QUESTION: I have seen pictures of mouthpiece ventilation, but would like more details on how to set it up. Can someone describe theirs?

ANSWER: Jacob Gapko, Eau Claire, Wisconsin, gapkoja@yahoo.com

Here is the setup I use with my LTV® 950 ventilator which has specific settings for the NIV mode.

My setup starts with an air tube straw, connected to a 3.5 mm adapter ET, connected to a patient circuit, connected to a bacterial/viral filter and finally to an elbow adapter. A microphone gooseneck supports the setup and holds the straw close enough to reach.

Manufacturers, part numbers, and contact information:

- 3.5 mm x 15 mm adapter ET, part #501003035 from Rusch, part of Teleflex Medical. www.teleflex.com
- elbow adapter, standard 22 mm I.D. x 22mm O.D., Cat. No. 1641, from Hudson RCI, part of Teleflex Medical. www.teleflex.com
- bacterial/viral filter, Cat. No. 1605, from Hudson RCI. Go to www.hudsonrci.com/How/locator.asp for distributors near you, plug in your ZIP code or contact Teleflex Medical directly, 866-246-6990.

Marilyn Keen, the respiratory therapist at my home health company, Reliable Medical Supply, will be glad to answer questions about the setup. Call her at 763-255-3853. www.reliamed.com.

Since secretion clearance is an important part of NIV, I have incorporated the CoughAssist® and the InCourage™ airway clearance systems into my daily routine. Using both takes 30 minutes per session three times per day when I am healthy. I use them more often when I get a respiratory infection. I also have a standing order for antibiotics in case I cannot get in to see my doctor. Without antibiotics, it is very easy for a respiratory infection to develop into pneumonia, even when it starts as a viral infection. In the last decade I have been hospitalized only twice.

From Around the Network continued from page 2

interfaces, leaks, circuitry, rebreathing, to name a few. In addition, the design features of home ventilators as Class I and Class II Medical Devices by the Organization for International Standardization are listed.

Recommendations include both preoperative and postoperative management of these children (involving close monitoring of oxygen saturation and cardiorespiratory status); and transition back to home NIV system and liaison with home ventilation program before discharge. To contact Dr. Brown, email roula.cacolyris@muhc.mcgill.ca.

Flu Vaccine 2012-2013

The U.S. Food and Drug Administration (FDA) voted to adopt the World Health Organization’s recommendation for the Northern Hemisphere’s 2012-2013 seasonal influenza vaccine. The vaccine viruses include: H1N1 virus (same as used in the 2011-2012 vaccine), H3N2 vaccine and B vaccine.

To meet estimated demands of the upcoming flu season, drug manufacturer Novartis launched delivery of more than 30 million doses of its seasonal flu vaccine – Fluvirin® – to provide the earliest possible protection against the flu. Fluvirin vaccine, reformulated to include the two new strains, is FDA-approved for patients 4 years of age and older. www.cdc.gov/flu/about/season/upcoming.htm

People are advised to get the vaccine as soon as it becomes available, and local pharmacies are already advertising “flu shots.” For more on how you can protect against flu, go to www.flu.gov.