

## Surpassing the Teenage Trach Years

Amy Kamp Sabourin, Saint Louis, Missouri, Amy.Sabourin@mimh.edu

I was 15 years old when I received a tracheostomy and began to use the LP6 ventilator fulltime due to complications from scoliosis and a chest wall deformity. Before I left the hospital, I was “weaned” from the ventilator and needed to use it only at night.

The vent made quite a change in my life, but I can’t really say I ever had a normal teenage life before I started using a ventilator. Going to school was the hardest for me, although I excelled in academics, it was hard to face my peers and to feel I was different from them. I never believed I could have all the experiences that a typical teenager and young adult could have because of my medical condition.



Scott and Amy Sabourin

I graduated from high school on time, even though I only attended for half days and had home schooling, and went on to college. I lived at home throughout my college years and worked toward my goal of becoming a graphic designer.

When I was a senior at Webster University, Saint Louis, an opportunity of a lifetime presented itself. My graphic design professor asked if I would like to attend graduate school. She said she could recommend me for an Associate Instructorship at Indiana University (IU) and asked if I would apply. I accepted the offer and was accepted into graduate school with a full scholarship that also provided the opportunity to teach graphic design classes while completing my Master of Fine Arts degree.

I was now faced with the challenge of leaving home and taking care of myself – totally. Under my newfound independence, I flourished. I became a stronger person, and I often say I would not be the person that I am

today without my experience at IU. I think that is when my thought process changed, and I stopped caring about what other people thought of me.

After completing my degree at IU, I moved back to Saint Louis and quickly found a job working as a graphic designer for the Missouri Institute of Mental Health. About nine years after that, I went back to one of my passions: teaching in college. I teach a digital photography class at night at a local junior college. I love the idea of inspiring students and making them better photographers as well as better people.

My trach is not immediately noticeable because it is capped during the day so my speech is normal, and I wear a scarf or neck covering over the trach. My mother made the neck-piece I wore with my wedding dress.

I am not the type of person to tell people about my physical challenges on our first meeting, but sometimes

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*International Ventilator Users Network's mission is to enhance the lives and independence of home mechanical ventilator users and polio survivors through education, advocacy, research and networking.*

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*Special thanks ...*

Nancy B. Carter  
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## Inside this Issue ...

Pages 1 and 3, 4 and 5

**Surpassing the Teenage Trach Years** by Amy Kamp Sabourin, as her physician Dr. Schwartz says, is a story of success and happiness. Her reflections and those of Carole Ann Parsons in **Watercolors are My Joy of Life** and of Sheila Keogh, as told to Audrey King, all include the memories of special people who contributed to the turning point in their lives.

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Ventilator users are vulnerable to power outages and other emergencies and have been completing their Take Charge, Not Chances information (See [www.ventusers.org/vume/index.html](http://www.ventusers.org/vume/index.html)). For years, users have been encouraged to carry a resuscitation bag with them. Recently, I was told, "My caregiver doesn't think she could bag me if I needed it. She would be too panicked." Coincidentally, I visited a Saint Louis business that makes mass casualty ventilators (MCV) and while there another device, the ResusciTIMER™, caught my eye.

Pages 6-7

IVUN is repeatedly asked the same questions about home mechanical ventilation (HMV) and we have answered a few **Frequently Asked Questions**.

Pages 8-9

New products, travel info, and update on competitive bidding are part of Judith R. Fischer's **From Around the Network**.

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2009 is the year for the JIVD (Journées Internationales de Ventilation à Domicile) and the PHI (Post-Polio Health International) conferences. Ventilator users are invited to attend both meetings. The PHI meeting will focus on "Living with Polio in the 21st Century" and also will target issues important to ventilator users.

Michel Toussaint, PT, Belgium, and I will be discussing "Mobility and Travel" at the JIVD meeting in Barcelona. We invite you to send us your major concerns about mobility and travel to [info@ventusers.org](mailto:info@ventusers.org).

Pages 11 and 12

IVUN's website receives more than 7,000 visits each month. We thank the our sponsors and supporters for making the information available to all.

—Joan L. Headley, Executive Director

## Surpassing the Teenage Trach Years

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people inquire or I tell them eventually after knowing them for a while. I take that approach with everyone with whom I have any type of relationship, even potential mates.

When I met my husband, Scott, I told him about the trach and vent after a few dates, and it did not seem to bother him at all. He saw me for the person that I am. We were married July 12, 2008. He sees me and not just my tracheostomy, and often helps me with the challenges I face in dealing with it, such as changing it and helping me keep my trach ties tied. He does not seem to mind the sound

“As a physician, I have had the pleasure of knowing Amy and am glad her story of success and happiness is being told.

“All too frequently having a disability is associated with a sense of failure. In fact, health care professionals refer to users of respiratory assist devices as being in ‘respiratory failure.’ The unfortunate message is that it is impossible to live an independent, productive life if you have a respiratory disability.

“However, many ventilator users I know have proved this to be false. They looked at who they are and where they wished to go. The only other question was how to get there. This is everyone’s dilemma in life.”

**Oscar A. Schwartz, MD, FCCP, FAASM**

Advantage Pulmonary and Sleep Medicine, Saint Louis, Missouri

of my vent; one of my greatest fears was that it would bother him. (I guess I can get used to his snoring!) It’s nice to wake up next to someone knowing that he will always be there for me and that he can help me manage my condition, too. ▲

## Device to Help Take Charge, Not Chances

The ResusciTIMER™ is a device that uses a series of lights and an audible tone to guide the user of a bag mask resuscitator. If the bagging is done correctly, the lights stay green; and if the bagging is done too fast, they turn red.

Experience has shown that during crisis situations caregivers have tendencies to bag too rapidly.

The device can be used with any resuscitation bag and has two modes of operation – CPR or Rescue Breathing mode, and two patient modes – adult and child.

In the Rescue Breathing mode, the ResusciTIMER™ will visually and audibly guide the operator to provide breaths at a rate of 10 to 12 per minute at an inspiration time of one second for an adult, and 18 BPM at an inspiration time of one second for a child, per the American Heart Association (AHA) guidelines. In the

CPR mode, the caregiver will be guided to give two breaths in about four seconds with an inspiration time of one second for both child and adult between the recommended 30 chest compressions, per AHA guidelines.

The device weighs 5 ounces including a 9V alkaline battery. The battery has a life of 4.5 hours if used continually at normal temperature. The list price is \$145.

Ventilator users may find this a useful tool when preparing for possible power or equipment failure.

The ResusciTIMER™ can be purchased from a local home health care company or directly from Allied Healthcare Products, Inc. 1720 Sublette Avenue, Saint Louis, Missouri 63110; 800-444-3954 USA; 800-446-0552 Canada & Mexico. Allied has international offices in Europe, Asia and South America. Visit [www.alliedhpi.com](http://www.alliedhpi.com) ▲





## Watercolors are My Joy of Life

Carole Ann Parsons, Madison, Wisconsin, caro@terracom.net

**M**y life as an artist began almost by chance when my parents moved to the country, next door to a watercolor artist called Doc. We soon became friends, and to my delight, one day Doc invited me to join him in a watercolor session.

I protested and protested, until I was so overwhelmed by his persistence I said, “But I do not have any talent. I used to draw stick people in school.”

“Let’s try, anyway,” Doc replied, smiling happily.



Carole Ann painting. A year ago, she switched to mouth painting due to new weakness in her arm.

Thus he introduced me to the magnificent universe of watercolor painting. We spent many hours painting together; later, we painted on the weekends when I was home from college as I earned a Bachelor of Arts degree in Psychology and a Master of Science degree

in Social Work from the University of Wisconsin. It was this wonderful man who was directly responsible for my continual interest in this art form.

I would never have dreamed of such joy years earlier when I became totally paralyzed from polio, my life sustained by an iron lung. Painting was the farthest thing from my mind as I struggled mentally and physically to stay alive.

I’m convinced that my survival would have been questionable without the multitude of vital support provided by my parents, grandparents, sister, brother, friends and my religious faith.

In the beginning, as I began to gain strength at the University of Wisconsin Children’s Hospital, an occupational therapist helped me learn stencil painting. By holding a short brush taped to a tongue depressor in my mouth, I painted poodles, leaves and

flowers on aprons, tablecloths and towels with vigorous waves of the brush over the stencils. After leaving the hospital, I continued this artwork with the help of my mother and a close friend, Peg Williams. To my astonishment, I was able to sell many stenciled fabric art works.

My parents, so proud of my stencil painting and my motivation and efforts, were convinced now that I could live more functionally, productively and happily rather than being enclosed in an iron lung. After all, they thought, I was their daughter, not a disability.

They located a center in the Chicago area where my rehabilitation included transferring from an iron lung to a rocking bed, learning to breathe unassisted, adjusting to a wheelchair, and using a ball-bearing feeder to eat my own meals. After two and one-half months, I had accomplished all of this, as well as becoming physically and psychologically adjusted to my new world.

And then I met Doc, and my life changed dramatically once more. Through the years, I worked diligently to develop my art skills, techniques and designs. My method of painting involves a special adapted arm brace which permits movement of my



shoulder. A brush is attached underneath my hand splint. I am able to move in all directions of the watercolor paper. The areas I cannot reach are made accessible by turning the paint board in different ways. Sometimes I even paint skies upside down! Because my arm has weakened recently, my painting is completed with a paintbrush taped to a wooden tongue depressor, held tightly in my mouth.

My specialties are floral creations, winter landscapes and chickadees, as well as cardinals and nautical scenes. I have a profound appreciation of nature which has expanded my perceptions of colors, such as cerulean blue, burnt sienna, alizarin crimson

Parsons, who had polio in 1952 at age 13, has been using trach positive pressure ventilation since 1989 and added the Passy-Muir tracheostomy speaking valve two years later. She currently uses a Jackson 5 (short) trach that she cleans every night and changes once a week (the inner cannula is changed every night). Her ventilator is the PLV®-100.

Parson's watercolors will be shown November 15-16, 2008 at the Winter Art Festival, Monona Terrace Community and Convention Center on Lake Michigan in Madison, Wisconsin.

For more information, contact Parsons at [caro@terracom.net](mailto:caro@terracom.net).

and others. I believe that watercolors have become a lifestyle replete with shapes, forms, images and colors.

As an artist I view my world on a different plane. Watercolors are a medium through which I can express my joy of life. I always take time to watch a butterfly flutter its wings, to look at happy clouds, to marvel at majestic oak trees, to savor the vivid spring colors of tulips and daffodils, and to listen to gentle rain and stormy thunder. ▲



**In “A Life of Dignity and Worth,” Audrey King writes about her fellow polio survivor and ventilator user Sheila Keogh,** who died unexpectedly in June 2008. More than a tribute, the 34-page piece utilizes King's interviews of Keogh in 2005, part of the Canadian Centennial Flame research project, to tell her story. Below are a few excerpts.

**A Struggle for Life and Breath.** “At first they took the cuirass away all night to try to force me to breathe on my own, but I couldn't sleep because I couldn't breathe.

“One of the first things I did when I got home was start using the Huxley ventilator the West Kiwanis club bought for me, all night long. For the first time in five years, I got a full night's sleep.”

**Romancing Brian.** “We'd go out together before I went home. We had to do it that way because if I went to a movie from home, my father would feel he had to come with us. I still had problems with coddling parents.”

**Technology-Ventilators.** “I wouldn't even be here if the iron lung hadn't been invented when I got polio. The cuirass made it possible for me to be in a bed where I could have physiotherapy. My switch to positive pressure started when I used it in the hospital when I had pneumonia. Our best man gave me the money to buy a positive pressure unit (LP3). The cuirass was no longer giving me proper ventilation so the PLV®-100 came along just in time.”

**Bit by the Travel Bug.** “They think people with ventilators live in ICUs and shouldn't be traveling, especially not on their ship or airplane! On my last cruise I finally learned what to do. I just didn't mention it. I just dragged it on board with me and there was no problem at all.”

“A Life of Dignity and Worth” is online at [www.ventusers.org/net/people1.html](http://www.ventusers.org/net/people1.html)

# Frequently Asked Questions

## Vented or non-vented masks?

One frequent question asked of IVUN and on the vent users' listservs is about which type of mask to use with which ventilator in order to avoid triggering alarms. Vented masks are needed with CPAP units and bilevel devices; non-vented masks are needed with volume/pressure ventilators. A recent question below was answered by three respiratory therapists.

**Q.** I've been using a ventilator since birth due to CCHS (chronic central hypoventilation syndrome). Recently I switched from using trach positive pressure to using noninvasive ventilation via a vented nasal pillows mask (Swift® II, ResMed). In order for this mask to work with the LTV®950, I have to seal the exhalation ports on the mask with tape. I use the volume mode on my LTV, and if the nasal mask is not sealed, an alarm is triggered. How can I use the nasal mask without sealing the ports? Would pressure support mode be the way to do it?

**A.** The vents on a mask need to be kept plugged when used with a volume or pressure support ventilator. Most noninvasive interfaces were designed for use with bilevel or CPAP units which do not have an exhalation valve and need the exhalation ports on the mask to avoid possible carbon dioxide (CO<sub>2</sub>) buildup.

*Louie Boitano, RRT, Northwest Assisted-Breathing Center, University of Washington Medical Center, Seattle, Washington, boitano@u.washington.edu*

**A.** Volume ventilators such as the LTV®950 are designed to function with a closed circuit. A valve on the ventilator opens during inhalation and closes during exhalation. Therefore, if there is a leak in the system, such as with a vented mask, the valve will not close, exhalation will not end, and an alarm will trigger. It makes no difference whether the vent is in volume or pressure support mode.

There are a limited number of masks that are manufactured without vents, such as a version of ResMed's Ultra Mirage® nasal mask.

The exhalation ports on some masks, such as ResMed's Swift® LT (see page 8) and Fisher & Paykel's Opus® II, easily can be obstructed with tape. However, it is difficult to obstruct exhalation ports on some masks. One creative RT has used a silicone sealant called Marine Tex to plug the exhalation ports on certain masks.

Masks designed for CPAP (Continuous Positive Airway Pressure) and bilevel units that function with a continuous flow of air need vents, because the units do not have exhalation valves built in as the valves are on a volume ventilator. There are many vented masks available.

*Diana Guth, RRT, Home Respiratory Care, Los Angeles, California, dguth@hrsleep.com*

**A.** Vented masks cannot be used with volume-cycled ventilators, such as the LTV®950. Vented masks are specifically designed to be used with bilevel units. Only non-vented masks or vented masks with the vent sealed will work because the ventilator will detect the air leak and will alarm. The use of any type of nasal mask may also present a problem due to oral air leak that will also cause the ventilator to alarm. Ventilator alarming is often a problem when using volume-cycled ventilators for non-



Ultra Mirage® II by ResMed:  
Non-vented



Opus® II by Fisher & Paykel:  
Vented

invasive ventilation applications. It is not impossible to limit the problem but may take some time adjusting the system to get past the problem.

Lou Saporito, RRT, BS, Millennium Respiratory Services, Whippany, New Jersey, [saporilr@umdnj.edu](mailto:saporilr@umdnj.edu)

## Pneumobelt?

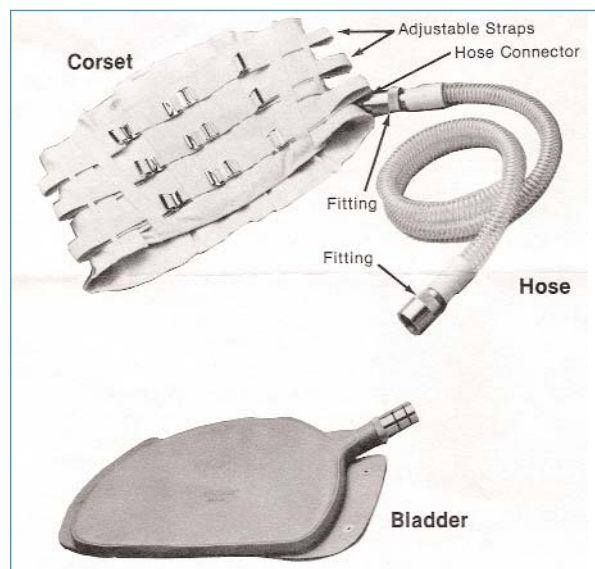
**Q.** I would like to buy a pneumobelt. I understand that Respironics Inc. manufactures and sells them, but when I call customer service, I'm told they do not make them.

**A.** Now Philips Respironics, the company does indeed make the pneumobelt, aka the exsufflation belt. They do not sell directly to the general public. Your physician must give you a prescription for the exsufflation belt, which you can then give to a durable medical equipment provider, such as your home health care agency.

Here are the part numbers and sizes:

### Exsufflation Belt, with Bladder and Corset:

11010 - Large  
11020 - Medium  
11030 - Small



## IVUN's Ventilatory Equipment Exchange

**Q.** I have several pieces of older equipment (e.g., Thompson Bantam respirator, Model B, Monaghan 515 IPPB, last used November 2005) to donate. Will IVUN accept this donation?

**A.** IVUN has established an online Ventilatory Equipment Exchange. People who want to donate older, no longer used ventilatory equipment and aids can list them on the IVUN website ([www.ventusers.org/net/ventexch.html](http://www.ventusers.org/net/ventexch.html)). People who need older equipment can view what is available and make arrangements for the equipment exchange and/or submit their equipment needs. One thing IVUN has learned over the years is to advise people to be sure they own the equipment before they donate it.

Send an email to [info@ventusers.org](mailto:info@ventusers.org). Include your name, city, state, email and your ventilatory equipment offer or need. IVUN publishes only your first name, city, state/province, country (if outside USA), and email address, unless you specify otherwise. ▲

## From Around the Network

Judith R. Fischer, IVUN Information Specialist, [info@ventusers.org](mailto:info@ventusers.org)



Swift™ LT by ResMed

For more on this diaphragm pacing system, go to articles in past issues of *Ventilator-Assisted Living*:

[www.ventusers.org/edu/valnews/val17-1.html](http://www.ventusers.org/edu/valnews/val17-1.html)  
[www.ventusers.org/edu/valnews/val20-3.html](http://www.ventusers.org/edu/valnews/val20-3.html)

### New Products

**Swift™ LT** is a new nasal pillows interface in the Swift series from ResMed Corp. It features a patented rotating barrel and dual-wall pillows that can be adjusted for several nasal angles without affecting the seal. The pillows are designed to reduce nasal dryness. [www.resmed.com](http://www.resmed.com)

**SNAPP 2.0** is a direct nasal interface from VIASYS Healthcare Inc. redesigned to be quieter and to offer a smoother seal. [www.viasyshealthcare.com](http://www.viasyshealthcare.com)

### NeuRx DPS™ Approved for SCI

The FDA recently approved Synapse Biomedical's NeuRx™ Diaphragm Pacing System (DPS) for use with individuals with high spinal cord injury. Clinical trials began in 2000, and 50 patients have received the implant.

The NeuRx device is implanted through minimally invasive laparoscopic surgery and provides electrical stimulation to the diaphragm, forcing it to contract to allow the lungs to expand and fill with air. It enables people with SCI to breathe for up to 24 hours per day without the use of a ventilator.

Developed by surgeon Raymond C. Onders, MD, at Cleveland's University Hospitals, the device is also in trials with individuals with ALS. Dr. Onders has also trained surgeons around the country, Canada and in Europe in the implantation of the device. [www.synapsebiomedical.com](http://www.synapsebiomedical.com)



*The External Pulse Generator (EPG) provides repetitive electrical stimulation to the implanted electrodes to cause the person's diaphragm to contract and cause him/her to draw breath in a manner similar to natural breathing.*

### Reuth Conference Abstracts

"Chronic Ventilated Patients: Multi-Disciplinary Management from ICU to Home." Abstracts and photos from this international conference held in June in Tel Aviv, Israel, are now available online: [www.congress.co.il/ventilation-reuth08](http://www.congress.co.il/ventilation-reuth08)

### Travel

The US Department of Transportation amended the 1986 Air Carrier Access Act with regard to "nondiscrimination on the basis of disability in air travel." Effective May 13, 2009, the final rule adds accommodations for travelers who use oxygen and other respiratory assistive devices (these must meet FAA requirements).

All airlines will be required to allow travelers using ventilators, CPAP units, and portable oxygen concentrators to be carried on board, stowed or used during flight. Passengers using oxygen devices will not be required to have attendant assistance, and they will be able to use their devices during all phases of a flight.

<http://airconsumer.ost.dot.gov/rules>



## Competitive Bidding for Vent Equipment Delayed

In the last issue, *Ventilator-Assisted Living* reported on a Medicare competitive bidding system, effective July 1, 2008, and its potentially harmful effects for bilevel ventilator users. On July 15, 2008, Congress overrode President Bush's veto of the Medicare bill, H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008. This action terminates competitive bidding contracts under Round One and delays program implementation for 18 months. It also requires The Centers for Medicare and Medicaid (CMS) to contact home health care companies to enable them to correct the paperwork discrepancies. All suppliers must be accredited by October 1, 2009. A separate ombudsman at CMS will deal with supplier and beneficiary issues related to competitive bidding.

Thanks to the delay in implementation, many flaws in the proposed system can be corrected so that Medicare recipients who need to begin using a bilevel unit can receive the appropriate equipment and services from an accredited home health care supplier.

### Back story:

[www.ventusers.org/edu/valnews/VAL\\_22-2su08p9.pdf](http://www.ventusers.org/edu/valnews/VAL_22-2su08p9.pdf)

## Tennessee Long-Term Care Community Choices Act

Effective July 1, 2008, Tennessee's long-term care act allows thousands of institutionalized individuals to choose to live in the community without jeopardizing the vital support services they need to lead independent lives. Before enactment of this act, Tennessee spent \$87.31 on nursing home services for every dollar spent on home and community-based services.

The legislation encourages TennCare (Tennessee's Medicaid program) to develop different systems to pay for personal assistants hired and managed directly by the consumer. These self-directed systems would pay for personal assistants hired and managed directly by the consumer.

TennCare is mandated to fund a relocation system to provide targeted case management for a minimum of 200 individuals over five years and contract with community-based organizations through grants, state contracts, or fee for services payment.

One of the main benefits for ventilator users is allowing non-nurses to perform services, such as trach and vent care.

The Memphis Center for Independent Living staff and Executive Director Deborah Cunningham (who uses a ventilator due to post-polio) are to be applauded for their hard work over many years to make this act a reality.

[www.mcil.org/mcil/log/2008/052208s.asp](http://www.mcil.org/mcil/log/2008/052208s.asp)

## Pediatric Trach Website

Julie Leahy's daughter uses a trach due to Moebius syndrome. "I started my own support group in fall 2004 in Massachusetts for families of children with trachs and ventilators ([www.trachcare.org](http://www.trachcare.org)). We have a website and meet regularly. I believe in helping others and making sure our children get the best care that they need."

Julie's email: [jpl2002@verizon.net](mailto:jpl2002@verizon.net); [www.moebiussyndrome.com](http://www.moebiussyndrome.com) ▲



## 12th International Conference on Home Mechanical Ventilation

March 27-28, 2009 ■ Barcelona, Spain

Organizers Joan Escarrabill, MD, FCCP; Patrick Léger, MD, FCCP; and Pr. Dominique Robert announce a *Call for Abstracts* for the twelfth international conference completely dedicated to home mechanical ventilation (HMV). Held since 1989 in Lyon, France, this meeting has alternated with meetings in North America.

The conference venue in 2009 is the Fira Barcelona Conference Center. The official languages are Spanish, French and English, with simultaneous translation in all conference rooms.

The plenary and breakout sessions and workshops, planned for physicians, nurses, therapists, pharmacists, technicians and ventilator users, are diverse. Diseases to be discussed include COPD, ALS, MD, SCI, Myotonic Dystrophy, CCHS and other disorders of children, obesity and chronic heart failure.

Sessions will also discuss the future of HMV, the measurement of quality of life, effects and outcomes of long-term ventilation, legal and ethical issues, emergency situations for ventilator-assisted people, challenges in HMV for infants, LTMV (long-term mechanical ventilation) in children, e-learning and education of caregivers, tele-monitoring, mobility and travel for ventilator users, and more.

Workshops will feature LTMV for COPD, dealing with tracheostomies, non-invasive ventilation as an aid for exercise and rehabilitation, evaluation and care for secretion retention and swallowing disorders, nasal facial and oral interfaces, phrenic and diaphragmatic pacing, and more.

Dr. Joan Escarrabill will chair a roundtable about “Current and Future Organisation and Delivery of Home Mechanical Ventilation.”

The program and information about hotel accommodations will be available at [www.jivd-france.com](http://www.jivd-france.com) in October 15, 2008. IVUN will also link to the site from its home page – [www.ventusers.org](http://www.ventusers.org). ▲

**The deadline for abstracts is December 31, 2008.**

Instructions are available at [www.jivd-france.com](http://www.jivd-france.com) or by contacting Brigitte Hautier at [brigitte.hautier@free.fr](mailto:brigitte.hautier@free.fr) +33 4 78 39 08 43 +33 4 78 64 92 16 fax.



Roosevelt Warm Springs Institute for Rehabilitation (RWSIR) is hosting Post-Polio Health International's 10th International Conference in April of

The comprehensive three-day program, focused on Living with Polio in the 21st Century, is online at [www.post-polio.org](http://www.post-polio.org).

A pre-conference Post-Polio Wellness Retreat starts Sunday, April 18, 2009 at Camp Dream on the RWSIR campus.

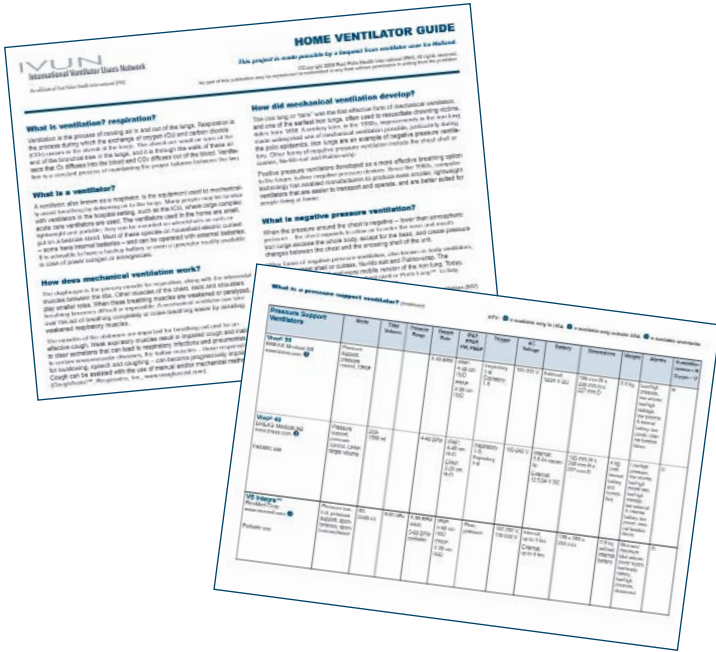
**Details for registering for both the conference and the wellness retreat are online at [www.post-polio.org](http://www.post-polio.org). Ventilators users are encouraged to register early and to request lodging accommodations on campus.**

2009. The warm springs in Georgia became very popular when Franklin Delano Roosevelt, the 32nd president of the United States, first visited them in 1924 to treat his polio paralysis. He became the driving force for the treatment of polio, polio research and rehabilitation in general, until his death in 1945.

# From IVUN at [www.ventusers.org](http://www.ventusers.org)

## Home Ventilator Guide (HVG)

One of the most accessed documents on [www.ventusers.org](http://www.ventusers.org), the HVG guide was updated in August 2008 by Judith R. Fischer.



The 20-plus page *Guide* describes bilevel positive airway pressure devices, volume-cycled ventilators, pressure support/control ventilators, and the multi-mode ventilators, and lists each device on the worldwide market today. Each listing includes details, such as mode, breath rate, AC voltage, dimensions, weight, alarms, humidifier, etc.

Representatives of the manufacturers are asked to inform IVUN when a new device is brought on the market so it can be added to the HVG. ([www.ventusers.org/edu/HomeVentGuide.pdf](http://www.ventusers.org/edu/HomeVentGuide.pdf))

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**Resource Directory for Ventilator-Assisted Living** is the most downloaded document on IVUN's site. Located at [www.ventusers.org/net/vdirhm.html](http://www.ventusers.org/net/vdirhm.html), the 34-page *Directory* includes:

- Health Professionals
- Ventilator Users, Networking
- Ventilator Equipment and Aids
- Manufacturers' Addresses
- Organizations, Associations and Foundations
- Facilities with Long-Term Ventilator Units
- Congregate Homes for Long-Term Ventilator Users

IVUN continually updates the information and asks to be notified at [info@ventusers.org](mailto:info@ventusers.org) if there are changes or additions. ▲

Not already a Member?  
**Join IVUN!**

Support International Ventilator Users Network's educational, research, advocacy and networking mission.

Rates Effective July 2007

IVUN membership levels make it easy to start taking advantage of timely and important news and activities relating to home mechanical ventilation. Select your level below and return it with your check or credit card information. Or join IVUN online at [www.ventusers.org](http://www.ventusers.org). Memberships are 100 percent tax-deductible.

- \$30 Subscriber**  
Quarterly newsletter of your choice:  
 Ventilator-Assisted Living OR  Post-Polio Health
- \$55 Subscriber Plus**  
Both quarterly newsletters:  
*Ventilator-Assisted Living AND Post-Polio Health*
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ALL the benefits of Subscriber Plus AND *Resource Directory for Ventilator-Assisted Living and Post-Polio Directory*; discounts on special publications and IVUN's sponsored meetings
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