

Circulaire II Ordering Information

PRODUCT	NUMBER	DESCRIPTION	QTY
Circulaire II	0336	Circulaire II , Nebulizer Adult with Bacterial Viral Filter	25
	0337	Circulaire II , Nebulizer Adult with Mouthpiece	25
Masks	0290	Circulaire II Adult PEP Mask, Non Vented	50
	0291	Circulaire II Pediatric PEP Mask , Non Vented	50
Accessories	0242	Circulaire II Expiratory Side Filter	25
	0335	Circulaire II Reservoir Bag Kit	100

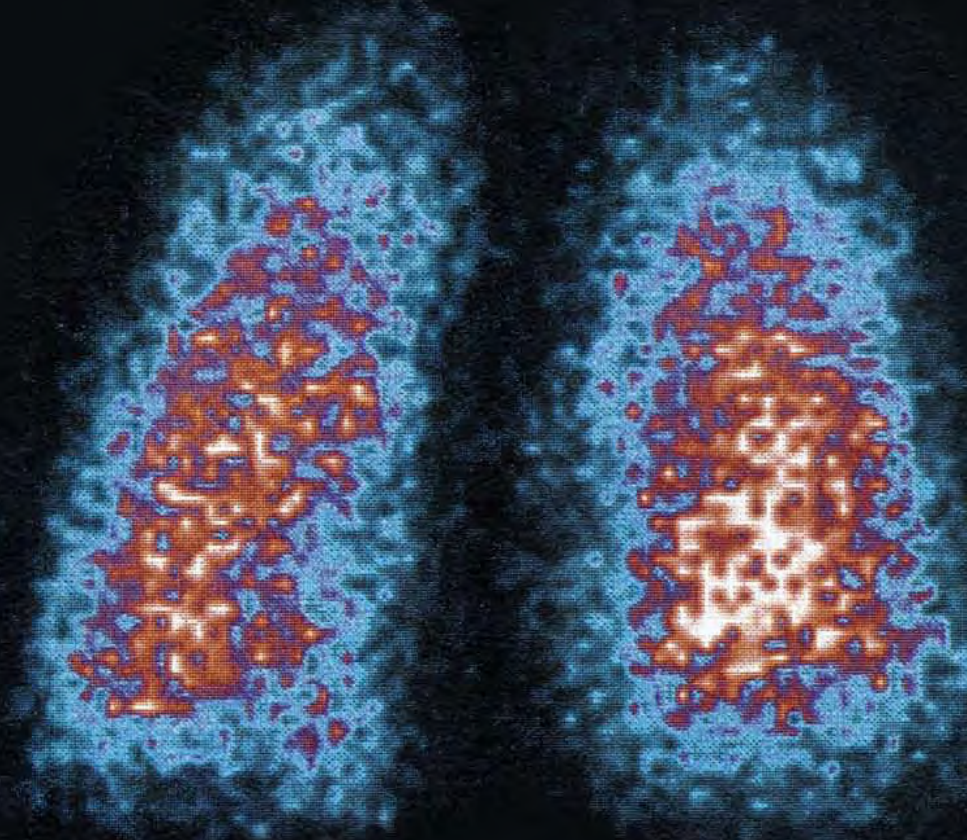
References

1. Miller, W.C, Mason JW. Abbreviated Aerosol Therapy for Improved Efficiency Journal of Aerosol Medicine 1998; Volume 11, Number 3:127-131
2. Miller WC, Mason JW, Small S. Comparison of Aerosol Delivery via Circulaire System vs Conventional Small Volume Nebulizer. Respiratory Care 1994; Volume 39, Number 12:1157-1161
3. Hoffman L, Smithline H. Comparison of Circulaire to Conventional Small Volume Nebulizer for the Treatment of Bronchospasm in the Emergency Department Respiratory Care 1997; Volume 42, Number 12:1170-1174
4. Hess D, Fisher D, Williams P, Pooler S, Kacmarek M. Medication Nebulizer Performance Effects of Diluent Volume, Nebulizer Flow, and Nebulizer Brand Chest 1996; Volume 110:498-505
5. Skolnick JL, Beach WJ, Garcia R, Holeman L. The Safety and Efficacy of Rapid, High Concentration Nebulization of Beta Agonist Bronchodilator. Chest 1997, Supplement. p 11
6. Cochrane LJ, Hayes LE, Perry WH. An Evaluation of the Safety of Using Undiluted Albuterol in the Circulaire System for 72 Hours Chest 1997, Supplement p. 51
7. O'Riordan TG, Amram JC. Effect of Nebulizer Configuration on Delivery of Aerosolized Tobramycin Journal of Aerosol Medicine 1997 Volume 10, Number 1:13-23
8. Taylor J, Offerdahl J, Gietzen J, McCabe Halvorson T, Lachowitz D. Prospective Clinical Comparison of Two Small Volume Nebulizers in Patients with Acute Respiratory Distress Treated in the Emergency Department Abstract published in the 43rd International Respiratory Congress Program Guide, AARC-New Orleans 1997
9. Meredith RL, Bajusz PL. Clinical Evaluation of the Circulaire vs Conventional Small Volume Nebulizer for the Treatment of Acute Bronchospasm Associated with Asthma or Asthmatic Bronchitis in an Emergency Department. Presented at the 44th International Respiratory Congress, AARC-Atlanta 1998
10. Dobvich, M., et al.: Clinical Evaluation of a Simple Demand Inhalation MDI Aerosol Delivery Device Chest 84:36-41
11. Alberts WM. Occupational Asthma in the Respiratory Care Worker. Respiratory Care 1993; 38 (9) 997-1004
12. Newman S. Aerosol Deposition Considerations in Inhalation Therapy. Chest 1985; 88 (2) 1525-1605
13. Morrow PE. Aerosol Characterization and Deposition Am Rev. Respir. Dis. 1974 p 88-99
14. D.S. Gardenhire. An In Vitro Comparison of Dosimetric And Constant Output Nebulizers Respiratory Care 2007 Open Forum Abstracts

Circulaire® II

Pulmonary Drug Delivery System

The Next Generation

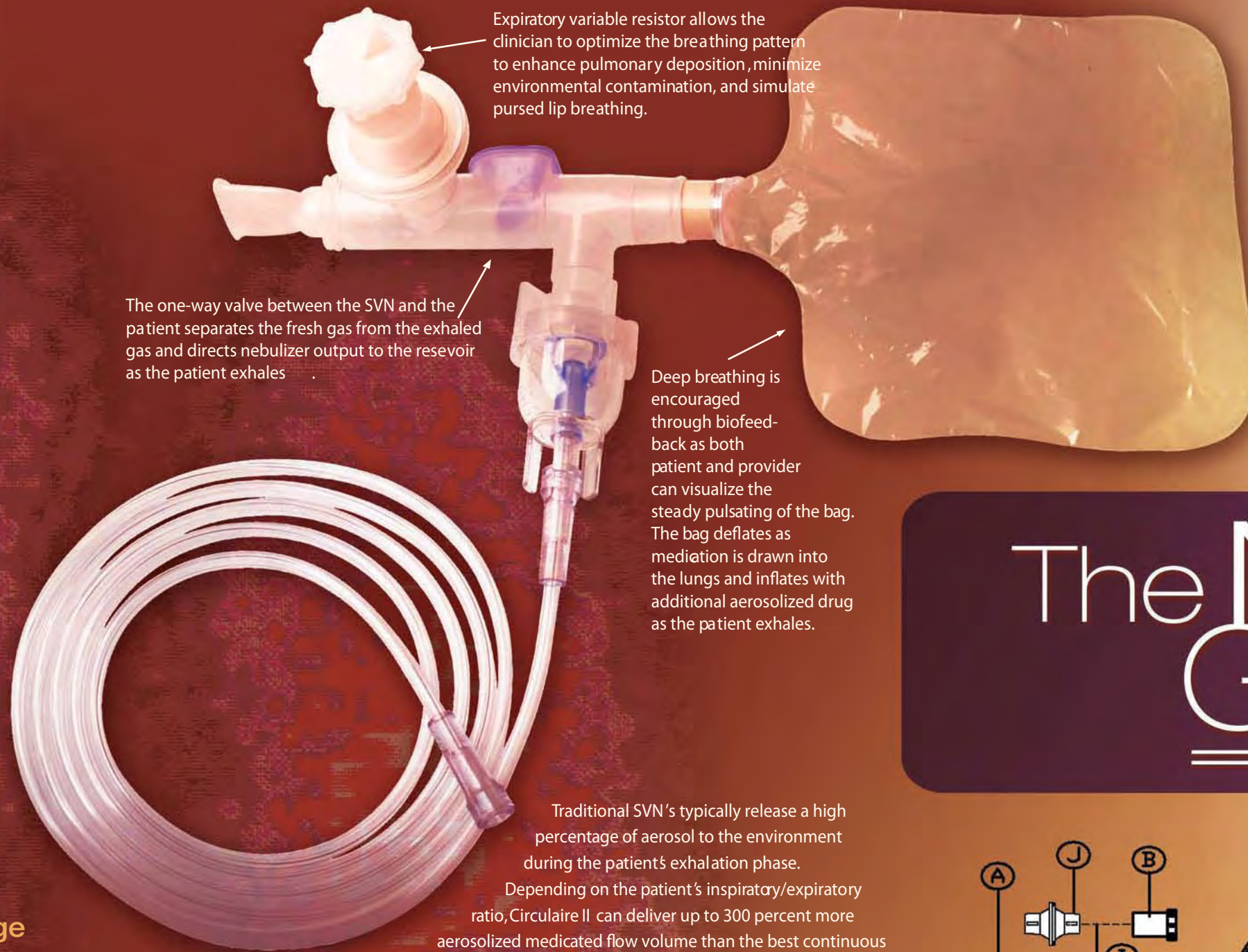


IMA
Independent Medical Associates

11733 66th St N #113 | Largo, FL 33771 | Phone: 888.548.4462 | Fax: 888.548.1462 | Email: info@I-MA.com

IMA
Independent Medical Associates

Circulaire II



The one-way valve between the SVN and the patient separates the fresh gas from the exhaled gas and directs nebulizer output to the reservoir as the patient exhales.

Expiratory variable resistor allows the clinician to optimize the breathing pattern to enhance pulmonary deposition, minimize environmental contamination, and simulate pursed lip breathing.

Deep breathing is encouraged through biofeedback as both patient and provider can visualize the steady pulsating of the bag. The bag deflates as medication is drawn into the lungs and inflates with additional aerosolized drug as the patient exhales.

Traditional SVN's typically release a high percentage of aerosol to the environment during the patient's exhalation phase. Depending on the patient's inspiratory/expiratory ratio, Circulaire II can deliver up to 300 percent more aerosolized medicated flow volume than the best continuous or breath-actuated nebulizers.

Two of the standard features included with the Circulaire II make this device the ideal product for hospital and home care use. Through the use of the reservoir and expiratory filter, Circulaire II provides a closed system. These attributes benefit both patient and provider – improved clinical outcomes for the patient, less risk of exposure to exhaled aerosols for the provider.

Particle size is ideal. The aerosol generator portion of the Circulaire II is the VixOne, an industry standard and clinically proven small volume nebulizer. The MMAD (Mass Medium Aerodynamic Diameter) of the Circulaire II is generated by the VixOne™, a clinically proven industry standard, and delivers greater than 90% of the aerosol particles in the respirable range.

- Positive Expiratory Pressure (PEP) therapy drives air into the lungs and behind the mucus using collateral airways. PEP therapy can easily be incorporated when using Circulaire II as it is included as a standard feature. Set the expiratory variable resistor to the minimal opening and you have simulated pursed lip breathing as part of the delivery system.
- The Circulaire II can be administered with the use of a mask or mouthpiece. By design, the Westmeds wivel mask alleviates cumbersome posturing of the patient as this unique characteristic allows you to accommodate your patient's position. These features plus others make for a very versatile and universal pulmonary drug delivery system.
- The system includes a detachable reservoir bag. Bag replacement simplifies the delivery of a variety of aerosolized medicines such as bronchodilator therapy, antibiotic therapy, mucolytics, antifungals, etc.

The Next Generation

Maximum drug dosage to the lungs. In less time. With less waste.

In today's health care environment, maximizing efficiency and minimizing waste are more important than ever. This increased efficiency must be achieved without compromising patient care. The Circulaire II delivers equivalent drug delivery with improved clinical outcomes in a fraction of the time – and with less waste of medication.

The unique lightweight reservoir captures aerosol during the patient's expiratory phase and retains it for "On-Demand Delivery" during the subsequent inspiratory phase. The combination of aerosolized medicine generated by the VixOne™ nebulizer, and that which is inhaled from the reservoir ensures the maximum percentage of a patient's tidal volume is medicated.

