

“The use of the *AeroEclipse*® BAN offers our staff an opportunity to deliver a much more effective treatment regimen and when coupled with our proactive approach to “at risk” post ICU trauma patients, reduces our lengths of stay, costs, and also improves patient/family satisfaction. In addition, using this device protects our therapists and nurses from the traditional rebreathing of nebulizer exhaust, which by itself is a good reason for using this device.

Michael J Hewitt, RRT-NPS,  
RCP, FAARC, FCCM  
Peninsula Regional Medical Center  
Salisbury, Maryland  
24 years experience

“Our confidence and satisfaction were further enhanced when we decreased our diluents on several medications allowing for a more concentrated and efficiently delivered dose.”

Connie Hauk, RRT  
Director of Respiratory Care  
Forrest General Hospital  
Hattiesburg, Mississippi  
29 years experience

“Respiratory Therapists should think more critically about dosing drugs rather than just aerosolizing medications.”

Robert Pikarsky, RRT  
Crouse Irving Hospital  
Syracuse, New York  
29 years experience



## *AeroEclipse*® II Breath Actuated Nebulizer (BAN)

Physicians set the protocols for their individual patients. The following is for informational purposes only.

### Forrest General Hospital, Hattiesburg, Mississippi

#### DOSING:

**Adult:** Albuterol (2.5mg) 1ml UD timed 5 minute TX, Albuterol (2.5mg) and (0.5 mg) Atrovent 1.5 UD timed 5 minute TX, Atrovent (0.05 mg) 1 ml UD timed 5 minute TX, Xopenex 0.31mg or 0.63mg UD or 1.25 mg / 3ml UD timed 5 minute TX, Mucomyst 20% w/Bronchodilator timed 5 minute TX, Pulmicort Respule 0.25mg and 0.5mg / 2ML UD run to sputter Rcepinephrine 0.5 ml (2.25% solution) and 2 ml Normal Saline in continuous mode run to sputter.

**Pediatric & Neonatal:** Albuterol (1.25mg) with Normal Saline 2.5ml / 3ml UD total in continuous mode run to sputter, Xopenex 0.31mg or 0.63mg/ 3ml UD total in continuous mode run to sputter.

**Administration:** To sputter.

**Setting:** Hospital wide use.

**Patient Mix:** All patients requiring nebulized medications.

**Comments:** Reduced TX time with lower fill volumes. Custom unit doses compounded by hospital pharmacy. Therapist stays with patient. 7 day change out. Use of valved mask preserves breath actuation benefits. Other medications include Morphine, Lidocaine, Pulmozyme, Mucomyst, Pulmicort, Tetracycline and Gentamicin.

### Crouse Irving Hospital, Syracuse, New York

#### DOSING:

**Adult Low Dose:** Levalbuterol (Xopenex) 0.63mg UD q6 hours while awake and q2 hours PRN, Levalbuterol (Xopenex) 0.63mg UD / Atrovent 0.5mg UD q6 hours while awake and Levalbuterol 0.63mg UD q2 hours PRN, Levalbuterol (Xopenex) 0.63mg UD q8 hours and q2 hours PRN, Levalbuterol (Xopenex) 0.63mg UD / Atrovent 0.5mg UD q8 hours and Levalbuterol 0.63mg UD q2 hours PRN.

**Adult High Dose:** Levalbuterol (Xopenex) 1.25mg UD q8 hours and q2 hours PRN, Levalbuterol (Xopenex) 1.25mg UD / Atrovent 0.5mg UD q8 hours and Levalbuterol 1.25mg UD q2 hours PRN.

**Cardiac Patients:** Levalbuterol 0.63mg UD q6 hours, Levalbuterol 0.63mg UD / Atrovent 0.5mg UD q6 hours and Levalbuterol 0.63mg UD q2 hours PRN.

**Administration:** Run to sputter.

**Setting:** Hospital wide use – Critical Care, Floors, Emergency Department.

**Patient Mix:** COPD, Asthma. Adult and Pediatric.

**Comments:** Reduced Tx time and less Tx. Improved outcomes and reduced cost of care. Published clinical and economic results. Standard aerosol mask used with continuous mode. 7 day change out.

### Baptist Health Medical Center, Little Rock, Arkansas

#### DOSING:

Unit dose Albuterol (3ml), or 0.5ml Albuterol with Atrovent (3ml), Xopenex 1.25mg/ml unit dose, Mucomist 20% with 0.5ml Albuterol (2.5ml).

**Administration:** Timed 5 minute treatments.

**Setting:** Hospital wide use – Critical Care, Floors, Emergency Department.

**Patient Mix:** Asthma, COPD, Pneumonia, Other.

**Comments:** Widespread application. Published clinical and econometric results.



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“Incorporating the new breath-actuated nebulizer into our patient-driven protocols resulted in a win-win situation: Improved patient satisfaction and decreased operating costs while effective therapy was maintained.”

Marsha Lewis, MA, RRT  
Baptist Health Medical Center  
Little Rock, Arkansas  
25 years experience



### Peninsula Regional Medical Center, Salisbury, Maryland

**Dosing & Administration:** 0.5ml (2.5mg) Albuterol and 0.5ml Normal Saline run to sputter, 2.5mg Albuterol UD timed 5 minute TX or half UD run to sputter, 2.5mg Albuterol w/0.5mg Atrovent UD timed 5 minute TX, 1ml Mucomyst 10% w/Bronchodilator timed 5 minute TX, 0.5mg Atrovent timed 5 minute TX, 0.5mg Pulmicort Respule run to sputter, 0.25 to 0.5ml Vaponephrine and 1.0cc Normal Saline run to sputter.

**Setting:** Hospital wide use - emphasis on post ICUtrauma/surgical floor patients deemed “at risk” for pulmonary complication following discharge from the ICU. The **AeroEclipse**® BAN is partnered with a proactive approach to lung expansion and secretion clearance utilizing CPAP and vibratory modalities.

**Patient Mix:** All patients requiring nebulized medications

**Comments:** The **AeroEclipse**® BAN allows for reduced treatment time, one on one therapy, along with reduced LOS and costs.

### Miami Valley Hospital, Dayton, Ohio

**DOSING:**

0.5ml (2.5mg) Albuterol and 0.5ml Normal Saline, or 0.5ml (2.5mg) Albuterol and 1/2 UD Atrovent.

**Administration:** To sputter.

**Setting:** Hospital wide use – Critical Care, Floors, Emergency Department.

**Patient Mix:** COPD, Asthma: Adult and Pediatric.

**Comments:** Maintains usual 2.5mg Albuterol dose. Fast and easy. Published results.

### Mission Hospital, Mission Viejo, California

**DOSING AND ADMINISTRATION:**

**Adult Care:** 0.5ml (2.5mg) Albuterol and 0.5ml Normal Saline run to sputter, 2.5mg Albuterol UD timed 5 minute TX, 0.5ml (2.5mg) Albuterol w/Atrovent UD timed 5 minute TX, Xopenex 0.63mg UD ---or 1.25mg UD timed 5 minute TX, Mucomyst 10% w/0.5ml Albuterol timed 5 minute TX.

**Pediatric Care:** 0.5ml (2.5mg) Albuterol and 0.5ml Normal Saline run to sputter, 2.5mg Albuterol UD timed 5 minute TX, 0.5ml (2.5mg) Albuterol w/Atrovent UD timed 5 minute TX, Xopenex 0.63 or 1.25mg/ml timed 5 minute TX, Pulmicort Respules 0.25 or 0.5mg/2ml timed 5 minute TX.

**Cardiac Telemetry:** Albuterol or Atrovent UD timed 5 minute TX.

**Setting:** Hospital wide use – Critical Care, Floors, Emergency Department, Pediatrics.

**Patient Mix:** COPD, Asthma: Adult and Pediatric, Other.

**Comments:** Other medications include Lidocaine, Morphine.

