

## From Around the Network

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### New Products



LTV® 1150 on back of wheelchair in Transport Pack.

**Mirage® Micro™** is a new nasal mask from ResMed Corp. It has a MicroFit dial and dual-wall cushion to achieve a good and comfortable fit. The forehead support allows for a streamlined field of vision. [www.resmed.com](http://www.resmed.com)



**ComfortGel™ Full Face Mask** from Respirationics features a newly designed forehead cushion with adjustment by StabilitySelector®. The blue gel cushion is removable and easy to clean, and combined with the sure seal technology (SST™) flap, provides a comfortable fit. [www.respirationics.com](http://www.respirationics.com)



**LTV® 1150** from Cardinal Health's Pulmonetic Systems Division is the newest in the LTV series. It enables patients who are using the LTV® 1200 in the hospital to go home with the LTV® 1150. The main advantage is the ease of transition from hospital to home and internal (instead of external) PEEP. [www.pulmonetic.com](http://www.pulmonetic.com)

### Dealing with Bacterial Infections

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I developed respiratory problems and spent some time in the hospital in December with infections from both *Pseudomonas aeruginosa* and *Staphylococcus aureus*. It's been a long-standing problem for me since I started using trach positive pressure ventilation in 1980. This time I received two weeks' worth of antibiotics through a PIC line: vancomycin for a week and meropenem for two weeks. It took me quite some time to recover and get my strength back.

On my last bout with *P. aeruginosa*, meropenem cleared up things completely. Not so this time (I still get green secretions), but I am asymptomatic at the moment and feeling well. The question becomes at what point do we use prophylactic treatment before things get out of hand? I no longer respond to tobramycin by nebulizer. I am particularly thankful that I did not have methicillin-resistant *Staphylococcus aureus* (MRSA).

I have often wondered how other people with *P. aeruginosa* keep it under control, although I'm amazed by the differences in techniques and practices in trach care among ventilator users. I use sterile techniques to suction, and I change my trach twice weekly. I use disposable tubing with both of my ventilators for one week. There are a few pieces of equipment that are cleaned with Control III disinfectant. (Some people swear by vinegar as a disinfectant.)

I have been trying antimicrobial tracheostomy dressings and think that they have a good effect on my stoma. I even tried the sanitizing cycle on the dishwasher for some of my equipment, but not all of it is able to withstand the high temperatures. Even among respiratory therapists, I have seen and heard differences of opinion about all of these issues. It would be helpful to have guidelines. I'd like to hear from others about their methods of dealing with bacterial infections. ▲