

PHYSICIANS

It is beneficial to have the results of the items listed below included in the medical records, before and after initiating BCV (if applicable).

- Pulse Oximetry
- Arterial Blood Gas
- Pulmonary Function Tests
- Documentation of prescribing BCV
- Failed PAP
- Failed Mask Ventilation
- Unable to tolerate PAP
- Severity of Patient
- Predictors of Poor Outcome
- Patient Compliance
- Patient Comfort

Documentation of failed mask ventilation, failed PAP ventilation, and/or non-compliant PAP ventilation under clinical observation monitored by a physician, will support the consideration for BCV.



BCV

Biphasic Cuirass Ventilation

...exercises a patient's respiratory range of motion, utilizing the diaphragm and intercostal muscles in a natural motion. BCV mimics natural breathing by providing even ventilation across the lungs, instead of ventilating by path-of-least-resistance, as Positive Pressure Ventilation would.

WHAT IF YOU COULD VENTILATE...



Without a facemask



Without sedation



Without risk of barotrauma



Without risk of infection

BCV:

- is external via chest cuirass, controls both respiratory phases (inhalation and exhalation) actively, and can work at both low and high frequencies and generally keeps the benefits of the differing types of mechanical ventilation while avoiding most of their disadvantages.
- provides an efficient and effective method of non-invasive ventilation using the extra-thoracic interface of an advanced-design cuirass and can be a real alternative to traditional forms of ventilation.
- provides an effective means of weaning difficult patients from PPV.
- is a highly-potent pulmonary secretion removal tool use is often therapeutic and halts or reverses progression of respiratory symptoms related to pulmonary muscle fatigue and secretion retention.
- can be started early in symptom progression, before the patient's condition worsens and hospitalization is required.

WHY CONSIDER BCV?

- More natural means of support of ventilation
- No face or nasal mask required
- No trach required
- Can speak with increased volume
- Can continue to eat
- Lungs cleared by support of ventilation
- Chest wall mobility and lung capacity maintained
- Built in HFCWO and cough assistance