



BA-TUBE

Bronchitis Aid Tube with Gauge

One Package Contains; Plastic box with manometer connected to tube and red top, one black plunger one extra red top and instruction leaflet.

Description of method recommended;

Field of application: Patients with Chronic Obstructive Lung Disease (COPD).

Expiration against a resistance, PEP = Positive Expiratory Pressure, is during the training aiming at lowering the flow of expiration, increasing the breathing average position and making the secretion-elimination easier for this group of Patients.

The expiration resistance must always be tested together with an authorized Physiotherapist. The Physiotherapist must regularly follow up the training and control the breathing-technique of the Patient, as well as complete with individual adapted exercises, to strengthening the condition.

It is important, that the Patient gets enough knowledge about his respiratory organs and their function, to be able to facilitate his problems in the best possible way.

If the Patient is ordered a medicine for stretching the bronchus, dose / powder, it is very important, that he / she inhales the dose at least 15 minutes before the breathe-training starts. The Physiotherapist tests the right method of expiration-resistance in the following way:

Take the black plunger from the box with the gauge and place into the Patients BA-TUBE, press of the blue top with your thumb or against something hard. Connect the red top from the gauge on the Patients tube so the red tops arrow points against the tubes number. Press until you hear a "click".

Put the Patient in a comfortable sitting functional resting position, with rests for elbow and feet. The Patient should sit at a table with the elbows resting on the tabletop. The box with the gauge is lying on the table, with the red top connected to the tube.

The BA-Tube's resistance has no steps and can be adjusted between 0 – 7, by turning the top anti-clockwise. Maximum expiration resistance is 0 = closed air regulator, Minimum expiration resistance is 7 = fully open regulator.

Clean Analytical System AB

Address: Gårdfarivägen 3 532 38 Skara	Telephone: +46 511-163 70	Fax: +46 511-180 82	E-post: info@casab.se	Website: www.casab.se
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1. The expiration should not be forced, but be a bit active.
2. The Patient must inhale through his nose.
3. The Patient must put the mouthpiece into his mouth and press his lips or teeth tight around the mouthpiece. The blowing-out should be regular and slow but not to the end.
4. The resistance a Patient is able to stand during the regular inhalation through the nose, and the expiration in the tube during two minutes – and when the gauge shows 100 – 150 mm H₂O as long as possible on each expiration – then the resistance is the right one.

If the Patient feels uncomfortable, this might depend on the wrong breathing-technique, or that the resistance on the expiration is too heavy.

Cleaning:

Disconnect the red top from the tube by using the black plunger, Tube and red top can be cleaned in boiling water, or alternatively, by disinfection's max 100° C. **Do not use any acid or acid bases > 0, 5 M.** The gauge can be cleaned with a damp cloth, with use of ordinary detergent.

The authorized physiotherapist Jane Lackorn at the Dept of Lung-medicine, Karolinska Hospital, Stockholm Sweden has worked out this instruction sheet.

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