

The MetaNeb[®] System

Three therapies. One device.
An effective and efficient solution.



Enhancing outcomes for
patients and their caregivers:

Hill-Rom

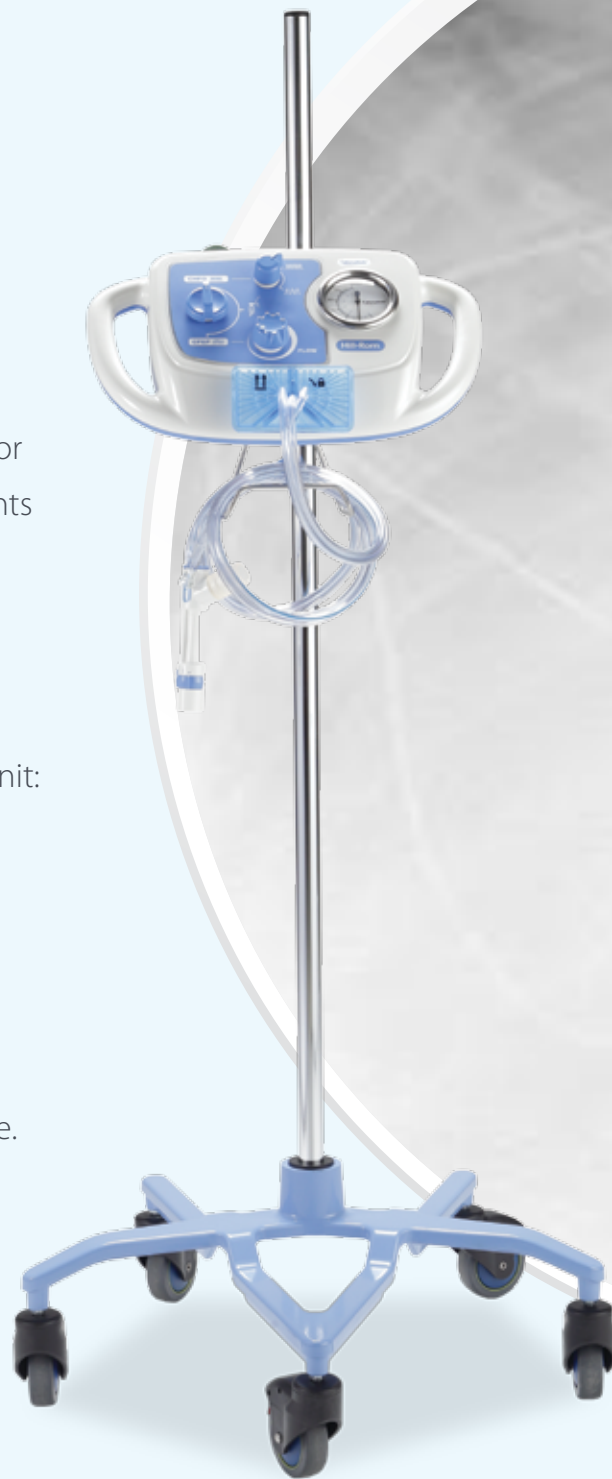
Three therapies. One device. An effective and efficient solution.

The MetaNeb® System is designed to mobilize retained secretions, lung expansion therapy, and to deliver medicated aerosol for the treatment and prevention of pulmonary atelectasis. It also has the ability to provide supplemental oxygen when used with compressed oxygen.

The MetaTherapy® treatment maximizes efficiency for patients and clinicians by combining three treatments into a single integrated therapy by The MetaNeb System. It may reduce therapy time to just 10 minutes,* and eliminate the need to switch devices.

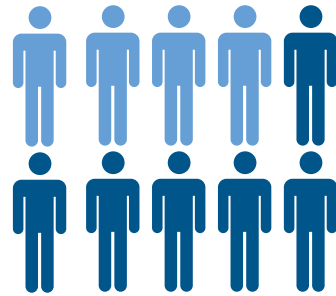
MetaTherapy treatment delivered through a single unit:

- Simple to “connect and go” design.
- Single patient use (SPU) circuit includes mouthpiece, nebulizer, mask/trach adapter, and in-line ventilator setup.
- Quickly switch between therapy cycles.
- Easily adjustable flow, pressure and percussive rate.



Atelectasis Lung

POST-OPERATIVE PATIENTS ARE AT RISK OF PULMONARY COMPLICATIONS.

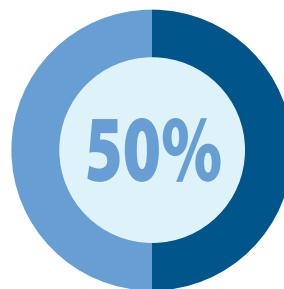


UP TO 40%
OF POST-SURGICAL PATIENTS
EXPERIENCE PPC.¹

Developing a pulmonary complication can increase hospital length-of-stay (LOS), ICU and hospital readmissions, mortality and healthcare costs.¹

**EVIDENCE SHOWS THAT
LUNG EXPANSION
TECHNIQUES CAN HELP.**

Healthy Lung



Guidelines recommend the use of lung expansion therapies with evidence showing 50% reduction of PPCs.^{1,2}



Preventing PPCs can reduce associated cost per patient by up to 92%.¹

The MetaNeb® System provides patients an effective and consistent therapy to prevent and treat pulmonary atelectasis.

- ✓ Flexible 3-1 therapy enables seamless delivery to meet patient needs:
 - Aerosol Delivery
 - Secretion clearance
 - Lung expansion
- ✓ Mechanically driven requiring minimal patient effort for effective therapy.
- ✓ Caregivers' consistent engagement and administration ensures compliance of the therapy delivery.

Providing effective pulmonary therapies for critical care patients leading to improved clinical outcomes.

**50%
REDUCTION**
IN PULMONARY
COMPLICATIONS.¹

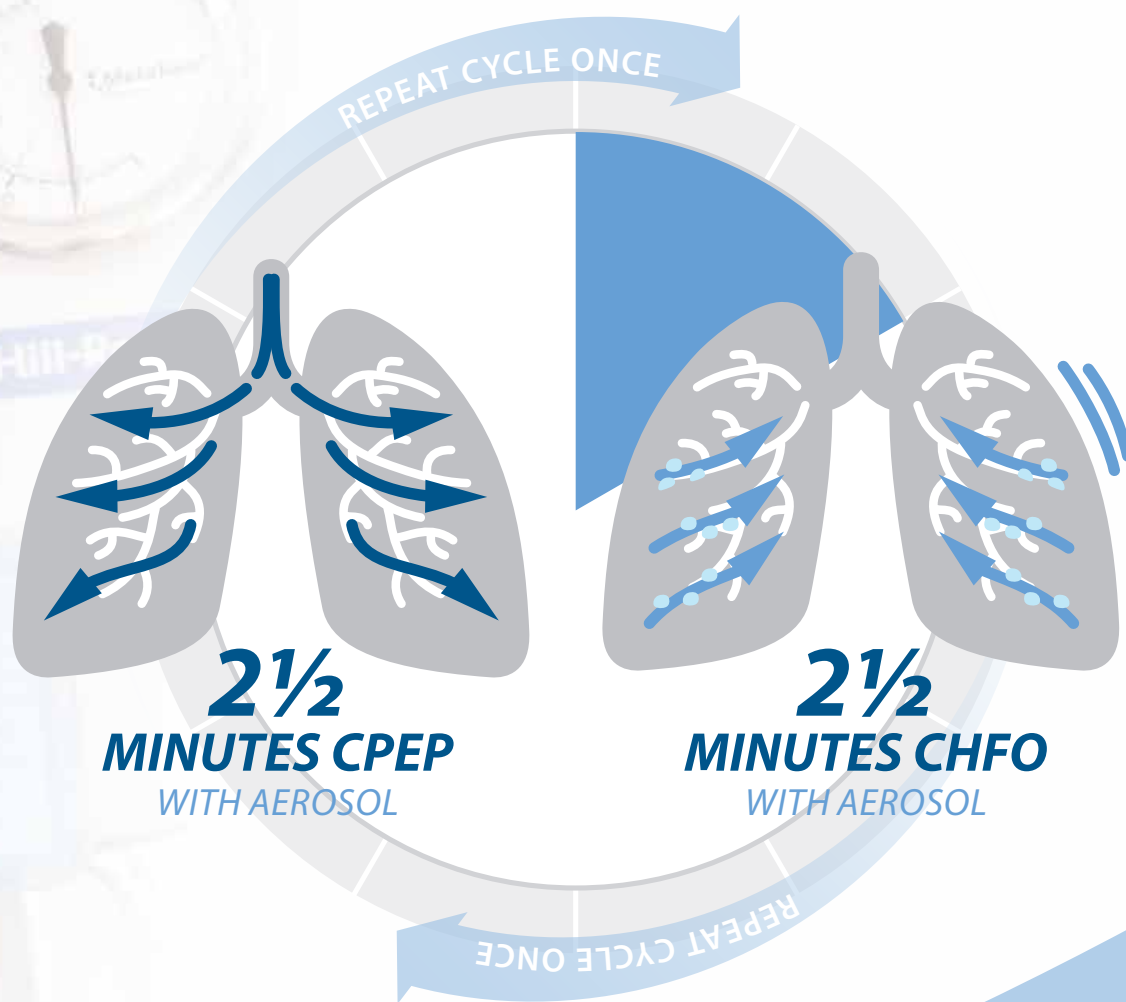
**UP TO
1 DAY
REDUCTION**
IN ICU LENGTH OF STAY
WITH LUNG EXPANSION
THERAPY.²

**UP TO
2 DAY
REDUCTION**
IN HOSPITAL LENGTH
OF STAY WITH LUNG
EXPANSION THERAPY.²



The MetaNeb® System 10-Minute Therapy Cycle

ALTERNATING CYCLES OF CPEP AND CHFO COMBINED WITH AEROSOL DELIVERY HELP MAXIMIZE THERAPY EFFECTIVENESS.



Introduces CHFO therapy immediately after lungs have been expanded through CPEP.

Aerosol delivered in both lung expansion and secretion clearance.

**Therapy times may differ depending on patient ordered therapies.
CHFO = Continuous High Frequency Oscillation
CPEP = Continuous Positive Expiratory Pressure*



What does a MetaNeb® System patient look like?

Patient Populations Benefiting from MetaNeb® Treatments:

Post-operative, trauma, spinal cord injuries, neuromuscular, chronic pulmonary conditions, pneumonia, emergency department and bariatric.



Assessing a Patient for MetaNeb Therapy

EXCESSIVE SECRETION PRODUCTION

- Sputum production high
- Evidence of retained secretions in the presence of an artificial airway

INEFFECTIVE COUGH

- Inability to clear secretions
- Inability to take a deep breath (e.g., from incisional pain, muscle weakness)

INADEQUATE LUNG EXPANSION

- Abnormal chest x-ray
- Presence of atelectasis – clinically significant



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Hill-Rom is a leading global medical technology company with more than 10,000 employees worldwide. We partner with health care providers in more than 100 countries, across all care settings, by focusing on patient care solutions that improve clinical and economic outcomes in five core areas: **Advancing Mobility, Wound Care and Prevention, Patient Monitoring and Diagnostics, Surgical Safety and Efficiency and Respiratory Health.** Hill-Rom's people, products and programs work towards one mission: **Every day, around the world, we enhance outcomes for patients and their caregivers.**

References

1. Restrepo R, et al. (2015). Current challenges in the recognition, prevention and treatment of perioperative pulmonary atelectasis. *Expert Reviews. Respir. Med.* 9(1), 97-107.
2. Qaseem A, et al. (2006). Risk Assessment for and Strategies To Reduce Perioperative Pulmonary Complications for Patients Undergoing Noncardiothoracic Surgery: A Guideline from the American College of Physicians. *Ann Intern Med.* 144, 575-580.

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