

Heated humidification for noninvasive ventilation (NIV) in the home



MR 810

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Heated humidification for NIV in the home



The benefits of heated humidification for NIV patients in the home

NORMAL ADULT AIRWAY

The respiratory system is a highly balanced mechanism reliant on humidity.¹ During normal inspiration, as air travels down the airway, heat and moisture are drawn from the airway mucosa to the point where the gas reaches 37 °C, 44 mg/L close to the carina.²³

It is important for the airway mucosa to retain a balance of heat and moisture to maintain a fully functioning mucociliary transport system and act as an efficient line of defense. This plays an important role in efficient gas exchange by maintaining clear and open airways with effective mucus clearance.³

INCREASE COMFORT AND TOLERANCE TO NIV

The gas leak, high-flow rate and unidirectional flow that occurs with NIV therapy can dry the oral and nasal mucosa.^{4,5,6} Therefore, every effort should be made to maximize patient comfort as it is critical to the tolerance of NIV therapy.

Heated humidification is highly suggested for NIV therapy to improve comfort.⁷

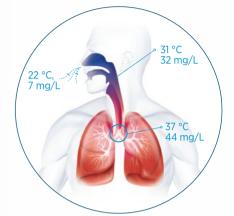
ASSIST NATURAL DEFENSE MECHANISMS IN THE AIRWAY

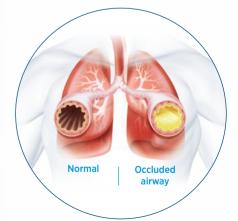
Persistent airway inflammation and mucus retention are clinical issues for patients with chronic respiratory diseases. These patients commonly have clinical care provided in a homecare setting where humidity therapy can be used to improve secretion clearance.^{8,9}

PROMOTE EFFICIENT GAS EXCHANGE AND VENTILATION

Secretion clearance is fundamental to limiting airway occlusion and promoting efficient ventilation and gas exchange. Humidification is integral to secretion management in mechanically ventilated patients¹⁰ and it assists with secretion mobilization and removal.⁷¹⁰

Insufficient respiratory humidification can result in diminished cilia activity, decreased cilia beat frequency, ciliary destruction and cellular damage. This can lead to increased mucus viscosity and impaired mucociliary clearance, resulting in secretion retention followed by airway occlusion and atelectasis.¹¹









MR810 Humidifier



The F&P 810[™] Respiratory Humidifier incorporating the MR810 Humidifier and the Evatherm Heated Breathing Tube.

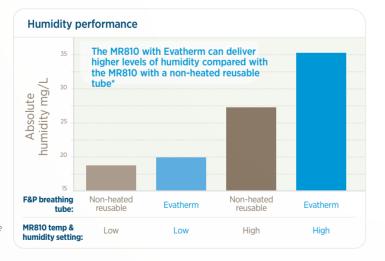
DELIVERING HUMIDITY

The graph on the right illustrates the synergies between these two key F&P 810 Respiratory Humidifier components. The MR810 Humidifier, when used with the Evatherm Heated Breathing Tube, provides higher levels of humidity than the MR810 does when used with a non-heated reusable breathing tube.*

The MR810 Heaterbase can operate at three temperature and humidity levels.

*Based on Fisher & Paykel internal testing results, this graph compares MR810 used with Evatherm and MR810 used with a non-heated reusable breathing tube.

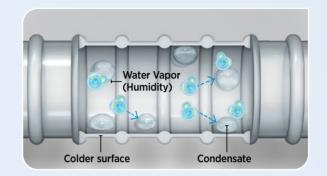
When the MR810 is used with a non-heated breathing tube it is often set on the low setting to mitigate excessive condensate.



Evatherm Heated Breathing Tube

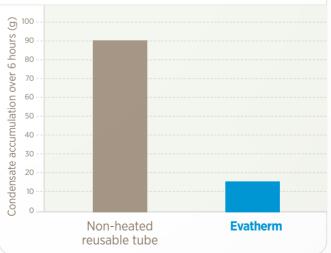
When used with the F&P 810 Humidifier, the Evatherm Heated Breathing Tube has a lower level of condensate and delivers higher levels of humidity than a non-heated reusable circuit.

NON-HEATED BREATHING CIRCUIT

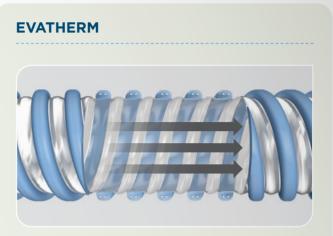


Humidified gas cools when passing through nonheated breathing circuits. This can cause condensation, which reduces the amount of humidity being delivered to the patient.





* Based on Fisher & Paykel Healthcare internal testing results on F&P Evatherm heated breathing tube vs. F&P Non-heated breathing tube, flow of 15 L/min at 22 °C.



Evatherm has a heater wire embedded in the wall of the breathing tube. This wire maintains the tube wall at a higher temperature than the humidified gas passing through, reducing the potential for condensation.

Condensate is decreased by up to four times when the MR810 Heaterbase is used with Evatherm compared with when it is used with a non-heated reusable breathing tube.*

MR810 Humidifier



An active, heated humidifier designed for use with artificial-ventilation systems to provide therapeutic levels of warm, humidified gas to patients.

There are three incremental temperature levels (low, medium and high), which enable temperature and humidity adjustment.

An Ambient Temperature Sensor monitors room temperature to enable the humidifier to manage condensation.

The Heater-wire Adapter is permanently attached to the MR810 Humidifier, ensuring it cannot be thrown away by mistake.

F&P Evatherm Heated Breathing Tube

Evatherm has a heater wire embedded in the wall of the breathing tube. This wire maintains the tube wall at a higher temperature than the humidified gas passing through, reducing the potential for condensation.

A fully assembled breathing tube, which does not require additional temperature probes.

Designed to be cleaned and reused.



MR810 HUMIDIFIER

COMPONENTS AND COMPOSITION		COMPONENTS AND COMPOSITION	
Pack components (model dependent)	MR810 Humidifier User Instructions, may contain breathing tubes	Pack components	900MR810 Evatherm 1.5 m adult heated-wall inspiratory limb, dry line, 22mm male to male connector
Packaging dimensions and weight (model dependent)	Packaging size is model dependent Weight: 3.1 kg-3.6 kg (6.8 lb-7.9 lb)	Packaging dimensions and weight	Length: 390 mm (15.4") Width: 210 mm (8.3") Height: 425 mm (16.7") Weight: 2.8 kg (6.2 lb)
Manufacturing mode	Produced in a controlled working environment	Manufacturing mode	Produced in a controlled working environment
Humidifier dimensions (without chamber)	94 mm x 154 mm x 125 mm	Predominant materials	Polyethylene elastomer, Polypropylene, Polysulfone and Styrene-Ethylene-Butylene- Styrene (S-EB-S) block thermoplastic elastomer. Not made with natural rubber latex

PERFORMANCE SPECIFICATIONS		PERFORMANCE SPECIFICATIONS		
Supply voltage	AXX: 230 V~ ; GXX: 100 V~ ; JXX: 115 V~	Resistance to flow	0.4 cmH ₂ 0 @ 60 ± 1 L/min	
Frequency	All models: 50/60Hz	at rated flow		
Supply current (model dependent)	AXX: 0.8 A Max; GXX: 1.6 A Max; JXX: 1.8 A Max	Internal diameter	19 mm	
Flow range	5–60 L/min (> 10 mg/L H ₂ 0)	Ambient range	18-26 °C	
Temperature and humidity settings	Low, medium and high	Compliance	4.6 mL/kPa/m	
Heater-plate capacity	150 W at nominal mains voltage	Humidifier compatibility	Compatible with MR810 Humidifier	
Heater-plate thermal cutout	93 ± 6 °C	Compressible volume	640 mL	
Heater-wire supply	22 V~, 1.36 A, 30 W max	•	Discard tubes and all circuit components	
Humidifier weight	2.0 kg		after 20 cleaning cycles or six months after first use, whichever occurs first	
Warm-up time	< 60 minutes	Recommended gas source	Air, oxygen or a mix of both	
Maximum heater- plate temperature	70 °C	Carton quantity	Box of 10	
Electrical classification	Class I, Type BF	Interface connections	ISO 5356-1 Conical Connectors	

REGULATORY

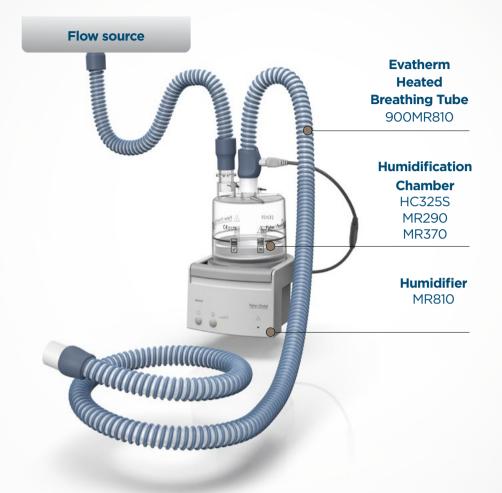
Classification	Au IIa, Canada II, USA II. For further regulatory in	
Country of origin	New Zealand	

900MR810 EVATHERM BREATHING TUBE

PERFORMANCE SPECIFICATIONS

information visit: www.fphcare.com/regulatory

NIV SETUP EXAMPLE



REFERENCES

Williams, R., Rankin, N., Smith, T., Galler, D. & Seakins, P. Relationship between the humidity and temperature of inspired gas and the function of the airway mucosa. Crit. Care Med. 24, 1920–1929 (1996).
Ingelstedt, S. Studies on the conditioning of air in the respiratory tract. Acta Oto-Laryngologica Suppl. 130 3–80 (1956). 3. Branson, R. Preventing Moisture Loss From Intubated Patients. Clin. Pulm. Med. 7, 187–198 (2000). 4. Branson, R. D. & Gentile, M. A. Is humidification always necessary during noninvasive ventilation in the hospital? Respir Care 55, 209–216 (2010). 5. Nava, S., Navalesi, P. & Gregoretti, C. Interfaces and humidification for noninvasive mechanical ventilation. Respir Care 54, 71–84 (2009). 6. Branson, R. D. Humidification of respired gases during mechanical ventilation: mechanical considerations. Respir. Care Clin. N. Am. 12, 253–261 (2006). 7. Restrepo, R. D. & Walsh, B. K. Humidification during invasive and noninvasive mechanical ventilation: mechanical considerations. Respir. Care 61, 71–84 (2009). 6. Branson, R. D. Humidification of respired gases during mechanical ventilation: mechanical considerations. Respir. Care Clin. N. Am. 12, 253–261 (2006). 7. Restrepo, R. D. & Walsh, B. K. Humidification during invasive and noninvasive mechanical ventilation: 2012. Respir. Care 57, 782–788 (2012). 8. Rea, H. et al. The clinical utility of long-term humidification therapy in chronic airway disease. Respir. Med. 104, 525–533 (2010). 9. Hasani, A. et al. Domiciliary humidification improves lung mucociliary clearance in patients with bronchiectasis. Chron. Respir. Circ. 5, 81–86 (2008). 10. Branson, R. D. Secretion management in the mechanically ventilated patient. Respir. Care 52, 1327–1328 (2007). 11. Branson, R. D. Secretion management in the mechanically ventilated patient. Respir. Care 52, 1327–1328 (2007). 11. Branson, R. D.

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