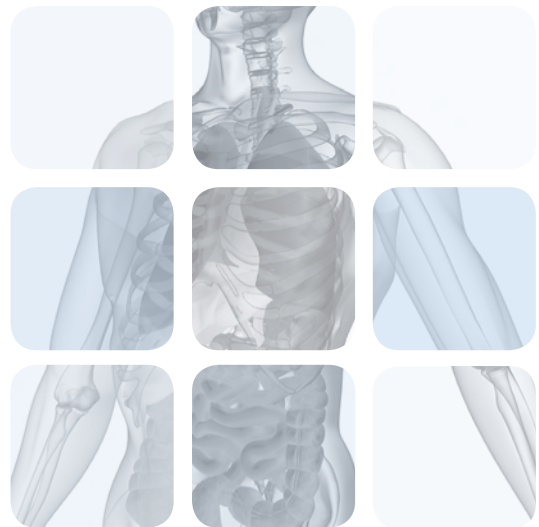


An abstract graphic on the left side of the page, composed of several overlapping, light teal loops and lines, resembling a stylized atom or a molecular structure. Two solid teal circles are placed at the ends of some of these loops.

Aerotech® I Aerosol Unit Disposable-For Single Patient Use Only



AEROTECH® I AEROSOL UNIT

Instructions Applicable for Product Numbers

CA-1124

CA-1324

DISPOSABLE-FOR SINGLE PATIENT USE ONLY

CAUTION

U.S. Federal Law Prohibits the Use of This Device Except by or on the Order of a Physician.
Device may be used with Appropriate Radioactive Compound.

Follow departmental procedures
when handling radioactive materials

Pharmalucence, Inc.,
10 DeAngelo Drive,
Bedford, MA 01730
To Order: 800-221-7554

Instructions for Assembly

Precaution: Check to insure that filter and nebulizer are securely affixed to their respective connectors.

1 Remove the AeroTech® I aerosol unit from the plastic bag. Components include:

- a. AeroTech® I Delivery System
- b. Patient Mouthpiece
- c. Noseclip
- d. Yellow Plastic Disposal Bag

2 Place aerosol unit in shield. Insert the bottom tip of the nebulizer (B) into the O₂ air inlet (E). Ensure that the injection port and the aerosol flow lines are positioned in shield cutouts (H).

3 Connect O₂ air supply to shield inlet tube (E). Test system and connections by slowly turning on O₂ air to a flow rate of 10 to 13 liters per minute (LPM) at a pressure of 50 to 55 PSI for 1 to 2 minutes. Turn off O₂ air supply.

4 Place lid on shield with lead flap (F) to the side of the injection septum (D), allowing access for injection.

Note: For use with patients on a respirator, the Respirator Accessory Pack (product number CA-200) is required. Assembly and use instructions are included with the accessory pack.

Instructions for Use

Patient may be supine or in a sitting position.

1. Pre-perfusion:

The generally accepted dosage of radioactivity is 15 to 30 mCi in 4 ml of injectable saline.

3 to 5 minutes of breathing time should be adequate to collect 100,000 to 200,000 counts.

Post-perfusion:

The generally accepted dosage of radioactivity is 30 to 40 mCi in 4 ml of injectable saline.

4 to 6 minutes of breathing time should be adequate to collect sufficient counts to override base counts by 1.5 to 3 times.

Note: Individual breathing times may vary. More extended breathing time may be required when using a facemask or the Finer Particle Delivery System, product number CA-1324.

2. Using a shielded syringe and needle, inject 4 ml of the solution to be aerosolized through the center of the rubber septum and into the nebulizer.

3. Rotate the AeroTech® I shield lid to cover the injection port with the lead cover flap.

4. Place the mouthpiece in the patient's mouth and attach the noseclip. CAUTION: Squeeze the noseclip to open away from the patient's face. Once the noseclip is squeezed and opened, then approach patient and attach. If the patient cannot tolerate a mouthpiece, a facemask may be used. Instruct the patient to take several practice breaths with the system in place to provide familiarity with the use of the AeroTech® I device.

5. Slowly turn on O₂ air supply. The recommended O₂ air flow rate is 10 to 13 LPM, 50 to 55 PSI. Instruct patient to breathe normally. Breathing time of 3 to 5 minutes should be adequate.

Note: Immediately terminate oxygen flow should the patient release mouth piece during administration of aerosol.

6. To minimize throat and stomach activity, ask the patient to inform of the need to expel excess saliva by raising their hand. Turn off the gas supply and collect saliva in a disposable cloth or cup. CAUTION: Saliva will contain radioactivity and should be handled and disposed of in accordance with appropriate procedures. Resume procedure.

7. When desired count rate has been reached, turn off the O₂ air supply. Instruct the patient to take an additional 4 or 5 breaths to purge the system of any residual aerosol.

8. Remove the mouthpiece and noseclip or facemask. Have the patient expel any accumulated saliva in a disposable cloth. If a facemask was used, wipe the patient's face with a damp, disposable washcloth. To reduce esophageal activity, the patient may drink a small amount of water.

9. Imaging procedure: For post-perfusion studies, repeat anatomical views obtained during the perfusion study as required. Collect adequate counts to override base counts by a factor of 1.5 to 3 times.

Multiple views can be taken during a single diagnostic study.

Instructions for Disposal

1. Disconnect the O₂ air supply.

2. Remove the lid from the AeroTech® I shield. Locate delivery system ejection button (G).

3. Press down firmly on ejection button. The nebulizer will disconnect from the O₂ air inlet tube.

4. Remove the delivery system from the shield and place it in the plastic disposal bag provided.

5. Label and dispose of entire bagged system in accordance with departmental radioactive waste disposal procedures.

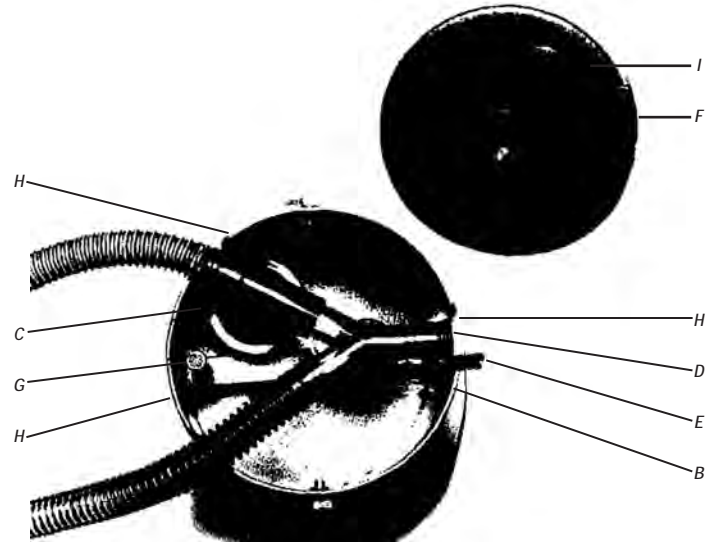
AeroTech® I Delivery Systems

Product Number	Product Description
CA-1124	Standard Delivery System equipped with 24 inch tubing.
CA-1324	Finer Particle Nebulizer Delivery System equipped with 24 inch tubing.

Note: CA-1124, and CA-1324 products are for use with CA-107 Lead Shield Only.

AeroTech® I Accessories

Product Number	Product Description
CA-107	Lead Shield
CA-200	Respirator Accessory Pack
CA-300	Disposable Face Mask
CA-302	Nose Clip
CA-308	Oxygen Tubing
CA-306	Flexible Mouthpiece



Top View



AeroTech I Aerosol Unit

- A. Mouthpiece/Y-tube Assembly
- B. Nebulizer
- C. Filter
- D. Injection Septum
- E. Shield O₂ Air Inlet Tube
- F. Lead Flap
- G. Ejection Button
- H. Shield Cutouts
- I. Opening for Respirator Tail

Marketed By

pharmalucence

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(For International, call 781-275-7120)

www.pharmalucence.com

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