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Administering aerosol therapy to children can be challenging

Nebulisers, pressurised metered-dose inhalers, soft mist inhalers, and dry powder inhalers are the cornerstone of aerosol therapy in children.¹



Device Choice

Appropriate device choice is necessary based on the patient's age, tolerance and acceptance of the interface (mouthpiece, facemask, hood, etc.) during treatment^{1,2}

Emotional distress

On presentation, children may be crying or in respiratory distress, which may negatively impact the dose delivered during inhaled therapy^{1,3}



Technique

Correct technique by the child or caregiver is required to successfully administer medication^{1,2}

Aerogen Solo

The Aerogen Solo is a single-patient-use device that facilitates aerosol drug delivery at every stage of a patient's respiratory journey (IMV, NIV, HF and SV)¹²

- Quick and easy to set up¹²
- Virtually silent¹²
- Single patient use¹²
- 28 days intermittent or 7 days continuous use¹²
- No added flow¹²
- Refill medication cup without opening the circuit¹²





Aerogen Ultra

The Aerogen Ultra is a handheld device that is used in conjunction with the Aerogen Solo to deliver inhalation treatment either during exacerbations or post-ventilation¹³

- Oxygen port enables optional delivery of oxygen¹³
- An ergonomic, valved mouthpiece controls the flow of air through the chamber to facilitate aerosol drug delivery¹³
- Innovative chamber design provides an aerosol reservoir intended for optimal drug delivery¹³
- Extended mouthpiece¹ to easily add bacterial or viral filter¹³

ED, Emergency Department; HF, high-flow; IMV, invasive mechanical ventilation; JN, jet nebuliser; NIV, non-invasive ventilation; SV, self-ventilating "When placed 15cm from the Y-Piece in a heated setting, in-vitro model "Study performed in healthy subjects "Defined as achieving a mild asthma score following an asthma exacerbation "The Aerogen Ultra with an extended mouthpiece is only available in selected regions. Refer to voir in-country instruction manual to determine availability.

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/ Discover Better

Aerogen

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Supporting paediatric patient care in response to aerosolised medication⁴

Aerogen[®] improves patient care in response to aerosolised medication

In studies, when compared with jet nebulisers, bronchodilator administration via Aerogen Ultra in SV patients was associated with:

In children with a moderate-to-severe asthma exacerbation:

- Significantly fewer treatments and significantly less time required to achieve symptom control^{§4}
- Across all patients in ED:
- ~30% relative reduction in hospital admission rates¹¹
- 85% of patients achieving symptom control with one 2.5mg salbutamol dose¹¹
- 37-minute reduction in ED median length of stay¹¹

Aerogen supports effective medication delivery across multiple respiratory modalities⁵⁻¹⁰

 In studies, ~4x more drug deposition was achieved with Aerogen during IMV,^{+4,5} NIV,⁺⁶ and HF,⁷ and ~6x more drug deposition when SV⁺⁸ versus JN

Aerogen can be used across the hospital

- One system throughout your paediatric patient's respiratory journey (IMV, NIV, HF, SV),¹² supporting continuity of care
- Portable, to facilitate aerosol medication delivery throughout the hospital¹²

Aerogen supports a calm environment for your paediatric patients

- Quick and easy to set up¹²
- Virtually silent drug delivery¹²
- No added flow¹²





Aerogen