Consider Aerogen as your aerosol drug delivery solution for the ICU

Aerogen[®] Solo

- Quick and easy to set up¹
- Refill medication cup without opening the circuit
- Virtually silent ^{1,14}
- Single patient use¹
- 28 days intermittent or 7 days continuous use¹
- No added flow required¹



Aerogen[®] Ultra^{§§}

- Oxygen port enables optional livery of oxygen¹⁹
- An ergonomic, valved mouthpiece controls the flow of air through the chamber to facilitate aerosol drug
- Innovative chamber design provides an aerosol reservoi intended for optimal drug deliver
- Extended mouthpiece¹¹ to easily add bacterial or viral filter¹⁹





Aerogen

Supporting aerosol drug delivery during de-escalation/weaning

from invasive mechanical ventilation*1

Weaning is an important component of care for the invasively mechanically ventilated patient²

Weaning is the process of liberating a patient from ventilator support and enabling them to assume a greater proportion of their own ventilation.²



Patients should be weaned from **IMV** as soon as the cause that led to IMV has improved, they meet the necessary clinical criteria, and they can self-ventilate unassisted.²⁻⁴

How do you administer aerosolised medication

to patients during the weaning process?

Weaning can be challenging, and may be prolonged⁵

Of the 4523 patients who had a weaning attempt in an international, multicentre. prospective, observational cohort study done in 481 intensive care units in 50 countries:⁵

5 days

was the median time to first weaning attempt after tracheal intubation

65% of patients

were weaned within ≤1 day of the first weaning attempt

10% of patients

had an intermediate weaning process of **2–6 days**

10% of patients had a prolonged weaning process of ≥**7 days**

16% of patients

experienced weaning failure

Patients may require **non-invasive ventilation and/or high-flow** to support the weaning process.^{2,6}

Discover Better

Aerogen can support aerosol drug delivery throughout the weaning process

Aerogen Solo is intended for the aerosolisation of physician-prescribed medications for inhalation, which are approved for use with a general purpose nebuliser.¹

With Aerogen, one system can be used throughout a patient's respiratory journey (IMV, non-invasive ventilation [NIV], high-flow [HF], self-ventilating [SV]),¹ supporting continuity of care during the weaning process.

THE WEANING PROCESS ►

Physician suspects patient can be weaned⁷

- Improvement of the underlying disease
- Adequate gas exchange
- Stable haemodynamics
- Correct management of secretions
- No metabolic and/or electrolytic disturbances

Non-invasive ventilation

Aerogen optimises aerosol drug delivery during NIV^{§12,113}

- Aerogen Solo can be used in-line during NIV¹
- The Aerogen Solo can rotate within the T-piece allowing various patient positions¹
- Virtually silent drug delivery,^{1,14} keeping a calm environment for your patients

Patient admitted

> Treatment of acute respiratory failure (ARF)

Invasive mechanical ventilation

Aerogen is a closed-circuit aerosol drug delivery system¹

- Aerogen is a closed-circuit aerosol drug delivery system,¹ which can help mitigate the release of fugitive aerosols during nebulisation⁺⁸⁻¹¹
- Eliminates the need to open the circuit when administering medication^{1,8}
- Suitable for use in IMV tracheostomy patients^{±1}

Assess readiness to wean

Spontaneous breathing trial (SBT)

Via low pressure support ventilation (5 to 10 cm H_2O) or T-piece and supplemental oxygen

or direct extubation

or SBT on tracheostomy^{5,15}

– patient monitored for 48 hours post extubation^{4,7}

Extubation attempted

if patient passes SBT

Extubation

Patient

discharged

NIV is used as:²

- 1. An alternative weaning modality in patients who are intolerant of the initial SBT
- 2. A treatment option for acute respiratory failure within 48 hours of extubation
- for patients at high risk of reintubation

Self-ventilating

Aerogen provides effective medication delivery during self-ventilation^{17,18}

- The Aerogen Ultra facilitates intermittent and continuous nebulisation with optional supply of supplemental oxygen¹⁹
- Compatible with all standard aerosol/valved face masks,¹⁹ to meet varied patient needs
- The Aerogen Solo is suitable for use in self-ventilating tracheostomy patients^{‡1}
- Portable, to facilitate aerosol medication delivery throughout the hospital¹



Aerogen facilitates effective medication delivery across multiple respiratory modalities^{12,13,17,20-23}

In studies, when compared with a jet nebuliser:

~4x

more drug deposition with Aerogen during $\mathsf{IMV},^{**20,21}\,\mathsf{NIV},^{\$12,113}$ and HF^{++2}

more drug deposition with Aerogen when self-ventilating⁺⁺¹

In studies, when compared with a pMDI:



extubated patients who develop 3. A prophylactic measure

Re-intubation if patients develop ARF or are unable to self-ventilate for a sustained period⁷

NIV and/or HF provided, where required⁷

High-flow

With Aerogen, integrated aerosol drug delivery with HF is possible¹

- Aerogen fits in-line with no added flow and no interruption of therapy during administration of medication¹
- With Aerogen, the circuit can be maintained during aerosol therapy¹ unlike conventional nebulisation methods that require interruption of high-flow to use a facemask or mouthpiece#16

In patients at high risk of extubation failure, the use of high-flow with non-invasive ventilation after extubation has been shown to significantly decrease the risk of reintubation compared with high-flow alone.⁶

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