

# The ultimate lung protective strategy

SensorMedics® 3100B High Frequency Oscillator Intervention Program

Clinical expertise you've come to expect from CareFusion is now available at your patient's bedside.

## How does the intervention program work?

The **3100B intervention program** enables a first-time customer to have access to the 3100B through our rental program. The program not only meets the patient's needs, but also provides onsite, clinical support. The clinical-support consultant provided by this program will be at the hospital facility for approximately 48 hours to provide on-site education. They will assist the physician, respiratory therapist and nursing staff with the initial setup and calibration of the oscillator and with the clinical management of the patient. (The consultant will not, however, provide patient care).

- Clinical experience suggests a better outcome is more likely if you transition your patient to HFOV early in their management (<3 days).
- Begin to think of HFOV first, as the easiest early approach to low stretch ventilation management.
- We recommend using our assessment tool score (see other side) to scale outcome expectations for HFOV.

\*Ventilator rental, shipping, consultant fees, and travel expenses are invoiced costs.

Maximize lung recruitment with a low volume, minimal stretch ventilation strategy.

- Trained consultants ready to assist at the bedside
- In-house training provided for at least the first two days of use
- Follow-up support and 24-hour telephone assistance



# Adult HFOV Outcome Assessment

Hospital name: \_\_\_\_\_

Date: \_\_\_\_\_ Pt data received from: \_\_\_\_\_

1. Primary diagnosis: \_\_\_\_\_

2. Triggering etiology of respiratory failure: (check one)  sepsis  trauma  
 pulmonary  infection other \_\_\_\_\_

3. Pulmonary diagnosis: (check one)  ARDS  pneumonia  air leak  
 other \_\_\_\_\_

4. Patient demographics: weight \_\_\_\_\_ kg age \_\_\_\_\_ years gender \_\_\_\_\_

5. Days of conventional ventilation: \_\_\_\_\_ Days P/F Ratio < 200 \_\_\_\_\_ days

6. Ventilator - current PIP/PEEP \_\_\_\_\_ TV \_\_\_\_\_ rate \_\_\_\_\_ mPaw \_\_\_\_\_  
 settings: - prior 24 hrs PIP/PEEP \_\_\_\_\_ TV \_\_\_\_\_ rate \_\_\_\_\_ mPaw \_\_\_\_\_

7. ABG's - most recent pH \_\_\_\_\_ PaCO<sub>2</sub> \_\_\_\_\_ PaO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_ FiO<sub>2</sub> \_\_\_\_\_  
 - \*prior 24 hrs pH \_\_\_\_\_ PaCO<sub>2</sub> \_\_\_\_\_ PaO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_ FiO<sub>2</sub> \_\_\_\_\_  
 \*buffering should be considered if pH < 7.20

8. Organ failure: (check one)  pulmonary only  2 or more

9. Immune compromised: (check one)  No  Yes

10. Most recent x-ray report: quadrants involved \_\_\_\_\_ characterize: (check one)  diffuse  patchy  focal

11. Hemodynamically: (check one)  improving  stable  unstable

Blood pressure: S/D \_\_\_\_\_ / \_\_\_\_\_ mm Hg \* MAP \_\_\_\_\_ mm Hg \*If MAP <75, consider volume or pressor support.

12. Oxygenation index: [(FIO<sub>2</sub> x 100) x mPaw/PaO<sub>2</sub>] most recent \_\_\_\_\_ 24 hr prior \_\_\_\_\_

	Low risk (0 points)	Moderate risk (1 points)	High risk (2 points)	Max risk (3 points)	Score
Days P/F < 200	< 2 days	2 - 4 days	5 - 6 days	> than 7 days	
Days of CMV	< 6 days		> 7 days		
PaCO <sub>2</sub>	35 - 55	<35	55 - 80	> 80	
Organ failures	pulmonary only	2 or more			
PIP	< 38	39 - 49	> 50		
Immune comp.	No	Yes			
OI	< 19	20-30	31 - 40	> 41	
OI Trend			slowly worsening	dramatically worsening	
Total					

\*Johnson J, Bachman TE. *Refining and Validating a Risk Assessment Tool for HFOV Rescue of ARDS Patients*. Respiratory Therapy 2006; 2: 42-47.

**Total score** \_\_\_\_\_

\*Score: 1-7 Low anticipated mortality  
 8-13 Moderate anticipated mortality  
 14-19 High anticipated mortality

To request the 3100B intervention program call CareFusion at 1-800-520-4368.

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