Aerogen

Clea:

Upper respiratory tract infection patient cared for with high-flow



Aerosolised medication can be effectively administered in-line via Aerogen^{1,†2,3-7} with no interruption to high-flow therapy¹



INTEGRATED AEROSOL DELIVERY

Aerogen fits in-line with no added flow and no interruption of therapy during administration of medication¹



EASE OF USE

Quick and easy to set up¹ with one system throughout a patient's respiratory journey (IMV, NIV, HF, SV)¹ supporting continuity of care



EFFECTIVENESS

In-line aerosol drug delivery with Aerogen effectively delivers aerosol medication to the lungs during high-flow therapy^{1,†2,3-7}

...for healthy lungs

Aerosol delivery during high-flow

The use of a conventional aerosol device can require a patient's high-flow therapy to be stopped while concomitant aerosol therapy is administered.¹⁸

With Aerogen, integrated aerosol delivery with high-flow is possible^{1,18}

- Fits in-line with no added flow¹
- No interruption of therapy during administration of medication¹
- The circuit can be maintained during aerosol therapy¹

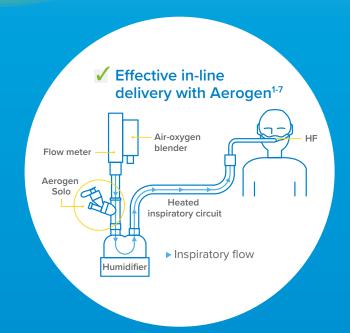
Ease of use

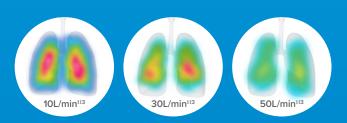
- Quick and easy to set up¹
- Virtually silent, keeping a calm environment for your patients
- In studies, in-line aerosol drug delivery was associated with better comfort^{18,59,510} and improved convenience versus conventional aerosol therapy¹⁸

Effectiveness

In studies, in-line aerosol drug delivery with Aerogen during high-flow was associated with:

- "4x more medication delivered to the lungs (3.6%) versus a jet nebuliser (1.0%)^{†2}
- 3.5%–17% medication delivery to the lungs, depending on flow rates^{†3}
- Effective bronchodilator response, even with a gas flow of 50 L/min¹⁷





Aerosol drug delivery in the COVID-19 era

Clinical and scientific societies around the world recommend the use of closed-circuit nebulisers like Aerogen for the management of patients with COVID-19 requiring aerosol drug delivery.^{11–17}

√ GOLD: 2023 Report¹¹

√ AARC: Guidance 2020¹²

✓ ISAM Interim Guidance 2020¹³

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Clea is not based on a specific patient but are representative of common clinical situations.

'Study performed in healthy subjects. 'Survey of worldwide clinical practice of HF and concomitant aerosol therapy in the adult ICU setting. Conventional aerosol therapy consisted of a vibrating mesh nebuliser, ultrasonic nebuliser or jet nebuliser used with a facemask. 'A randomised, cross-over study in infants with bronchiolitis comparing in-line Aerogen vs jet nebuliser with a facemask. 'At cumulative doses of 1.5–3.5 mg salbutamol in patients with COPD or asthma. #Representative images AARC, American Association for Respiratory Care; COPD, chronic obstructive respiratory disorder; HF, high-flow; ICU, intensive care unit; IMV, invasive mechanical ventilation; ISAM, International Society of Aerosols in Medicine; NIV, non-invasive ventilation; Vs. et al. (2013)

1. 30-354 Rev U Aerogen Solo Instruction Manual. 2. Dugernier J, Hesse M, Jumetz T, et al. J Aerosol Med Pulm Drug Deliv. 2017;30(5):349-358. 3. Alcoforado L, Ari A, Barcelar JM, et al. Pharmaceutics. 2019;11(7):320. 4. Reminiac F, Vecellio L, Bodet-Contentin L, et al. Ann Intensive Care. 2018;(f):128. 5. Li J, Zhao M, Haddeer M, et al. Respiration. 2019;89(5):401-409. 6. Beuvon C, Coudroy R, Bardin J, et al. Respir Care. 2021;respcare.09242. 7. Li J, Chen Y, Ehrmann S, et al. Pharmaceutics. 2021;13(6):461-461-44. 9. Valencia-Ramos J, Miras A, Cilla A, et al. Respir Care. 2018;63(7):886-993. 10. Valencia-Ramos J, Octoba Sangrador C, García M, et al. Acro Dis Child. 2022;107(12):1122-1127. 11. Global Initiative for the Diagnosis, Management, and Prevention of Chronic Obstructive Lung Disease: 2023 report. Available at: https://goldcopd.org/2023-gold-report-2/ (accessed 10 Bocember 2022). 12. American Association for Respiratory Care SARS CoV-2 Guidance Document. Available at: https://www.aarc.org/wp-content/uploads/2020/03/guidance-document-SARS-COVID19.pdf (accessed 11 Nov 2022). 13. Finix JB, Ehrmann S, Lilja H, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(7):492-438. 15. Respiratory care committee of Cherolae Shordingue Z, Lujafn Torné M, et al. Med Intensiva (Engl Ed.) 2020;44(