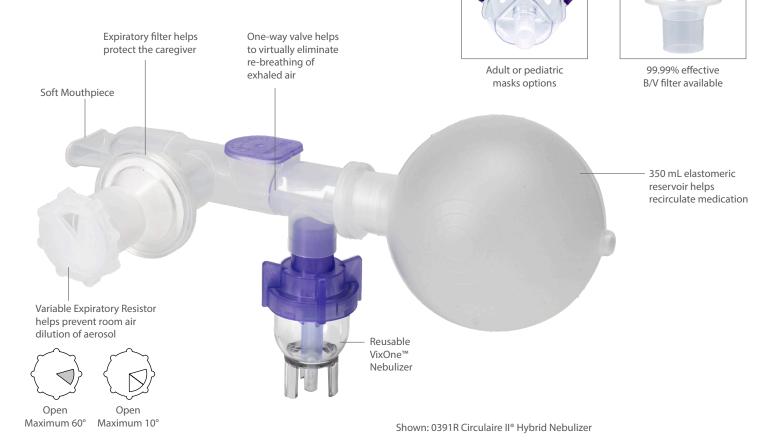


CIRCULAIRE® II HYBRID

LATEX FREE | SINGLE PATIENT USE | DISPOSABLE | CE MARK

The Circulaire® II Hybrid is a closed medication delivery system that delivers a concentrated bolus of medication with each inspiration by combining the proven efficacy of the Circulaire II aerosol delivery system with a new, easy to clean, 350 mL Elastomeric Reservoir. Ideal for patients from hospital to home care.



- Unique closed-system design of Elastomeric Reservoir promotes shorter treatment times and less medication waste
- The VixOne[™] Nebulizer helps ensure the delivery of an ideal particle size (MMAD ~2.7 uM) and the highest respirable mass (~82%)
- · Delivers optimal dosage even with low output neb compressor
- Filter helps protect caregivers from potentially harmful bioaerosols
- Variable Expiratory Resistor enables PEP therapy during drug delivery
- Optional pressure manometer and adult or pediatric non-vented masks are also available

CIRCULAIRE® II HYBRID

ITEM	DESCRIPTION	PK
0391R	Reusable VixOne Nebulizer, Mouthpiece, Filter	10
0393R	Reusable VixOne Nebulizer, Mouthpiece	10
0262	PEP Accessory Kit with Manometer	10
0290	Adult Mask, Non-Vented	50
0291	Pediatric Mask, Non-Vented	50

1. McPeck M. In vitro inhaled aerosol comparison of a conserver nebulizer (Circulaire II) vs a breath-actuated nebulizer. Respir Care 2010; 55(11): 1564. 2. Gardenhire D. An in vitro comparison of dosimetric nebulizers. Am J Respir Crit Care Med 2011; 183:A4430. 3. Gardenhire D. Improved aerosol delivery with a conserver-type nebulizer system powered by 6 common home air compressors. Submitted to the American Association for Respiratory Care for November 2013. 4. Grzeskowiak M, McKee B. Evaluation of the Circulaire II aerosol drug delivery system for microbiological contamination. Submitted to the American Association for Respiratory Care for the AARC Open Forum to be held November 2013. 5. Hess D, Fisher D, Williams P, et al. Medication nebulizer performance: Effects of diluent volume, nebulizer flow, and nebulizer brand. Chest 1996; 110:498-505.

