



PRESENTS:

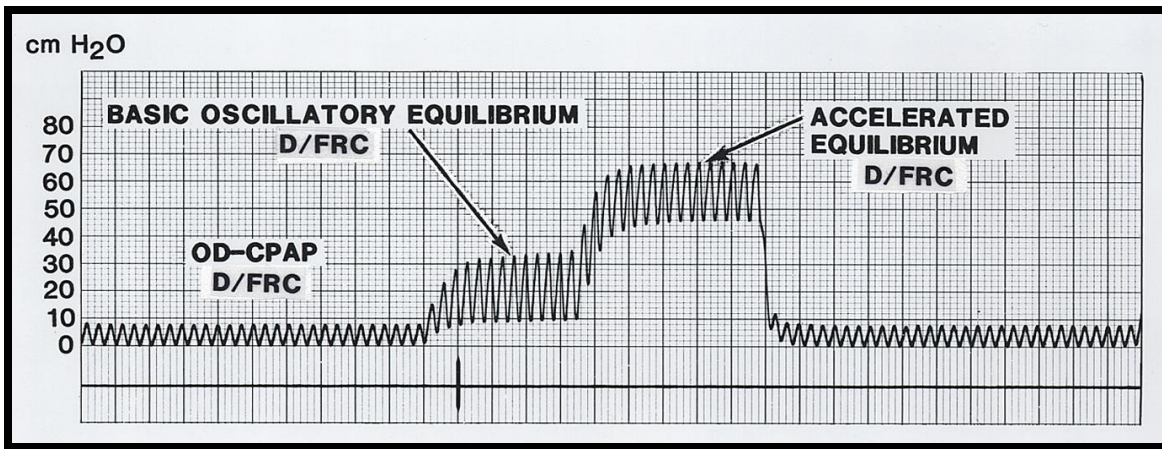
**ADVANCED
VOLUMETRIC DIFFUSIVE RESPIRATION (VDR®)**



**THE INTUITIVE VDR®-4 MODEL F0008-1
(SHOWN WITH ACCESSORY MONITRON® II MODEL F0007-1)**

ASK THE EXPERIENCED VDR® MILITARY OR CIVIL CLINICIAN

**HOW THEY, AS PROFESSIONALS, USE ONE VDR® PERCUSSIONATOR® FOR THEIR MOST
CRITICAL CARDIOPULMONARY PATIENTS FROM
NEONATES THROUGH PEDIATRICS TO THE LARGEST ADULTS**



THE CLASSIC VDR WAVE FORMAT FOR RECRUITING EVEN THE LOWEST COMPLIANCE LUNGS WITH "A LUNG PROTECTIVE STRATEGY"

INITIATING BASIC INTUITIVE SCHEDULING OF THE VDR-4® WITH THE ACCESSORY MONITRON® II


Patient initiation with the VDR®-4 consists of selecting a 40 psi operational pressure, then:

- A. Set up a compatible breathing circuit. Select FIO₂. Activate Heated Humidifier?
- B. For Neonates and Pediatrics to Adults with nominal lung compliance dial 12:00 on all control knob Arrows, except rotate DEMAND CPAP control knob Arrow full (clockwise).
- C. Rotate Master switch to- ON. Make airway connection.
- D. For Patients with stiff low compliance lungs, rotate the PULSATILE FLOWRATE control knob Arrow (counterclockwise) toward the 03:00 position (or more) to increase basal lung percussion amplitude- up to about 35- 40 cm H₂O, if required.
- E. To further increase oscillatory PIP, gradually rotate the CONVECTIVE PRESSURE RISE control knob Arrow (counterclockwise) to obtain an observable bi-lateral basal chest oscillation. Make certain a mechanical airway obstruction is not causing the high oscillatory PIP. ADJUST PULSATILE PRESSURE RISE AND OSCILLATORY and/or PRESSURE RISE TO OBTAIN BI-lateral BASAL CHEST OSCILLATORY EXCURSION.

THESE ARE THE DEFAULT SETTING. Use your level of proficiency to optionally re-program for maximum efficacy for individual patient needs.

All contraindications relating to trach-positive ventilators apply.

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