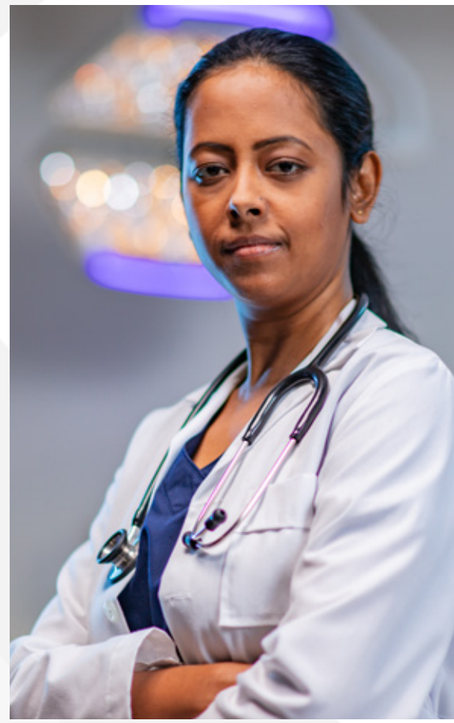
Baxter

RESPIRATORY THERAPIES

For Acute Care Environments

Helping Acute Patients Breathe Easier

Every day, you see patients with respiratory issues. Their conditions vary widely, their needs are complex, and treating them can be challenging. At Baxter, helping you help them is our passion. Our portfolio of demonstrated effective therapies, from airway clearance to noninvasive ventilation, is designed to meet the needs of a wide range of hospital patients, helping accelerate recovery and support continuity of care at home.



PATIENT POPULATIONS

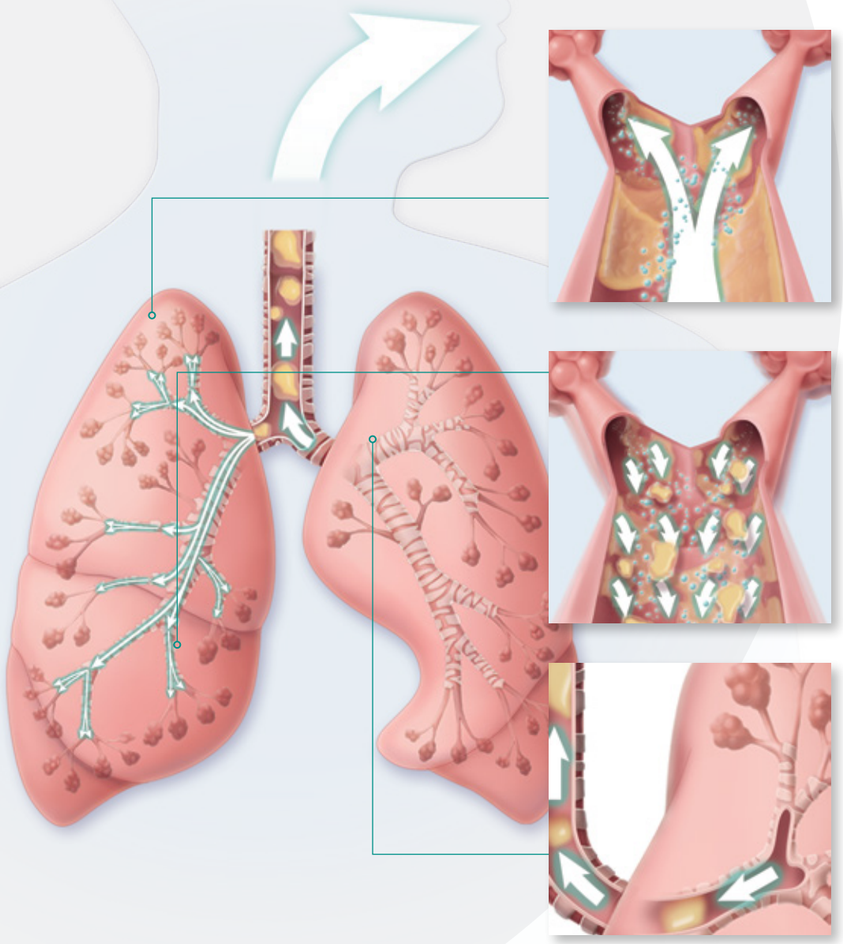
- Pneumonia
- Pulmonary insufficiency
- Cerebral palsy
- Respiratory failure
- Atelectasis
- Post-operative
- COPD
- Trauma
- Neuromuscular diseases
- Cystic fibrosis (CF)
- Bronchiectasis (BE)
- Burn
- Spinal cord injury (SCI)
- Stroke
- Transplant

HOSPITAL DEPARTMENTS

- Emergency
- ICU
- Medical/Surgical
- Specialty ICU
- Pediatrics
- Bariatrics
- Intermediate Care
- CF Clinic
- Subacute
- Rehab
- Burn

INDUSTRY-LEADING AIRWAY CLEARANCE THERAPIES

If patients are unable to clear mucus from their lungs it accumulates, creating an environment where bacteria can grow, causing lung infections and further damage. To help disrupt this cycle of infection and deteriorating lung function, Baxter offers a portfolio of therapies that target the three essential processes in airway clearance: Expansion of the lungs, mobilization of secretions, and evacuation of secretions.



EXPANSION

CPEP (Continuous Positive Expiratory Pressure) therapy expands the lungs to prevent or treat atelectasis, enabling mobilization and evacuation of secretions.

MOBILIZATION

CHFO (Continuous High Frequency Oscillation) and HFCWO (High Frequency Chest Wall Oscillation) therapies use continuous pulses of positive pressure to loosen and mobilize secretions to the large airways.

EVACUATION

MIE (Mechanical Insufflation/ Exsufflation) therapy simulates a cough to evacuate secretions from the large airways.

VOLARA SYSTEM OSCILLATION AND LUNG EXPANSION

Expansion and mobilization, with aerosol delivery

Highly efficient 3-in-1 OLE therapy that combines CPEP, CHFO and aerosol delivery. Can be used with a mouthpiece, mask or tracheostomy.

APPLICATIONS

- Lung expansion therapy
- Prevention and treatment of pulmonary atelectasis
- Mobilization of secretions
- Aerosol medication delivery
- Supplemental oxygen delivery when used with oxygen supply

THE VEST MODEL 205 AIRWAY CLEARANCE SYSTEM

Mobilization therapy, designed for acute care settings

Delivers HFCWO therapy to mobilize secretions to the large airways, where they can be evacuated by coughing or suctioning.

APPLICATIONS

- Secretion mobilization for patients with:
  - Evidence or suggestion of retained secretions
  - Difficulty with secretion clearance
  - Collection of secretions for diagnostic evaluation

SYNCLARA COUGH SYSTEM

Evacuation of secretions, with indivualized cough simulation therapy

Delivers MIE therapy with design enhancements for individualization and improved patient comfort. Can be used with a mouthpiece, mask or tracheostomy.

APPLICATIONS

- Secretion evacuation for patients who are unable to cough or clear secretions effectively from upper airways, due to reduced peak cough expiratory flow or respiratory muscle weakness. The **Synclara** Cough System is intended to deliver therapy to the population of pediatric to adult patients in the acute care setting.

INNOVATIVE NON-INVASIVE VENTILATION

An innovative non-invasive option for patients who have progressed beyond urgent or mechanical intervention, the **Life2000** Ventilator is a wearable ventilator designed to facilitate ambulation.

- 1-pound unit, designed for mobility
- Supports early mobility milestones—sitting, standing, walking
- Facilitates progress from higher to lower acuity settings
- Mask-free interface enhances patient comfort
- Proprietary **Proportional Open Ventilation** (**POV**) technology provides needed volume without the drawbacks of a mask
- For use in hospital and at home

IMPROVEMENT BY THE NUMBERS†

85%
IMPROVEMENT
in ability to perform ADLs[1]

79%
REDUCTION
in healthcare costs[2]

28%
REDUCTION
in Borg Dyspnea Scale[3]

MORE THAN
50%
REDUCTION
in patient-reported CAT and mMRC scores[4]

UP TO
70%
REDUCTION
in work of breathing (WOB)[5]

54%
INCREASE
in exercise endurance from 11.4 to 17.5 minutes (P < .001)[3]

†The data presented are reflective of studies performed on open ventilation technology.

FOR FURTHER INFORMATION ABOUT PRODUCTS AND SERVICES

Please contact your Baxter sales representative or
call Baxter customer service at **1-800-426-4224**.

References

1. Carlin BW, Wiles KS, McCoy RW, Brennan T, Easley D, Thomashow RJ. Effects of a Highly Portable Noninvasive Open Ventilation System on Activities of Daily Living in Patients with COPD. *Chronic Obstr Pulm Dis.* 2015;2(1):35–47.
2. Morishige R, Farberow K, MacIntyre N. Health care utilization and respiratory status following the addition of a portable non-invasive open ventilator (NIOV) to the treatment regimen. *Chest.* 2015;148(4 Meeting Abstracts):908A.
3. Porszasz J, Cao R, Morishige R, et al. Physiologic effects of an ambulatory ventilation system in COPD. *Am J Respir Crit Care Med.* 2013;188(3):334–342.
4. Carlin BW, Casey L, Farberow K. Improvements in the health status of patients with respiratory insufficiency with the use of a non-invasive open ventilation system (NIOV). *Chest*. 2014;146(4 Meeting Abstracts):341A.
5. Siobal M, et al. Work of Breathing using NIOV in a Low Compliance High Minute Ventilation Lung Model. 2015 AARC *Open Forum* [Abstract].

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