

PRECISION  MEDICAL®

EASY PULSE FLOW

Conservar/Flowmeter



The Future of Oxygen Therapy

Made in



EASYPULSEFLOW CONSERVER/FLOWMETER



REDUCE: Oxygen Consumption

ELIMINATE: Wasted Oxygen

SAVE: Money on Medical Oxygen

The ***EasyPulseFlow*** conserver/flowmeter is designed to be used with low pressure systems (50-55 psi). It consists of a Thorpe tube flowmeter combined with a conserving module. The clinician is able to choose between Continuous Flow mode or Pulse Dose mode.

In the Continuous Flow mode the flowmeter operates the same as a traditional Thorpe tube flowmeter capable of delivering metered flows from 0 to 15 lpm and up to 24 lpm at flush flow. The outlet connection is the same as a traditional oxygen flowmeter allowing versatility of use.

In the Pulse Dose mode the ***EasyPulseFlow*** operates as an oxygen conserver. Settings of 1 through 5 are available and supply a similar F_{IO_2} to the patient as continuous flow. The conserving module controls the pulse size and timing to the patient. This reduces the oxygen demand on the system and limits the drying of the airways. The oxygen is supplied to the patient through a 7 ft adult single lumen cannula.










Improve your bottom line with increased savings!

With a conserving ratio of up to 5.7 to 1, the ***EasyPulseFlow***, when set on the Pulse Dose mode reduces oxygen waste. It's proven pneumatic reliability combined with it's robust design helps reduce the costs of operation.

Specifications

Dimensions:	Height: 7.9 in (20.1 cm), Width: 1.9 in (4.8 cm), Length: 2.5 in (6.4 cm)
Weight:	10.4 oz (0.29 kg)
Shipping Weight:	13.6 oz (0.39 kg)
Inlet Pressure Range:	50-55 psi (3.45-3.79 bar)
Pulse Dose Settings:	1, 2, 3, 4 and 5 (Similar F_{iO_2} to Continuous Flow value)
Continuous Flow Range:	0-15 lpm metered (20-24 lpm max flush flow)
Pulse Dose Accuracy:	Within $\pm 15\%$ of the normal bolus value (at each breath rate)
Continuous Flow Accuracy:	± 0.25 lpm from 0.5 lpm up to 5 lpm ± 0.5 lpm from 5 lpm up to 15 lpm
Savings Ratio:	Up to 5.7:1
Trigger Method:	Negative inspiratory effort from patient inhalation
Breathing Frequency:	Up to 35 bpm
Cannula Requirement:	Maximum 7 foot (2.1 m) long standard adult single lumen nasal cannula
Operating Conditions:	35°F to 105°F (1.7°C to 40.6°C)
Storage Conditions:	-40°F to 140°F (-40°C to 60°C) Max Humidity: 95% Non-condensing
Altitude:	Sea level to 10,000 ft (0 to 3,048 m)
Outlet Fitting	9/16-18UNF Male Threaded Fitting

Ordering Information

		EasyPulseFlow
	No Adaptor (1/8 NPTF)	19MFA1001
	DISS Female Hex Nut	19MFA1002
	DISS Female Hand Tight	19MFA1003
	DISS Male	19MFA1004
	Ohmeda	19MFA1005
	Chemetron	19MFA1006
	Oxequip	19MFA1007
	Puritan- Bennett	19MFA1008
	Schrader	19MFA1009
	Medstar	19MFA100M

Add PTO behind part number for Power Take-Off

Specifications are subject to change without prior notice.

Objective: To determine the clinical and economic feasibility of incorporating a new oxygen conserving flowmeter into PIH

EVALUATION OF A HOSPITAL OXYGEN CONSERVING FLOWMETER

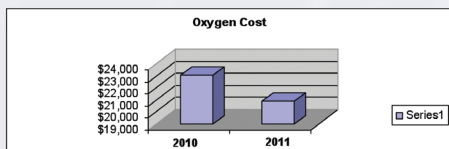
Hal Herlong RRT

Background: Presbyterian Intercommunity Hospital is an acute care 440 bed facility. The economy of today has continued to add additional pressure on providers to discover ways to conserve economically while continuing to provide high standards of care. We decided to engage in a trial of the 19MFA EasyPulse Flowmeter from Precision Medical Inc. The trial focused on evaluating the use of oxygen conserving technology within the hospital setting.

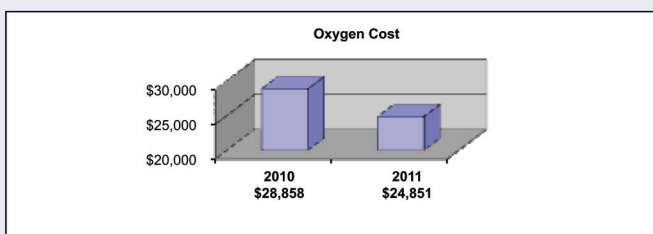
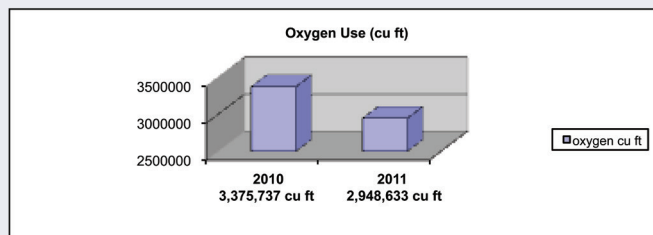
Method: All patients requiring oxygen therapy via nasal cannula admitted and maintained in the new tower of the hospital over the duration of the trial. The 144 bed tower houses cardiac, respiratory, diabetic, and orthopedic surgical patients. Education was provided to all staff members that we concluded would have contact with the patients in the affected Tower. The default technique of oxygen administration in these patients was the pulse flow mode. Titration of oxygen dose was based on ordered acceptable SPO₂ ranges. Any patient who was unable to maintain acceptable ordered SPO₂ in the pulse mode was placed in the continuous mode.

Results: Ninety days of daily monitoring of 1521 patients days, revealed 861 (57%) patients successfully used the conserving pulse mode, 543 patients (36%) used the continuous mode, and others 117 (6%) were not applicable due to their use of humidifier, 25 foot cannula, mask, or patient refusal (1%).

Conclusion: The below graph reflect an 8% decrease in oxygen purchases for 3 months, even with a 2011 cost increase of \$0.03 / 100 cubic feet. There was also a 2% increase in patient census throughout this period for the overall hospital which also had impact on the amount of consumed oxygen. There was a 10% increase in admissions to the emergency room over 2010 census for this same period, which also affected the total purchase of oxygen for the hospital. In spite of this, we were still able to record a decrease in total oxygen consumption through the use of the EasyPulse flowmeter.



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Note: We have identified that the 36% patient population intolerance to the pulse flowmeter is due to shallow breathing/mouth breathing patients causing the inability to trigger the flowmeter in the conserving mode.

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