Every Patient, Every Setting*

Aerogen is a high performance drug delivery device that can cross multiple modalities for ventilated and non-ventilated patients. By delivering more aerosol than any other device, Aerogen can improve patient outcomes at any phase of the patient's care.



SUPERIOR PATIENT CARE WITH AEROGEN ULTRA

In a comparison study with a jet nebuliser, Aerogen Ultra resulted in:

32% reduction in ED admission rates¹

85% of patients achieving symptom control with one 2.5mg

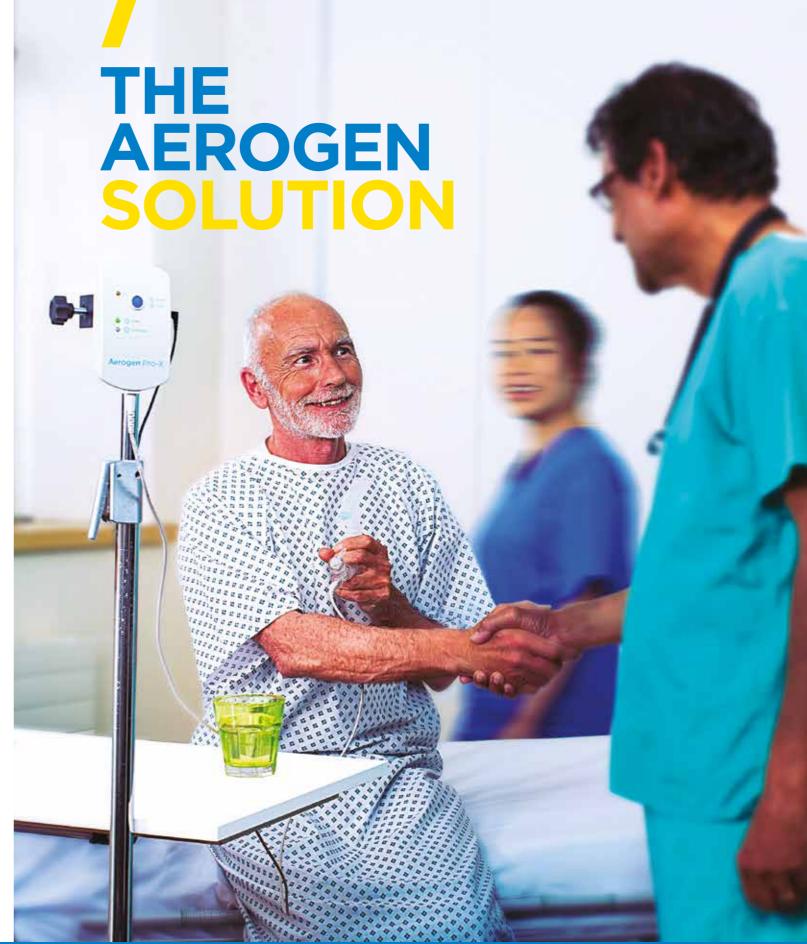
 37_{min} reduction in ED median length of stay¹

1. Dunne RB and Shortt S. Comparison of bronchodilator administration with vibrating mesh nebulizer and standard jet nebulizer in the emergency department. The American journal of emergency medicine. 2017

salbutamol dose¹

Please contact your local distributor for more information

*Please refer to Aerogen Solo Instruction Manual for approved Aerogen set-ups



Tel +353 91 540 400 Email discoverbetter@aerogen.com

/ Discover Better aerogen.com





YOUR CHALLENGE

Traditional aerosol delivery methods

Jet nebulisers were invented in 1858 and the same technology is still used today with numerous limitations and implications.¹





OUR SOLUTION

Aerogen High Performance Aerosol Drug Delivery Studies demonstrate that Aerogen's patented technology silently delivers:





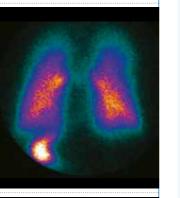
- Substantial residual volume (62.3%)³
- Multiple back-to-back treatments frequently needed⁴

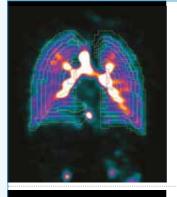
Pressure on hospital beds due to frequent admissions with respiratory exacerbations

- Low delivery of medication to the lungs via NIV (1.5%)⁵ and HFNC (1%)⁶
- Difficult to use and adds flow which can cause disruption to therapy

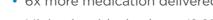
(which can also lead to loss of lung recruitment/PEEP)

• Slow recovery in acute exacerbation COPD with jet nebulisers









- Minimal residual volume (2.8%)²
- Fewer treatments and 37 minute median reduction in patient length of stay³
- Significant improvement in FVC and symptom scores in COPD acute exacerbation⁴

Substantial savings can be achieved with Aerogen in the ED based on 37 mins shorter LOS and 30% higher discharge rate³

- 4x more medication delivered to the lungs via NIV (5.5%)⁵ and HFNC (3.6%)⁶
- Significant improvement in COPD patients with NIV and Aerogen, BORG score, respiratory rate, SpO2, blood gases⁷
- Easily fits in line with no added flow and does not require interruption of therapy
- 10–15% lung dose during ventilation⁸
- Reduced risk of cross-contamination due to:
- not breaking the circuit
- reduction in risk of re-nebulisation of condensate (Aerogen sits above the circuit)
- · Easily fits in line with no added flow

RESULT

- \checkmark Improved and visible patient response to treatment^{3, 4, 7}
- Reduced escalation of care may result in reduced costs³
- Delivers more drug to the lungs across all modalities

ier J, Hesse M, Vanbever R, et al. SPECT-CT Comparison of Lung Deposition using a System combining a Vibrating-mesh Nebulizer with a Valved Holding Chamber and a Conventional Jet Nebulizer: a Randon r Study. Pharm Res 2017;34:290-300. 2. Lin HL, Fang TP, Cho HS et al. Aerosol delivery during spontaneous breathing with different types of nebulizers in vitro/ex vivo models evaluation. Pulm Pharmacol Th 52:31. 3. Dunne RB and Shortt S. Comparison of bronchodilator administration with vibrating mesh nebulizer and the ubeulizer in the emergency department. The American journal of emergency me ress, Accepted Manuscript. 4. Cushen B, Alsaid A, Abdulkareem A and Costello RW. A Pilot Study To Assess Bronchodilator Response During A nAcute Exacerbation Of COPD Using A Vibrating Mesh Nebulise riser For Bronchodilator Delivery. BTS poster presentation. 2016. S. Galindo-Filho VC, Ramos ME, Ratcles CS, et al. Radioaerosol pulmonary deposition using mesh and jet nebulizers in the Neuricas in vitro/ex vivo models evaluation. 2016. S. Galindo-Filho VC, Ramos ME, Ratcles CS, et al. Radioaerosol pulmonary deposition using mesh and jet nebulizers during noninvasive ventilation Response 2015;60(9):1238-1246. 6. Dugernier et Al, Aerosol Delivery with Two Nebulizers Through High-Flow Nasal Cannula: A Randomized Cross-Over Single-Photon Emission Computed Tomography-Con ohy Study. Volume 30, Numesh 20, 2017. A videey S, Nuraleva G, Soe AK and Fink JB. Comparison of response to aerosol drug delivery with mesh and jet nebulizers druing non-invasive ventilation rouge and the study of the presentation of COPD. Poster at ES. 2017. 8. Dugernier J, Reychier G, Wittebole X, et al. Aerosol delivery with two ventilation modes during mechanical ventilation: a randomized study. Ann Intensive Care 2016;60(3):73 within B. Swerey L. Tatham A and Gidwani S. Comparison on pelvileary with two ventilation modes during unchanador during the study of the stud

POTENTIAL IMPACT

Limited and slower patient response 4,9

2.9% medication delivered to the lungs⁷

(jet nebuliser sits below the circuit)

• Risk of contamination due to:

- re-nebulising condensate

Adds flow

- breaking of the circuit⁸

Increased patient length of stay in the ED due to multiple treatments⁴

1. Hardluck Asthma. 1856-1858: The first nebulizer. 28 August 2012. http://hardluckasthma.blogspot.co.uk/2012/08/1849-1858-first-nebulizer.html. Accessed 19 May 2016. 2. Dugernier J. Hesse M, Vanbever R, et al. SPECT-CT Compar of Lung Deposition using a System combining a Vibrating-mesh Nebulizer with a Valved Holding Chamber and a Conventional Jet Nebulizer: a Randomized Cross-over Study, Pharm Res 2017;34:290-300. 3. Lin HL, Fang TP, Cho H al. Aerosol delivery during spontaneous breathing with different types of nebulizers in vitro/ex vivo models evaluation. Pulm Pharmacol Ther. 2018 Feb;48:225-231. 4. Dunne RB and Shortt S. Comparison of bronchodilator administ with vibrating mesh nebulizer and standard jet nebulizers in the mergency department. The American journal of emergency medicine. 2017;In Press, Accepted Manuscript. 5. Galindo-Filho VC, Ramos ME, Rattes CS, Barbosa AK, Br DC, Brandão SCS, Fink JB and Dornelas de Andrade A. Radioaerosol Pulmonary Deposition Using Mesh and Jet Nebulizers During Noninvasive Ventilation in Healthy Subjects. Respiratory care. 2015;60:1238-1246. 6. Dugernier et Al. Aerosol Delivery with Two Nebulizers Through High-Flow Nasal Cannula: A Randomized Cross-Over Single-Photon Emission Computed Tomography-Study, Volume 30, Number 0, 2017. 7. MacIntyre NR, SiN RM, Miller CW, Schuler F and Coleman RE. Aerosol delivery in intubated, mechanically ventilated patients. Critical care medicine. 1985;13:81-4. 8. AARC Evidence-based clinical practice guidelines: Care of the ventilator riscuit and its relation to ventilator-associated pneumonia. Respiratory Care. 2015;49:296-79. O cuber B, Sisid A, Abdulkareem A and Costello RW. A Pilot Study To Assess Bronchodilator Response During An Acute Exacerbation Of COPU Using A Vibrating Mesh Nebuliser For Bronchodilator Delivery. BTS poster presentation. 2016.



• 6x more medication delivered to the lungs (34.1%)¹



Delivers significantly more medication in less time ⁹