
15. What can I do to keep from getting a lung infection that might put me in the hospital?
16. Is there any type of pulmonary rehabilitation program for people with COPD; and if so, where can I find one in my community?

17. Is it safe for someone with COPD to engage in exercise?
18. Is it safe to engage in sexual activities?
19. Are there any support groups in our community for people with COPD that I could join?
20. What kind of financial assistance is available to help me cover the costs of my COPD medications?
21. What can I do if I become overly anxious about my inability to breathe freely?
22. Will I need to be put on supplemental oxygen to treat my COPD?

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
 Airon Corporation
 Allied Healthcare Products, Inc.®
 B&B Medical Technologies
 CareFore Medical®
 Clement Clarke International Ltd.
 DeVilbiss® Healthcare
 GaleMed® Corporation
 Global Medical Holdings, LLC

Hamilton Medical, Inc.
 Healthline Medical, Inc.
 Intersurgical®
 Koo Americas, Inc.
 Meditrack Products
 Medline Industries, Inc.
 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 a GE Healthcare
 Company
 Vortran Medical Technology 1,
 Inc.®
 Westmed, Inc.
 Wolfe Tory Medical, Inc.

Metered-Dose Inhalers (Hand-held)

A-M Systems
 Instrumentation Industries, Inc.
 Meditrack Products
 Philips Respironics
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Thayer Medical

Nebulizers

Breath-Actuated

Cramer Decker Medical
 Global Medical Holdings, LLC
 Healthline Medical, Inc.
 Koo Americas, Inc.
 Meditrack Products
 Medline Industries, Inc.
 Monaghan Medical Corporation
 Praxair Healthcare Services

Ask Your Physician

19 Questions...



Respiratory Therapists Want You To Ask Your Physician About Your Home Oxygen

1. Why are you prescribing home oxygen for me?
2. What type of oxygen equipment are you prescribing, and why did you select this type of equipment for me?
3. Who will provide this equipment to me, and how will I get it?
4. How can I be assured that I have the right device for oxygen delivery?
5. Is my home oxygen equipment portable enough for me to easily do things outside of my home, or will I be home bound?

Continuous

Aerogen
 B&B Medical Technologies
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Global Medical Holdings, LLC
 Healthline Medical, Inc.
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Mercury Medical®
 Methapharm Inc.
 Philips Respironics
 Praxair Healthcare Services
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 VacuMed
 Vital Signs a GE Healthcare
 Company
 Westmed, Inc.

Hand-held

A-M Systems
 Aerogen
 Afton Medical LLC
 Allied Healthcare Products, Inc.®
 Cramer Decker Medical
 DeVilbiss® Healthcare
 GaleMed® Corporation
 Global Medical Holdings, LLC
 Healthline Medical, Inc.
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
 Methapharm Inc.
 Omron Healthcare Inc.
 PARI Respiratory Equipment, Inc.
 Philips Respironics
 Praxair Healthcare Services
 Salter Labs
 Smiths Medical, Critical Care
 Teleflex Medical
 VacuMed

Vital Signs a GE Healthcare
 Company
 Vortran Medical Technology 1,
 Inc.®
 Westmed, Inc.

Pneumatic

Allied Healthcare Products, Inc.®
 DeVilbiss® Healthcare
 Global Medical Holdings, LLC
 Healthline Medical, Inc.
 Hsiner Co., Ltd.
 Koo Americas, Inc.
 Medline Industries, Inc.
 Omron Healthcare Inc.
 Praxair Healthcare Services
 Smiths Medical, Critical Care
 Vital Signs a GE Healthcare
 Company
 Vortran Medical Technology 1,
 Inc.®

Prepared with input from: AARC members Kimberly Wiles, BS, RRT, CPFT, vice president of respiratory services, Klingensmith HealthCare, Kittanning, PA; and Robert McCoy, BS, RRT, FAARC, owner and managing director, Valley Inspired Products, Inc., Apple Valley, MN.

6. Do I need to wear my oxygen all of the time or just some of the time? When should I wear it?
7. Who will teach me how to use my home oxygen correctly? Will a respiratory therapist train me?
8. How often do I need to change my nasal cannula?
9. What do I need to do to ensure that my home is a safe place for the use of home oxygen?
10. Can I still do everyday activities like cooking and showering while wearing my home oxygen?
11. Will I be able to change how much oxygen is flowing out of the tank or concentrator? If so, when should I make changes?
12. I have seen people on oxygen who use finger monitors. Should I have one too?

13. How can I tell if my oxygen is running out? If it is, what should I do?
14. Is it possible to travel while using oxygen?
15. What special plans must I make to travel with my home oxygen, and who can help me make those plans?
16. How will I know if my home oxygen equipment is operating properly, and whom do I call if it is not?
17. What should I do if the electricity goes out and my home oxygen equipment quits working?
18. Will I become addicted to oxygen?
19. Will I have to wear oxygen for the rest of my life?

Ultrasonic

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

Tubing

A-M Systems
Advantage Medical Systems
Afton Medical LLC
AG Industries
Allied Healthcare Products, Inc.®
Bay Corporation
Besmed Health Business Corp.
CareFore Medical®
Covidien (Massachusetts)
DeVilbiss® Healthcare
Fisher & Paykel Healthcare, Inc.
GaleMed® Corporation
Hi-Tech Medical™
Hsiner Co., Ltd.
Instrumentation Industries, Inc.
Medisize US, 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
Cornerstone™ Therapeutics Inc.
Dey Pharma, L.P.
Forest Pharmaceuticals, Inc.

Bronchodilators

3M Pharmaceuticals
Boehringer Ingelheim
Pharmaceuticals, Inc.
Dey Pharma, L.P.
Nephron Pharmaceuticals
Corporation
Novartis Pharmaceuticals
Corporation

Praxair Healthcare Services
Sunovion Pharmaceuticals Inc.

Leukotriene Modifiers

AstraZeneca Pharmaceuticals, LP
Cornerstone™ Therapeutics Inc.

Mucolytics

Genentech, Inc.
Praxair Healthcare Services

Saline

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

Sterile Water

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

Ask Your Physician

17 Questions...



Respiratory Therapists Want You To Ask Your Physician About Your Obstructive Sleep Apnea

1. Why do you think I might have obstructive sleep apnea (OSA)?
2. What are some of the common symptoms?
3. What could be causing this condition?
4. Are there any lifestyle changes I can make to improve my sleep apnea?
5. Do I need to have a sleep test to determine if I have OSA?

Monitors (Apnea Monitors/Recorders)

Advantage Medical Systems
 Airborne Life Support Systems™
 Ambulatory Monitoring, Inc.
 Braebon Medical Corporation
 CareFusion
 CleveMed
 Grass Technologies, an Astro-Med, Inc. Subsidiary
 Invivo
 Masimo Corporation
 MIR Medical International Research
 Natus Medical Incorporated
 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
 AEROLUNG CORP
 Afton Medical LLC
 AG Industries
 Airgas Puritan Medical
 Allied Healthcare Products, Inc.®
 Besmed Health Business Corp.
 Braebon Medical Corporation
 CHAD® Therapeutics
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Fisher & Paykel Healthcare, Inc.
 Flotec, Inc.
 GaleMed® Corporation
 Hsiner Co., Ltd.
 Intersurgical®
 Koo Americas, Inc.
 MAQUET, Inc
 Medline Industries, Inc.

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 a GE Healthcare Company
 Western Medica
 Westmed, Inc.

Concentrators

Portable

Advantage Medical Systems
 AirSep® Corporation
 Automated Control Systems
 Caire, Inc.
 Chart SeQual Technologies Inc.
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Inogen, Inc.

Prepared with input from: AARC member Sheri Tooley, BSRT, RRT-NPS, CPFT, AE-C, respiratory care education supervisor, Rochester General Hospital, Rochester, NY.

- 6. What does a sleep test entail?
- 7. Can I have this test done at home, or do I have to go to a sleep center?
- 8. How can I find a good sleep center?
- 9. How do I know that the sleep center conforms to the standards of care?
- 10. How is sleep apnea treated?
- 11. What are the risks and benefits of each of these types of treatment?
- 12. How will you decide which treatment is best for me?
- 13. What are the side effects of these treatments?

- 14. What will my alternatives be if I end up not being able to tolerate the treatment you prescribe for me?
- 15. What should I do if I experience any side effects?
- 16. Are there any complications of OSA? If so, what are they and how can I tell if I have them?
- 17. Will treatment help me avoid or minimize these complications?

Inova Labs, Inc.
 Invacare Corporation
 Medical Support Products, Inc.
 Philips Respironics

Stationary

Advantage Medical Systems
 AirSep® Corporation
 Automated Control Systems
 Caire, Inc.
 Chart SeQual Technologies Inc.
 Cramer Decker Medical
 DeVilbiss® Healthcare
 GF Health Products, Inc.
 Invacare Corporation
 Nidek Medical Products, Inc.
 Parker Hannifin – Precision
 Fluidics Division
 Philips Respironics

Conserving Devices

Advantage Medical Systems
 Allied Healthcare Products, Inc.®
 Automated Control Systems
 Caire, Inc.
 CHAD® Therapeutics
 Covidien
 Cramer Decker Medical

DeVilbiss® Healthcare
 Emergent Respiratory
 Products, Inc.
 Flotec, Inc.
 GaleMed® Corporation
 Global Medical Holdings, LLC
 Medline Industries, Inc.
 Parker Hannifin – Precision
 Fluidics Division
 Philips Respironics
 Praxair Healthcare Services
 Precision Medical, Inc.
 Responsive Respiratory Inc.
 Spiracle Technology
 Teleflex Medical
 TRG, Inc.
 Vortran Medical Technology 1,
 Inc.®
 Western Medica

Cylinders

Advantage Medical Systems
 Air Liquide Healthcare America
 Corp
 Airgas Puritan Medical
 Allied Healthcare Products, Inc.®
 Cramer Decker Medical
 DeVilbiss® Healthcare

Falls Welding & Fabricating, Inc.
 Flotec, Inc.
 Luxfer Gas Cylinders
 Medline Industries, Inc.
 Michigan Instruments, Inc.
 Praxair Healthcare Services
 Responsive Respiratory Inc.
 Spiracle Technology
 TRG, Inc.
 W.T. Farley, Inc.
 Western Medica

Liquid Systems, Home

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

Lotions/Gels

AG Industries
 Cann-Ease Co.
 LouSal Enterprises Inc.

Ask Your Physician

17 Questions...



Respiratory Therapists Want You To Ask Your Physician About Your CPAP Device

1. Who will provide my CPAP equipment, and why are you recommending this provider?
2. How will my CPAP device be adjusted for my specific needs?
3. Who will fit me for the CPAP device and teach me how to use it correctly?
4. How many hours a night do I need to use the CPAP for it to be effective?

Masks (Simple Oxygen)

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

Nasal Prongs

DeVilbiss® Healthcare
 Fisher & Paykel Healthcare, Inc.
 MAQUET, Inc
 Teleflex Medical

**Portable Oxygen
Accessories**

Advantage Medical Systems
 AG Industries
 Air Lift Oxygen Carriers
 Air Liquide Healthcare America
 Corp
 Allied Healthcare Products, Inc.®
 Caire, Inc.
 CHAD® Therapeutics
 Cramer Decker Medical
 DeVilbiss® Healthcare
 Flotec, Inc.
 GaleMed® Corporation
 Luxfer Gas Cylinders
 Medline Industries, Inc.
 Passy-Muir, Inc.
 Pentair Porous Media
 Pneuline Supply Inc.
 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
 Advantage Medical Systems
 Armstrong Medical Industries Inc.
 CareFore Medical®
 Clement Clarke International Ltd.
 Clinical Guard
 DeVilbiss® Healthcare
 Dey Pharma, L.P.
 Equilibrated Bio Systems Inc
 Futuremed
 GaleMed® Corporation
 Global Medical Holdings, LLC
 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

Prepared with input from: Tony Stigall, MBA, RRT, RPSGT, president, Space Coast Sleep Disorders Center, Melbourne, FL; and Karla Smith, BS, RRT, RPSGT, sleep center coordinator, St. Alexius Medical Center, Bismarck, ND.

5. How long will it take me to get used to wearing the CPAP interface while sleeping?
6. What kind of side effects can I expect from using CPAP?
7. What can I do to minimize these side effects?
8. If I cannot tolerate the interface given to me at the beginning of treatment, will there be other options I can try?
9. Is it safe to travel with my CPAP device?
10. Can I take it on an airplane or cruise?
11. How do I clean my CPAP device?
12. How often should I replace my mask, hose, and filters? Where do I get them?
13. Will these new supplies be covered by my insurance?
14. Will Medicare or my insurance company cover the cost of my CPAP unit?
15. If I am on Medicare, are there certain rules regarding my compliance with the treatment that I must follow?
16. Who should I call if I have problems with my CPAP device?
17. What should I do if I still feel sleepy during the day after using my CPAP as prescribed?

Salter Labs
SDI Diagnostics®
Sibel S.A.
Smiths Medical, Critical Care
Spirometrics Medical Equipment
Co.
Teleflex Medical
Tri-anim
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.

Pulse Oximeters

Advantage Medical Systems
AG Industries
Airborne Life Support Systems™
Airgas Puritan Medical
Allied Healthcare Products, Inc.®
Armstrong Medical Industries Inc.
Cardiac Science
CareFore Medical®
CareFusion
CASMED® – CAS Medical
Systems, Inc.
Clinical Guard
COSMED USA, Inc.
Covidien
Criticare Systems Inc.
Dixtal Medical, Inc.™
Flotec, Inc.
Futuremed
GE Healthcare
Grass Technologies, an Astro-
Med, Inc. Subsidiary
Invivo
Martab Medical
Masimo Corporation
Maxtec®
Mediaid, Inc.
Medical Graphics Corporation
Medical Support Products, Inc.
Medline Industries, Inc.
Micro Direct Inc.
MIR Medical International
Research
Natus Medical Incorporated
Nihon Kohden America
Nonin Medical, Inc.
OPTI Medical Systems Inc.
Philips Healthcare
Philips Respironics

Physio-Control, Inc., a division of
Medtronic, Inc.
Praxair Healthcare Services
Radiometer America Inc.
ResMed Corp
Responsive Respiratory Inc.
SDI Diagnostics®
SenTec™ AG, by Master
Distributor Bemes
Smiths Medical North America –
Patient Monitoring
Smiths Medical, Critical Care
Spacelabs Healthcare
SPO Medical Equipment Ltd.
TheraSnore By Distar
Tri-anim

S

Stethoscopes

Armstrong Medical Industries Inc.
Cardionics, Inc.
Medical Support Products, Inc.
Medline Industries, Inc.
Philips Healthcare
Praxair Healthcare Services
Ren-Lor Medical Stethoscopes
Tri-anim
UltraScope® Inc.

Suction Devices & Supplies (Portable)

Airborne Life Support Systems™
Allied Healthcare Products, Inc.®
Armstrong Medical Industries Inc.
Boston Medical Products, Inc.
CareFore Medical®
CooperSurgical, Inc.
DeVilbiss® Healthcare
Flotec, Inc.
GaleMed® Corporation
GF Health Products, Inc.
Global Medical Holdings, LLC
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
RMS Medical Products
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
Breathe Technologies, Inc.
CareFusion
Covidien
Futuremed
GE Healthcare
General Biomedical Service, Inc.
Impact Instrumentation, Inc.
Medline Industries, Inc.
Newport Medical
Instruments, Inc.
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, Inc.
Hamilton Medical, Inc.
Innomed Technologies Inc.
MAQUET, Inc
Medline Industries, Inc.
Newport Medical
Instruments, Inc.
Philips
Philips Respironics
Praxair Healthcare Services
ResMed Corp

Marketplace


Featuring information on products and equipment from manufacturers



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Hypodermic Needles

Terumo Medical Corporation received FDA 510k clearance to market their 25-gauge K-Pack Surshield™ hypodermic needle featuring integrated, passive sharps protection for use with pre-filled syringes for intramuscular and subcutaneous pharmaceutical applications. The K-Pack Surshield comes individually packaged and sterile in a rigid container with a tamper-evident and color-coded label.

www.terumo-europe.com/pharmaceutical



► **Press releases and photos on new products are welcome. Send to Marsha Cathcart, AARC Times editor, at cathcart@aacr.org.**

AARC Congress – New Orleans, LA

November 10–13

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Congress 2012



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for the latest information
on AARC Congress 2012.



New Orleans is alive, well, and ready for AARC Congress 2012

For decades, New Orleans was one of the most popular convention and leisure destinations in the United States, attracting up to 9 million visitors every year. All that came to a screeching halt on Aug. 29, 2005, when Hurricane Katrina barreled onto shore causing devastation beyond belief. In the storm's aftermath, the community rallied around the recovery efforts, and the New Orleans Convention & Visitor's Bureau quickly began rebuilding its brand as one of the premier convention cities in America.

Thankfully, the historic French Quarter was relatively untouched by the storm, and the city slowly began to improve. As the levees were repaired, city leaders got busy cleaning up the hard-hit areas and fostered the rebuilding of hotels and other world-class attractions.

By the end of 2010 — just over five years after the devastation — the annual number of visitors had rebounded to 8.3 million, and together these visitors spent a record-setting \$5.3 billion during their trips to New Orleans. In fact, the city ended 2010 as the number one destination in the country for growth in “revenue per available hotel room,” a strategic measure of hotel industry success.

Updated convention center

Now it's nearly seven years after Katrina, and New Orleans is once again a major destination for prominent corporate and association meetings — including the AARC's 58th International Respiratory Convention & Exhibition to be presented there this Nov. 10–13. The New Orleans Ernest N. Morial Convention Center underwent a major renovation in 2006 — and in 2009 debuted a stunning new exterior aimed at



reflecting the deep blue of the Mississippi River. A redesigned interior palette coupled with an aesthetically enhanced main entrance, additional landscaping, new furniture pods, and technology upgrades make the convention center an inviting place to learn the latest in respiratory care.

The rest of New Orleans is also keeping pace. With 400 additional restaurants since 2005 and great cultural attractions ranging from the historic Jackson Square to the National World War II Museum — not to mention \$336 million worth of improvements to the Superdome — the city is definitely back and many say “better than ever before.” Hotels have upgraded their facilities, Bourbon Street jazz is spilling out into the streets, and cruise lines are investing in New Orleans with additional ships and larger vessels. The city was named America's Favorite City for dining and live music in *Travel & Leisure's* survey “America's Favorite Cities” in 2007 and 2008, and it won the TripAdvisor® Travelers' Choice® Award for Best Destination in the U.S. and World for Nightlife in 2010.

Looking to the future

Thanks to the renaissance of the tourism industry; stronger criminal justice, education, and health care systems; and neighborhood redevelopment inspired by engaged citizens, the future of New Orleans has never been brighter. AARC Congress 2012 — slated for Nov. 10–13 — offers the perfect opportunity for everyone to see this revival in action and taste the sweetness of success. Join your respiratory care colleagues from around the world for this knock-out educational experience — and a wonderful return to a city that's truly a wonder to behold. ■



Dining in New Orleans Duke John's Favorites

Laissez Les Bons Temps Rouler: It's More Than a Meeting, It's an Event!

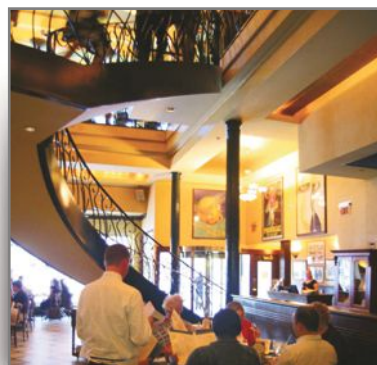
Like the phoenix that rose from the ashes, New Orleans has recovered from Hurricane Katrina and is ready to welcome attendees of AARC Congress 2012 to town this Nov. 10–13. AARC members from the Louisiana Society for Respiratory Care (LSRC) have graciously agreed to share their favorite things to see and do in New Orleans with all of us, and we kicked things off in the May issue with a list from Sheila Guidry, CRT. This time, LSRC member Duke Johns weighs in.



■ **Mother's Restaurant:** Great home-cooked breakfast and also great debris "poor boys" ("debris" refers to the little bits of meat that fall off of the roast and are simmered with gravy). Fried soft-shell crab and shrimp "poor boys" are wonderful too. 401 Poydras St.



■ **Stella!** International cuisine in a restaurant named for the famed shout in the classic Tennessee Williams' play set in New Orleans, "A Streetcar Named Desire." 1032 Chartres St.



■ **Palace Café:** Seafood, including andouille-crusted gulf fish, and white chocolate bread pudding. 605 Canal St.

G.W. Finns: Fresh fish that's flown in daily from around the world is the specialty here, along with local gulf shrimp and Louisiana duck a mainstay. 808 Bienville St.



■ **Dickie Brennan's Steakhouse:** Known for their USDA prime beef with luscious sauces; for example, the barbecue ribeye topped with Abita beer shrimp, or the filet with flash-fried oysters. 716 Iberville St.

It'll probably be a little early for crawfish in November, but the shrimp and oysters will be in season and so good!

Favorite Things To Do in New Orleans

Duke John's Favorites



■ **Jackson Square:** A long stroll around famous Jackson Square to watch the artists at work — stopping to visit the beautiful St. Louis Cathedral.



■ **Pat O'Brien's:** World-famous Hurricanes (a rum fruit drink) and great entertainment and fun in the piano bar. 718 St. Peter St.



■ **National World War II Museum:** A living history tribute to the veterans of World War II featuring a must-see 4-D movie produced by Tom Hanks, "[Beyond All Boundaries](#)," at the Victory Theatre. 945 Magazine St. (Click on the link in the digital *AARC Times* to see the movie trailer.)

Family Fun



■ **Audubon Aquarium of the Americas:** Amazon Rain Forest, Sea Turtle Rescue, and Gulf Feed experience. 1 Canal St.



■ **Audubon Zoo:** Cool Zoo Wild and Splash Park, Dinosaur Adventure, and Ape Chat at the World of Primates Exhibit. 6500 Magazine St.



■ **Audubon Butterfly Garden and Insectarium:** Nation's largest museum devoted entirely to insects. Includes activities such as Field Camp, Insect Cooking Demonstrations, and Insect Encounters. The U.S. Custom House Building, 423 Canal St. ■

Go to www.NewOrleansCVB.com/AARC to register for Congress 2012 and to see what else is new in New Orleans!



Industry Watch

Covidien acquires Oridion Systems

Covidien has announced a definitive agreement to acquire Oridion Systems Ltd., an Israeli company that develops Microstream® capnography monitors and modules in conjunction with specialized algorithms, as well as etCO₂ breath sampling lines. “The acquisition of Oridion Systems adds a key monitoring technology to the Covidien portfolio,” Robert J. White, president of Respiratory & Monitoring Systems at Covidien, was quoted as saying. “Oridion’s products and etCO₂ technology are excellent complements to the company’s current portfolio of pulse oximeters and monitoring products, enabling us to offer a complete portfolio of solutions to monitor respiratory function for patients around the world.”

Genomic data available on chronic lung diseases

A new website established by an alliance of scientists at five U.S. institutions is making a broad range of genomic data on chronic lung disease available in a for-

mat specifically tailored to investigators’ needs. Clinical investigators will be able to identify cohorts of patients based on diagnosis, gender, ethnicity, smoking history, and other factors. These findings can then be used to understand the genetic factors that influence disease, as well as to develop tools for personalized medicine approaches. The Lung Genomics Research Consortium website is www.lung-genomics.org.

Quidel Corporation receives CE Mark for RSV/hMPV assay

Quidel Corporation has received the European CE Mark for the Quidel Molecular™ RSV + hMPV assay for the detection of respiratory syncytial virus and human metapneumovirus (hMPV), clearing the way for the launch of another infectious disease molecular test offering in Europe. The assay distinguishes between RSV and hMPV, two different viruses that cause respiratory infections with very similar symptoms. Quidel Molecular RSV + hMPV is not yet for sale in the United States.

Deborah DiSanzo named CEO of Philips Healthcare

Royal Philips Electronics has appointed Deborah DiSanzo as CEO of Philips Healthcare. She will also serve on the company’s Executive Committee. “I’m happy that with Deborah DiSanzo we have found a strong leader for health care within our own organization,” Philips CEO Frans van Houten was quoted as saying. “Deborah has a proven track record within the health care industry and has grown the Patient Care and Clinical Informatics business to become the global market leader in patient monitoring.” DiSanzo joined Philips in 2001 when Philips acquired Agilent’s Healthcare Solutions Group. She succeeds Steve Rusckowski in the CEO position.

Federal grants to foster TB research

The University of Illinois at Chicago College of Pharmacy has received three new federally funded grants to hasten the discovery of new therapeutic treatments for tuberculosis. The first grant will en-

able researchers to chemically optimize a series of compounds, the prototype of which was originally discovered by feeding simple chemicals to a genetically altered strain of *E. coli*. The second grant will go to the study of actinomycetes, filamentous microorganisms found in soil that have a great metabolic capability to generate unusual molecules of therapeutic value. The third will fund *in vitro* assays to rapidly detect the anti-TB activity of liver enzyme-derived metabolites.

Philips Respironics launches training website

Philips Respironics has launched the “Partners in Training” website to help increase the awareness and identification of OSA among physicians and other health care professionals. According to Maura Toole Weis, director of sleep marketing at Philips Home Healthcare Solutions, “Philips Respironics is working hard to be a true ally to our customers when it comes to helping to increase awareness and the identification of obstructive sleep apnea.

“Partners in Training” gives our customers the training tools, clinical resources, and marketing materials to help build a successful sleep practice.” The training website is at www.philips.com/partnersintraining.

Akonn Biosystems receives NIH grant

Akonn Biosystems has received a \$300,000 grant from the National Institutes of Health to integrate lateral flow strip technology with its PCR array-based respiratory pathogen assay. The company hopes to develop an automated point-of-care molecular testing device capable of identifying hypervariable genomes across a panel of more than 30 common respiratory pathogens.

Advanced Cancer Therapeutics granted U.S. patent

Advanced Cancer Therapeutics (ACT) of the James Graham Brown Cancer Center at the University of Louisville in Kentucky has received a U.S. patent for its PFKFB3 inhibitor for the treatment of proliferative cancer. ACT is developing and licensing inhibitors of a specific cancer metabolism target identified as essential for cancer cell growth.

Impact Instrumentation receives FDA clearance for portable ventilator

Impact Instrumentation Inc. has received FDA 510(k) clearance to market its new MR conditional ventilator, the Eagle II™ MR. The full-featured portable ventilator is designed for patients ≥ 5 kg and can be used in MRI suites operating with 3 Tesla magnets or less. It uses low dead space ventilator circuits and allows users to place the ventilator as close as 2 m (~6.6') to the magnet's bore.



Westmed receives Premier Award

According to the Premier Healthcare Alliance, Westmed Inc. has been awarded a Technology Breakthroughs Award for its Comfort Soft Plus™ nasal cannulas. Premier suppliers who receive this award have demonstrated that their product represents a significant advance in terms of safety, clinical outcomes, process of

care, cost savings, or operational efficiency.

The Joint Commission launches HAI portal

The Joint Commission has launched a health care-associated infections electronic portal that provides a wealth of HAI resources. The “HAI Portal” is a joint effort of The Joint Commission enterprise, which includes the Joint Commission Center for Transforming Healthcare, Joint Commission Resources, and Joint Commission International. The goal of the HAI Portal is to provide an integrated “kiosk” of HAI resources — including those that are free and for purchase — in one organized area that is accessible through any of the Joint Commission-related websites.

Market Research report zeroes in on respiratory devices

MarketResearch.com has added a new report titled “Anesthesia and Respiratory Devices Market to 2017 — Sleep Apnea Diagnostic Systems and Portable Anesthesia Delivery Machines To Be the Fastest Growing Categories” to their collection of anesthesia market reports. The global anesthesia and respiratory devices market is forecast to exceed \$14 billion by 2017, with a compound annual growth rate of 4.7% during the

period 2010–2017. The market is expected to be primarily driven by the huge patient population suffering from respiratory diseases such as COPD and the availability of medical devices to treat OSA and COPD.

Meridian Medical Acquires Air Lift

Meridian Medical LLC of Knoxville, TN, recently announced the acquisition of Air Lift® CareFore Medical®, a supplier of respiratory accessories, oxygen, and medical carriers based in Evergreen, CO. Meridian manufactures and supplies gel overlays, seating/positioning cushions, and specialty support surfaces. The combined company will operate as Meridian Medical, the brand names of Air Lift and CareFore will remain intact, and distribution facilities will be in both Knoxville and Evergreen, according to Meridian.

Brief submissions and photos for this column may be sent to: Marsha Cathcart, AARC Times editor, at cathcart@aacr.org. ■



RC Currents

IN THE NEWS

▶ AARC Names New Executive Director and CEO

Thomas J. Kallstrom, MBA, RRT, FAARC, has been named Executive Director and CEO of the AARC upon the retirement of Sam Giordano, MBA, RRT, FAARC, who held that position for over 30 years.

AARC President Karen Stewart, MSc, RRT, FAARC, in making the announcement said, "This is absolutely the right choice for us. We are pleased that Tom has accepted the position." She indicated that the search committee was impressed with Kallstrom's patient-centric philosophies. "We were looking for someone from the profession, a respiratory therapist, to lead the organization. His vision is very consistent with where we have been going as an association."

Kallstrom, who has been a respiratory therapist for over 30 years, has spent the last six as the AARC's chief operating officer. Prior to that, he held staff and management positions with Rainbow Babies and Children's Hospital in Cleveland, OH, and later at the Cleveland Clinic system. He began his career in Minnesota at University of Minnesota Hospitals.

Over the years, both as a staff member and a volunteer for the AARC, Kallstrom has carried the banner for respiratory therapists. He was a member of the Board of Directors before coming to the AARC. He has been a recognized leader in asthma disease management, working with government agencies such as the Environmental Protection Agency, the National Heart, Lung, and Blood Institute, and the National Asthma Education and Prevention Program. Spearheading the development of asthma and COPD education for clinicians and patients and representing the RT's interests with industry have been hallmarks of his career. He will continue to work to promote the profession and the patients whom respiratory therapists care for as he takes the helm of the organization.

Sam Giordano leaves a legacy behind after serving as executive director since 1981. He officially retired on June 1. ■



Enter the 2012 AARC Photo Contest

AARC Times is looking for creative members to enter our AARC Photo Contest. Winners will receive a free one-year membership renewal and have their photo entered into our Photo-of-the-Year Contest with the chance of it being chosen to appear on the February 2013 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 Oct. 1, 2012. ■



Researchers May Have Found the COPD Starting Line

University of California Davis researchers believe they have identified the starting line for the process that ultimately leads to COPD. In a highly reproducible animal model of COPD, they found tobacco-smoke exposure stimulates neutrophils to migrate out of bronchial blood vessels and accumulate in the lung tissues. These cells leave the circulation due to the production of "adhesion molecules" and immune proteins called chemokines in bronchial blood vessel cells. Although neutrophils aid in tissue repair, when present in excess numbers

and activated, they can release enzymes that kill cells and accelerate inflammation.

"Now that we have determined where the process starts, we hope that therapeutic drugs can be developed to target this inflammatory process in the bronchial airways to reduce severe lung damage," study coauthor Kent Pinkerton was quoted as saying. The research appeared in the open-access public science journal *PLoS* in March. ■

Dr. Philip Marcus, AARC BOMA Chair, Dies

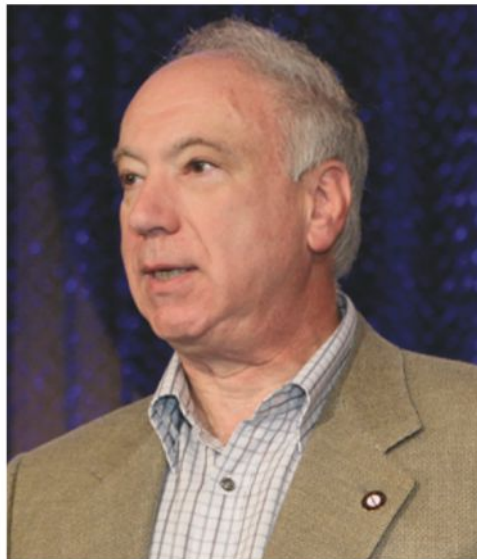
Philip Marcus, MD, MPH, FCCP, chair of the AARC's Board of Medical Advisors (BOMA), died suddenly April 9 while on a family vacation in France.

Dr. Marcus was sworn in as the chair of BOMA at last November's AARC Annual Business Meeting. He served on BOMA for several years as a representative of the National Association of Medical Directors of Respiratory Care before assuming the chair.

Dr. Marcus founded Nassau Chest Physicians PC in 1978. He was also the medical director of respiratory therapy, respiratory intensive care unit, and the pulmonary function laboratory at St. Francis Hospital, Roslyn New York, where he was appointed as the chief of the division of pulmonary medicine in 2003.

After completion of medical school, he pursued an internship and residency in internal medicine. He then completed a fellowship in pulmonary medicine. During this time, he was a Parker B. Francis Fellow in Pulmonary Research. He was certified by the American Board of Internal Medicine in internal medicine and pulmonary diseases and also attained certification in critical care medicine in 1989. Dr. Marcus was actively involved in the teaching of medical students as well as residents in internal medicine and pulmonary medicine.

Dr. Marcus has served as president of the American Lung Association of Nassau-Suffolk and was also past-president of the Long Island Pulmonary Society. He has attained Fellowship in the American College of Physicians and the American College of Chest Physicians.



His interests were largely in the fields of asthma and other obstructive lung diseases. He was very interested in pediatric pulmonary problems, particularly asthma, and treated a large number of children in his practice. Sarcoidosis and the diagnosis and early treatment of lung cancer were also areas of interest.

His obituary appeared in the April 12 edition of the *Wall Street Journal*. ■

Lori D. Conklin, MD, Takes Over as BOMA Chair

Lori D. Conklin, MD, has been named the new chair of our Board of Medical Advisors. Dr. Conklin is taking over from Philip Marcus, MD, MPH, FCCP.

Dr. Conklin serves as an assistant professor in the department of anesthesiology and chief in the division of vascular anesthesia at the University of Virginia in Charlottesville. She received her undergraduate degree from Hardin-Simmons University in Abilene, TX, in 1988 and her medical degree from the University of Texas Medical School at Houston in 1998. She completed residencies in anesthesiology and general surgery at Baylor College of Medicine, also in Houston, TX. She is certified by the American Board of Anesthesiology and has published extensively in the peer review literature.

Approximately 80% of Dr. Conklin's time is dedicated to clinical duties as an attending anesthesiologist in the main operating rooms, labor and delivery ward, the Virginia Out-

patient Surgical Center, and the University of Virginia Psychiatric ward. She also provides emergency airway management as needed throughout the entire hospital and regularly teaches a variety of students, including those in respiratory care, about the clinical aspects of anesthesiology and care of the surgical patient.

Dr. Conklin has been a member of the American Society of Anesthesiologists' Respiratory Care Committee since 2008 and holds memberships in numerous other medical societies, including the American Medical Association. She has a number of honors and awards to her credit and was named a Distinguished Young Alumni by Hardin-Simmons University in 2007. The award is presented to graduates under 45 who have achieved a significant level of distinction or have brought extraordinary benefit to mankind. ■

From the “Killing Fields” to Respiratory Care

Every respiratory therapist can tell you about the personal journey that led them to the profession. For Bunnarith Chhun, BSHS, RRT, that journey goes all the way back to a time of unprecedented upheaval in his native Cambodia.

“I went through a most traumatic experience that no young boy should ever have to go through,” says the AARC member. “From 1975–1979 I lived through the period of political genocide, forced manual labor, and starvation that ensued when my coun-

Bunnarith Chhun, BSHS, RRT, spent several years in a Thai refugee camp before coming to the United States in the early 1980s.

try was taken over by the Khmer Rouge.”

Nearly 2 million Cambodians lost their lives during that four-year period, many of them dumped into mass graves now infamously known as the “killing fields.” Chhun and his family were left with little to nothing to eat and were forced to work around the clock. “I remember running into one of the many mass gravesites at one point, and I even witnessed a boy being executed because he stole a piece of yam,” says Chhun. He ended up losing his grandparents, parents, a younger sister, and many cousins to the brutal Khmer Rouge regime.

In 1979, two weeks after his parents were taken away, Cambodia was invaded by the Vietnamese and Chhun had an opportunity to escape the coun-

Chhun today, in the respiratory therapy lab at East Los Angeles College.



try. “Along with my aunt, I journeyed through a snake-infested swamp and had a close encounter with an anti-personnel mine,” he recalls. “I eventually made my way to a refugee camp in Thailand.” The young Chhun stayed in that camp for several years and then was finally offered the chance to resettle in the United States.

He landed in Georgia, where he soon found himself immersed in a new and sometimes perplexing way of life. “I experienced culture shock as I sat in a classroom and found myself learning ‘Romeo and Juliet’ and Tolkien’s ‘Lord of the Rings’ along with my American classmates,” he says.

“After (high school) graduation, I searched for a profession in which I could help save people’s lives,” he says. “I wanted to do something to make up for the many lives lost during the political carnage in my country.” He gained acceptance into a



hospital-based radiographic program, but due to family circumstances ended up moving to California instead.

His first encounter with respiratory care came during a career day at East Los Angeles College in Monterey Park, CA. "I saw a video of the late President Ronald Reagan crediting respiratory therapists who had helped save his life during his assassination attempt," he recalls. "I inquired about the program, and a few years later I graduated as a respiratory therapist." He went on to work in a burn unit, trauma center, and neonatal ICU. "Each and every day I worked to save a life reminded me of the lives that were lost due to a twisted political ideology."

Now, after 20 years as an RT, Chhun continues to work in the NICU at Glendale Adventist Medical Center, where he says each day on the job feels like the first day. He also serves as an adjunct instructor for the East Los Angeles–Santa Monica College RC program, and is a disaster health care volunteer at the Los Angeles County Surge Unit. "I am proud to be a respiratory therapist and a patriotic and loyal American." ■

DOL Launches Portal Site for Health Care Jobs

The U.S. Department of Labor (DOL) recently established an online site as a job placement tool for health care professionals. "Respiratory Therapist" is among the careers that are featured on the site (log on to www.vcn.org/healthcare/ and search for respiratory therapist).

The online platform — called the Virtual Career Network — was funded by the 2009 federal economic stimulus package. DOL's Employment and Training Administration sponsored the development of the online tool, with support from the American Association of Community Colleges.

According to the DOL, current and prospective health care workers can use the Virtual Career Network to:

- Find information on more than 80 health care occupations
- Look up local education and training programs
- Search current health care job listings
- Take online courses
- Find sources for financial aid. ■

► Transitions

Shawna Strickland, PhD, RRT-NPS, FAARC, has received an Excellence in Education Award from the University of Missouri in Columbia. She serves as director of the respiratory therapy program at the university and was honored for organizing health assessments and other opportunities for students throughout the community. (Photo 3)



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

Honoring Military RTs

If you are a respiratory therapist currently serving your country in the military, *AARC Times* would like to publish a story and photo about your service or deployment.

Please go online at www.AARC.org/go/mm where you will find an online form you can fill out to provide information about your deployment. You can also download your photo there.

Once we receive your information, we may use it to prepare an "RC Currents" story about your service in the military. The AARC honors those who serve, and we would like to share your story with your respiratory care colleagues here and abroad. ■



California Film Festival Zeroes in on Lung Health



Engaging young people in lung health can be a challenging proposition; but a recent event co-hosted by students in the RT Club at Skyline College in San Bruno, CA, proves that with the right activity, it can be done. Working with Breathe California, a public health partnership in the Bay Area, club members recently helped to organize the first annual Clear the Air Film Festival for high school and college students in their community.

“Breathe California has been very appreciative of all the support the Skyline RT Club has given to its past events, such as the Breath of Life Walk,” explains Ray Hernandez, MPH, RRT-NPS, respiratory therapy program director and interim dean of science, math, and technology at the school. “Wanting to cultivate youth involvement within the community, Special Events Manager Nicole Villanueva saw the positive impact a high school/college student film contest would have on young filmmakers and respiratory therapy students.”

The students spent six months organizing the event in conjunction with the events staff at Breathe California, meeting once a month to discuss event logistics, sponsorships, ticket distribu-

RT Club members had a great time helping to organize the first annual Clear the Air Film Festival.

tion, and outreach strategies to schools to encourage students to submit their films for consideration. “RT Club members advertised the event by setting up a Clear the Air Film Festival booth on campus during lunch hours, selling festival tickets to their classmates, RT colleagues, and friends; distributing flyers; and talking with other instructors on campus to promote the event to their students and encourage them to offer extra credit to their students for attending,” says Hernandez.

The festival ended up with nine entries, which were screened before an enthusiastic audience at the Skyline College Main Theater on March 7. “The audience was impressed by both the quality of the films shown and the enthusiasm of the students who created them,” says the AARC member. “It was a successful event, and everyone who attended enjoyed themselves.”

The films themselves ran the gamut, but all were focused on lung health. “There were films about the dangers of

smoking, the importance of combating global warming, the everyday struggles of an asthmatic athlete, the poor health and the influx of asthma cases within the San Francisco Hunter’s Point neighborhood, and an account of an ex-smoker’s personal journey,” says the educator. Benjamin Basto and Andrew Young, both of whom are student members of the AARC, submitted two films each to the competition.

Judges for the event included Lisa Fasano, communications director for the Bay Area Air Quality Management District; Allen Martin, news anchor for the local CBS television station; and Mark Smolowitz, who was nominated for an Academy Award for his film, “The Power of Two.” Benjamin Basto took top honors in the RT Club category for his film, “Kick Butts,” and his second film, “Infomercial,” was among the finalists. Both of Andrew Young’s films, “Smoker’s Perspective” and “Just Facts,” were finalists as well.

All of the films in the competition can be seen on the Clear the Air Film Festival YouTube page: <http://tinyurl.com/7mf676n>. ■



Heard and Overheard on AARConnect

A “PEEP” by Any Other Name

The discussion lists on our social networking site, *AARConnect*, are full of useful information on respiratory treatments and modalities. But every once in a while a post comes by that leaves a smile on our faces. Lisa Gustafson, BA, RRT, director of clinical education at Milwaukee Area Technical College in Milwaukee, WI, made everyone’s day a little brighter last spring with her post titled, “A Light-Hearted Story”....

Every year in the spring, I give each of our second-year students a package of PEEPS (you know, the candy marshmallow “chicks” that are out in the stores around Easter) with a sticker on it that states “5 of PEEP for everyone!” or “Thought you could use 5 of PEEP!”; the phrase varies every year.

One of the students brought her PEEPS home and gave them to her four-year-old twin daughters to share. They had never seen or tasted PEEPS before and were very excited. The student told her daughters that her teacher gave them to her. On Easter, a relative asked one of the little girls what she wanted to be when she grew up. The little girl said she wanted to be a respiratory therapist. The relative then asked, “Why do you want to be a respiratory therapist? Because your mommy is going to be a respiratory therapist?” The little girl stated, “Because mom’s teacher is the Easter Bunny!!”

If you’re not yet a regular user of *AARConnect*, go to <http://connect.aarc.org> and see what you’re missing! ■

Timely Treatment Makes a Difference in the ED

A new study from Canada finds children with moderate-to-severe asthma attacks who are treated with systemic corticosteroids during the first 75 minutes of triage in the emergency department may be significantly less likely to end up with a hospital admission.

Researchers used a pediatric respiratory assessment measure (PRAM) scale to identify the degree of severity of the asthma attack and to rapidly initiate the severity-specific treatment recommended by asthma guidelines. Overall, patients who received treatment within 75 minutes were 16% less likely to be admitted to the hospital. Early treatment also reduced the ED stay by almost 45 minutes for patients who were ultimately discharged from the ED.

“We knew that corticosteroids could help avoid hospital admissions and relapses. However, just how delays between ED admission and administration of the treatment impacted outcomes remained unclear,” study author Dr. Sanjit K. Bhogal was quoted as saying.

Dr. Francine Ducharme, who led the team that developed the PRAM, adds, “Our study demonstrates that to be effective in preventing hospital admission, treatment with corticosteroids should be administered within 75 minutes of triage, regardless of patient age... in fact, the earlier the treatment is given within this time frame, the more effective it is.”

Her team has now developed a teaching module to train staff to implement severity-specific guidelines. The educational module is expected to be available on the University of Montreal website by the end of this year. The research appeared in a recent issue of the *Annals of Emergency Medicine*. ■



Sister Act



Diana Stahl, RRT (left), and her twin sister Donna Stahl, RRT, both love being respiratory therapists.

Ask registered respiratory therapists Donna and Diana Stahl what it was like growing up as identical twins and they'll both tell you the same thing: They don't know what it's like *not* growing up as identical twins. As kids, they always liked the same things, and when one would make a new friend, the other one would quickly become friends with that person also.

"I can tell you that we are more similar than our other siblings and have always had the same interests," says Donna. "We spend so much time together, it just seems natural to enjoy the same things, just like any best friends would. And maybe DNA has a little something to do with it, too!"

Diana says simply, "I feel so amazingly lucky to have her in my life."

Given the close nature of their relationship, it was also only natural that when it came time to choose a career, the Stahl twins would travel down the same path. Given their family history, health care was almost a given.

"We unfortunately became all too familiar with hospitals and illness starting at a young age when our mother and brother fought and lost their battles with cancer," says Donna.

"Talking about hospitals and treatments were common conversations in our house growing up. It just seemed like a natural progression to work in health care."

"The death of my mother and brother from cancer had a huge impact on what I wanted to do with my life," agrees Diana. "I've always known that I wanted to work in health care in some capacity."

The two were introduced to respiratory care by a college advisor at the University of Louisville and ended up enrolling in the respiratory care program at Northern Kentucky University in the mid-1990s. With only 11 students in the program at the time, it was a close-knit group anyway; but as usual, the twins had an even stronger bond. "Donna was my 'live in' study buddy," says Diana.

The twins caused some bewilderment among their instructors and fel-

low students at first, but it was nothing they hadn't been dealing with their entire lives. "We never did clinicals together, but we did get some confused looks when we did clinicals at the same hospital during different semesters," Donna says. "We always made sure to inform the clinical sites that we had a twin sister and that she would be there, too."

The potential for mistaken identities on the job, however, became a thing of the past when the two graduated. Diana decided to take a full-time job at University Hospital in Cincinnati, OH, where she had started out as a student therapist, while Donna moved on to Mercy Hospital Anderson, also in Cincinnati. They're fulfilling different roles in the profession now too: Diana works mainly in the NICU, and Donna most often cares for the adult population.

"Because Donna works with adults and I work with infants, we often call each other with questions regarding the patients we don't normally take care of," says Diana. "I ask her about new adult treatments I am unfamiliar with, and she sometimes calls me

about troubleshooting baby equipment.”

Their love for their profession, though, is pretty much the same. “My favorite part of being an RT is being part of a team, says Donna. “I work with some awesome people and have developed some wonderful friendships over the last 15 years.”

“I take care of the tiniest of patients and wouldn’t have it any other way,” says Diana. “These small babies inspire me and encourage me to be the best I can be. To be in the delivery room of a one-pound baby and a few months later see them going home is really indescribable.”

What’s the biggest thing these two AARC members had to adjust to when they decided to split up their sister act after graduation? As usual, Donna and Diana are on the same page about that one, too.

“It took me several months to get used to people calling me ‘Diana’ and not ‘Hey Twin!’,” says Diana. “It was great not having to listen to all of the twin jokes I’ve lived with all my life!”

“It was strange to finally have my own identity at 21 years old,” echoes Donna. “People actually knew my name — I wasn’t called ‘twin’ or ‘Diana.’ Now I just hear ‘hey respiratory’ instead of ‘hey twin!’” ■

► Strange But True...

Death and taxes: University of Toronto investigators are giving new meaning to Ben Franklin’s old adage that the only two certainties in life are death and taxes. When they compared 30 years’ worth of traffic accident deaths on tax day with that seen on other days in April, they found a 6% higher death rate on the day people had to file their taxes.

Drawn to a close: A magnetic device to treat gastrointestinal reflux disease is showing promise at the University of California, San Diego. The ring of titanium beads, each with a magnetic core, is implanted at the lower esophageal sphincter to prevent the backward flow of stomach contents. The device received FDA approval in March.

I have my eye on you: Researchers at the University of Texas at Dallas are working on an imager chip that could turn cell phones into devices that can see through solid surfaces. The technology could have implications for health care, where it may be harnessed to detect tumors and other conditions.

Spicy treatment: A component of the spice oregano may one day play a role in treating prostate cancer. Long Island University researchers have found that carvacrol induces apoptosis in prostate cancer cells. ■



ALI Survivors Face Neuropsychological Impairments

What does the future hold for your acute lung injury (ALI) patients who survive to hospital discharge? Unfortunately, it may be a life filled with cognitive and psychiatric impairments.

That’s the take-home message from University of Pennsylvania researchers who followed up with 122 ALI survivors from the Acute Respiratory Distress Syndrome Clinical Trials Network Fluid and Catheter Treatment Trial. A telephone battery of standardized neuropsychological tests was administered to study subjects at two and 12 months after discharge from the hospital.

At 12 months, memory, verbal fluency, and executive function (a set of cognitive abilities necessary for effective daily functioning) were impaired in 13%, 16%, and 49% of survivors, respectively, while cognitive impairment (defined as impairment in memory, verbal fluency, and/or executive function) was found in 41 of 75 survivors, or 55%. Depression, post-traumatic stress disorder, and anxiety were found in 36%, 39%, and 62% of long-term survivors.

Enrollment in a conservative fluid-management strategy was significantly associated with the development of cognitive impairment, and lower partial pressure of arterial oxygen during the trial was associated with a significantly increased risk of both cognitive and psychiatric impairment. However, the researchers note the sample size was too small to reach any definitive conclusions about risk factors associated with the findings. The study was published online ahead of print by the *American Journal of Respiratory and Critical Care Medicine* in April. ■

Giving Back to His Homeland



Although he'd always had an interest in medicine, Kwami Ahelegbe first came to the United States from his native Ghana back in the late 1970s to pursue a business degree. After graduation, he worked for years in corporate America; but eventually his old passion resurfaced and he decided to enroll in the RC program at St. Paul College in Minnesota. As he neared the end of the program, he couldn't help but wonder how he could put his new profession to work in his homeland.

"When I was about to graduate, my thoughts were back home in Ghana about bringing home the body of knowledge I was acquiring," says the AARC member. "So I wrote my last paper in college before graduating on the topic of how to introduce respiratory care into the medical system of a developing country."

Ahelegbe returned to Ghana in January 2011 and began talking to the administrator and department heads at Korle Bu Teaching Hospital about respiratory care and what the country would need to improve respiratory services for patients. "I found out that respiratory care was minimally practiced in patient care," he says. "I then decided to help in whatever ways I could to make it part of routine patient care." Accomplishing that goal would have to begin with a significant upgrade of the respiratory equipment available to the hospital, and Ahelegbe went to work to make that happen.

Kwami Ahelegbe is working to improve respiratory care in Ghana.

"I researched most of the respiratory care equipment manufacturers and checked to find out whether they have donation or outreach programs," he says. He called the manufacturers that did and applied for donations, then turned to some fellow AARC members for help as well.

Lisa Trujillo, MS, RRT, director of clinical education for the RC program at Weber State University in Ogden, UT (who has worked extensively in Ghana herself), pitched in with information and advice, as did Joseph Buhain, EdD, RRT, FAARC, and Kathy Ross, RRT, program director and clinical director, respectively, of the RC program at St. Paul College. Mark Quartey, BS, RRT, a friend and colleague from St. Luke's Baptist Hospital in San Antonio, TX, served as the editor of his letters to manufacturers asking for donations.

By January of this year, Ahelegbe had amassed \$10,000 worth of donated equipment for Korle Bu Teaching Hospital, including nebulizers, arterial blood gas kits and needles, ambu bags, valved holding chambers, nasal cannulas and spacers, and oximeters with probes. "The

feedback of appreciation for the equipment expressed by the administrators of Korle Bu Teaching Hospital and some staff members was gratifying," he says. "Even ordinary people who saw the news coverage of the donation presentation expressed thanks when they recognized my face whenever I was on the compound of the Korle Bu Teaching Hospital."

Now Ahelegbe is ready to take his mission to the next level. He's already consulting with administrators from Korle Bu, the Allied Health College of Sciences in the Medical School of Ghana, and the Ghana Ministry of Health about starting the first RC school program in the country. "We are in the process of discussing the curriculum, the qualifications of the candidates of the program, and the kind of certifications and degree to confer on prospective graduates. We are also discussing how to integrate the prospective graduates into the health care system of the country," he says. "The next step is to consult with the International Council for Respiratory Care™ for educational resources and means to make the program internationally acceptable." ■

Stemming the Tide of RSV and Bronchiolitis

Conventional wisdom suggests the specific pathogen is irrelevant in cases of pediatric bronchiolitis. Investigators from Boston Children's Hospital and Massachusetts General Hospital challenge that assumption in a recent study supported by the National Institutes of Health and published in the April 2 online edition of the *Archives of Pediatrics & Adolescent Medicine*.

Jonathan Mansbach, MD, and Carlos A. Camargo, MD, DrPH, tracked more than 2,200 children under the age of two who were hospitalized with bronchiolitis during the 2007–2010 winter seasons. PCR testing was performed for multiple viruses and bacteria.

While most infants in the study had respiratory syncytial virus (RSV), a quarter were infected with the rhinovirus. After adjustment for other factors, these infants were less likely than those with RSV to have hospital stays of three days or longer. However, infants with both RSV and rhinovirus were more likely to have three-day or longer stays than infants with RSV alone. Overall, the investigators detected at least one other virus in 32% of the RSV-positive babies and 23% of the RSV-negative babies.

The researchers believe these findings suggest an interaction between RSV and rhinovirus and call for further study to explain the connection. They also believe hospitals should reevaluate the common practice of rooming infants with bronchiolitis together, because co-rooming could expose infants to an infection they didn't have when they entered the hospital and that new infection could worsen their outcomes. The investigators also point out some of the co-infecting pathogens require different kinds of infection-control precautions.

Now these researchers are continuing their work with a new study to test and track children hospitalized with bronchiolitis prospectively to see if the type of infecting virus, among many other factors, predicts long-term outcomes such as recurrent wheezing at age three or asthma at age six. ■

This Is Not Your Father's Old Age

Technology is changing the way we all live, and people who make up the older generation are no exception. But in their case, new developments might just help more of them stay in their own homes longer, despite health problems as they age. A recent Reuters article offered a glimpse into this future:

- Researchers at the Massachusetts Institute of Technology (MIT) are working on a skin-tight undersuit equipped with sensors capable of monitoring vital signs and feeding them back to a computer that can alert health professionals of impending problems.
- A robotic seal complete with soft white fur and big friendly eyes may one day help calm elderly people with dementia. Also being developed at MIT, it is capable of responding to simple voice commands.
- Other researchers are working on a special carpet that can detect changes in gait to assess an elderly person's risk of falling.
- And a personal health computer being used by the beneficiaries of one insurance company is helping older people keep track of everything from their blood pressure and temperature to whether or not they are taking their medications as prescribed.

Studies are already bearing out the value of these types of interventions. Stanford University investigators found a 7.7–13% savings per patient, per quarter for a telemedicine monitoring system used by two clinics, and British researchers who followed 6,191 chronic disease patients for one year found home health monitoring led to a 20% drop in emergency hospital admissions, 25% reduction in hospital stays, and 14% decline in readmissions. ■



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. ■

Hyperbaric Oxygen Treatment a New Form of Pain Relief?

If a new study by researchers from Washington State University is confirmed, hyperbaric oxygen (HBO₂) therapy may one day be used to treat people with chronic pain. Working in an animal model, the investigators evaluated whether relief of neuropathic pain could be enhanced by increasing the number of HBO₂ treatments. Male rats were injected with a pain-inducing substance and then tested on their paws for pain thresholds at four different times. Twenty-four hours after the last injection, they were treated with either 60-minute periods of room air or 60-minute periods of HBO₂. Rats that underwent four 60-minute HBO₂ treatments recovered approximately seven days earlier than rats receiving a single treatment.

The authors believe their findings suggest HBO₂ acts not only on inflammatory mechanisms involved in pain, but also on pain receptors in the brain. Studying the mechanism of how HBO₂ can reduce neuropathic pain can reveal molecular targets in the brain and possibly stimulate the development of new drugs that act on the same targets for long-term relief of chronic pain, according to study author Raymond M. Quock, PhD.

The investigators presented their findings at the recent meeting of the Federation of American Societies for Experimental Biology. ■





New Members

Welcome to the AARC

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A

Aric, Queen, Anchorage, Ak*

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Zelesnik, Amy, Tucson, Az

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H

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M

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Haji, Nimo, Edina, Mn
Hurst, Eric, Minneapolis, Mn*

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Said, Abdirashid, New Hope, Mn*
Sherwood, Jacalyn, Eden Prairie, Mn*
Sieben, Lynn, Dayton, Mn*
Van Meter, Linda, Lindstrom, Mn*

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Copeland, Neil, Jackson Springs, NC
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Marks, Ingrid, Ellerbe, NC*
Martin, Robyn, Greenville, NC*

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Sinnott, Jason, Kansas City, Mo*
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Wright, Keiven, Holly Springs, Ms*

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Mortensen, Leanne, Livingston, Mt*
Roe, Teresa, Glendive, Mt*



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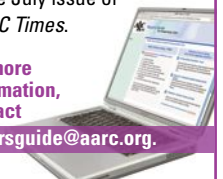
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Calendar of Events

AARC & State Society Programs

July 11

AARC Live Webcast
Cardiopulmonary
Exercise Testing:
Performing a Quality
VO₂ Max Assessment
Contact AARC, (972)
243-2272, www.aarc.org/education/webcast_central

July 12-15

Santa Fe, NM
AARC Summer Forum,
Building a Simulation
Toolbox (pre-course),
Getting the Best
ROI: Maximizing
Patient Education
(post-course)
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August 1

AARC Live Webcast
New Value-added
Roles for RTs in Long-
term Acute Care

Hospitals

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August 1-3

Biloxi, MS
41st Annual TriState
Respiratory Care
Conference and
Exhibition
Contact Doug McIntyre
at doug110rp@aol.com or tsrcc.net

August 9-10

Weston, FL
Florida Society for
Respiratory Care
Annual Sunshine
Seminar
Contact Dennis
Willerth at fsrc@fsrc.org
or call toll free
(866) 534-6172.

August 14

AARC Live Webcast
The Future of the RT in
Homecare
(Competitive Bidding,
Reimbursement)

Contact AARC, (972)
243-2272, www.aarc.org/education/webcast_central

September 18-19

Honolulu, HI
39th Annual Hawaii
State Respiratory Care
Conference
Contact
jikehara@lava.net.

September 26

AARC Live Webcast
Advances in Transport
Mechanical
Ventilation
Contact AARC, (972)
243-2272, www.aarc.org/education/webcast_central

October 21-27

Respiratory Care Week
Contact AARC, (972)
243-2272,
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October 24

Lung Health Day
Contact AARC,

(972) 243-2272,
www.aarc.org

November 9-13

New Orleans, LA
AARC Congress 2012,
Mechanical Ventilation
2012 (pre-course),
Patient Safety Starts
with You! (pre-course)
Contact AARC, (972)
243-2272, www.aarc.org/education/meetings

December 12

AARC Live Webcast
How Quality Care
Impacts Payment —
What You Need To
Know
Contact AARC, (972)
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For information on submitting calendar events, contact: Beth Binkley, AARC Times 9425 N. MacArthur Blvd, Suite 100, Irving, TX 75063-4706, (972) 243-2272. Fax (972) 484-2720, E-mail binkley@aarc.org

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References: 1. Han J, Liu Y. Effect of ventilator circuit changes on ventilator-associated pneumonia: a systematic review and meta-analysis. *Respiratory Care*. 2010;55:467-474. 2. Coffin S MD, MPH, Klompas M MD, Classen D MD, et al. Strategies to Prevent Ventilator-Associated Pneumonia in Acute Care Hospitals. *Infect Control Hosp Epidemiol*. 2008;29:S31-S40.

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