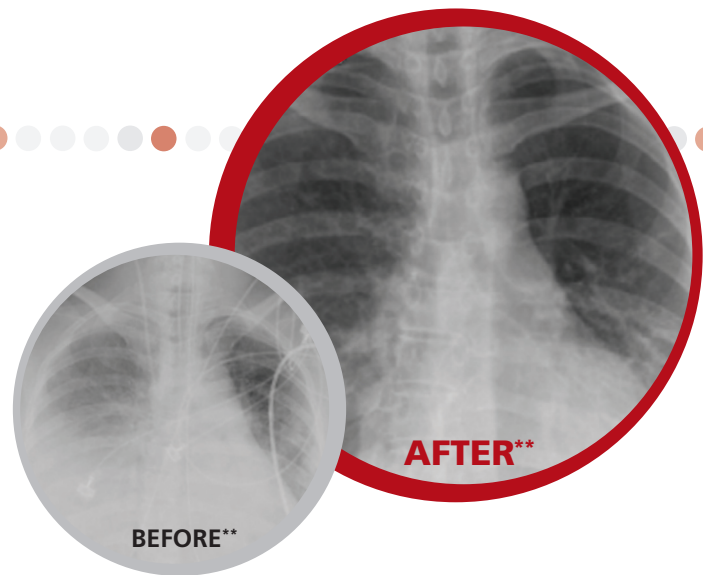


# THE O<sub>2</sub> PROMISE\*

Help improve **Oxygenation** and **Outcomes**  
with RotoProne™ Therapy



## KCI will pay the daily RotoProne™ Therapy rental fee!

KCI knows the challenges you face in managing critical care patients. Each day you have to balance cost with the need for aggressive treatment. We are so confident about the potential benefits of Prone Therapy delivered through the RotoProne™ Therapy System that, should your high-acuity patient experience pulmonary-related mortality during proper use of RotoProne™ Therapy, KCI will pay the device rental fee.

## Here's how it works

Place mechanically ventilated patients on the RotoProne™ Therapy System within 12 hours of their pulmonary status reaching any two of the following:

- FiO<sub>2</sub>=60%
- PEEP=8
- PaO<sub>2</sub>/FiO<sub>2</sub><200
- Bilateral pulmonary infiltrates on chest radiograph

Prone and rotate patient at least 40° bilaterally for at least 18 hours per day until ventilator status<sup>†</sup> is optimized.



\*See "Additional Details" on reverse side.

\*\*Facility case study on file and available on request. Individual results may vary.

†Ventilator Optimization is defined as holding for 24 hours at less than 60% FiO<sub>2</sub> and 10 or less of PEEP.

# WHERE ROTOPRONE™ THERAPY FITS

## A Protocol Example

“We place in the prone position those requiring >10 cm H<sub>2</sub>O PEEP at FiO<sub>2</sub> of ≥0.6 to maintain oxygen saturation at ≥90%, unless there is a clear contraindication or the patient is rapidly improving. Tidal thoracic compliance (tidal volume/[plateau pressure-total PEEP]) of <0.040 L/cm H<sub>2</sub>O also signals sufficiently severe disease to warrant a prone position trial.”

— John J. Marini and Luciano Gattinoni, *Critical Care Medicine*, 2004.<sup>1</sup>

**Note:** Individual patients' conditions and circumstances vary. Follow treating physicians' orders, facility protocols, and product instructions.

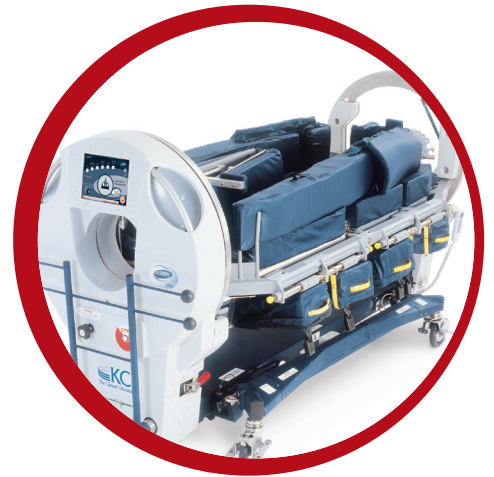
## Optimizing Oxygenation and Outcomes

Multiple clinical studies have demonstrated that Prone Therapy can provide:

- Rapid oxygenation within the first hour of pronation<sup>2,3</sup>
- Significant improvements in oxygenation<sup>2,4</sup>
- Decreased ventilator associated lung injury<sup>5-7</sup>

Clinical studies have also demonstrated that Prone Therapy may provide:

- Reduction in ventilator days<sup>4,8</sup>
- Reduction in length of stay<sup>4,8</sup>



1. Marini JJ, Gattinoni L. Ventilatory management of acute respiratory distress syndrome: a consensus of two. *Crit Care Med*. 2004;32(1):250-255. (Study utilized manual proning) 2. Sud S, Sud M, Friedrich J, et al. Effect of mechanical ventilation in the prone position on clinical outcomes in patients with acute hypoxemic respiratory failure: a systematic review and meta-analysis. *CMAJ*. 2008;178(9):1153-1161. (Study used manual proning) 3. Stocker R, Neff T, Stein S, et al. Prone positioning and low-volume pressure-limited ventilation improve survival in patients with severe ARDS. *Chest*. 1997;111(4):1008-1017. (Study used manual proning) 4. Davis JW, Lemaster DM, Moore EC, et al. Prone ventilation in trauma or surgical patients with acute lung injury and adult respiratory distress syndrome: is it beneficial? *J Trauma*. 2007;62(5):1201-1206. (Study used RotoProne™ Therapy) 5. Pelosi P, Brazzi L, Gattinoni L. Prone position in acute respiratory distress syndrome. *Eur Respir J*. 2002;20(4):1017-1028. (Study used manual proning) 6. Dellinger RP, Levy MM, Carlet JM, et al. Surviving sepsis campaign: international guidelines for management of severe sepsis and septic shock: 2008. *Crit Care Med*. 2008;36(4):1394-1396. 7. Galiatsou E, Kostanti E, Svarna E, et al. Prone position augments recruitment and prevents alveolar overinflation in acute lung injury. *Am J Respir Crit Care Med*. 2006;174(4):187-197. (Study used manual proning) 8. Watanabe I, Fujihara H, Sato K, et al. Beneficial effect of a prone position for patients with hypoxemia after transthoracic esophagectomy. *Crit Care Med*. 2002;30(8):1799-1802. (Study used manual proning)

For more information on RotoProne™ Therapy, please contact your KCI sales representative, call toll-free 1-800-275-4524, or visit [www.rotoprone.com](http://www.rotoprone.com).

## KCI THERAPEUTIC Support Systems

### \*Additional Details:

**Exclusions:** Organ donation patients, palliative care patients, withdraw of care patients, acute idiopathic interstitial pneumonitis, pulmonary embolism, pulmonary fibrosis, COPD

Protocol must adhere to all published KCI product instructions for use, operation manuals, protocols, device labeling, and onscreen guides.

The O<sub>2</sub> Promise is intended as a financial risk-sharing program relating specifically to the actual rental cost of the KCI product only. KCI makes no representation, guarantee, or warranty as to specific patient outcomes. The O<sub>2</sub> Promise does not cover, and KCI hereby disclaims, any direct, indirect, incidental, or consequential damages other than the product rental fee.

Therapy and product indications, contraindications, warnings, and precautions must be adhered to. Individual results may vary. Product is subject to availability, facility contractual terms and conditions, and geographical limitations. See your local KCI representatives for further details.

The RotoProne™ Therapy System has specific indications, contraindications, safety information, and instructions for use. Please consult product labeling and instructions for use prior to placement. CAUTION: Federal law restricts this device to sale/rental by or on the order of a physician.

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