

Airway Clearance Options

Scan the QR codes below with your mobile device to watch educational videos about each option.

Or, go to: www.IMPACT-CF.com



Bronchodilators

Used to open your airways before doing other airway clearance treatments. May be taken through metered dose inhaler (MDI), or a nebulizer. This is not a standalone therapy.

Products: Proventil®, Ventolin®, ProAir®, Xopenex®, Perforomist®, Serevent®, Spiriva®



Hypertonic Saline

Used to thin mucus, this sodium chloride (salt) solution is inhaled through a nebulizer. Available in different concentrations, most commonly 3% and 7%.

Products: Saline, HyperSal®, Hypertonic Saline



Positive Expiratory Pressure (PEP)

Hand-held device that allows you to breathe in freely, but creates resistance when you breathe out. This process helps get air behind the mucus, detach it from lung walls, and promote movement up and out of the airways.

Products: PEP Valve, PEP Mask



Oscillating Positive Expiratory Pressure (OPEP)

Hand-held device that allows you to breathe in freely, but creates vibration and resistance when you breathe out. The vibration and resistance aid in moving mucus up and out of the airways.

Products: Acapella Choice®, Aerobika®, Lung Flute®



High-Frequency Chest Wall Oscillation (Mobile)

Portable vest device that vibrates against the chest wall to loosen mucus so it can be coughed up more easily. Allows for free movement during treatment.

Products (# of sizes): AffloVest® (7), Monarch® (1)



High-Frequency Chest Wall Oscillation (Stationary)

Vest device that plugs into an electric outlet and uses an air compressor and hoses to help clear the airways.

Products (# of sizes): The Vest® (8), InCourage® (23), SmartVest® (8)



Huff Coughing

In addition to the airway clearance that you use, it is very important to "huff cough" and cough during and after the therapy.



Percussion (Cupping) & Postural Drainage

Uses percussion (cupping) and gravity (postural drainage/positioning) along with other techniques, such as huff coughing, to loosen and drain mucus from the lungs.

The IMPACT Program was created in partnership with the IMPACT Advisory Team and is sponsored by International Biophysics Corporation, manufacturer of the AffloVest.

The IMPACT Advisory Team is a group of qualified physicians and health professionals engaged in airway clearance research and development in coordination with and under the auspices of International Biophysics Corporation. This information is intended for audiences in the United States only. All trademarks referenced herein are the property of their respective owners

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IMPACT™

Individual Management of
Patient Airway Clearance Therapy

START TO MAKE AN IMPACT TODAY

This is your IMPACT Action Plan.
Please keep it in a safe place.

When you return home today:

- Review this Action Plan and keep it handy for future reference
- Visit www.IMPACT-CF.com and review any resources recommended by the care team
- Begin your new airway clearance routine right away
- Put the next clinic visit on your calendar:

Date: _____

Time: _____

When to call the doctor:

- Increase in sputum or change in color
- Increase in cough or wheeze
- New or increase in shortness of breath
- Blood in sputum
- New or increased sinus pain, head congestion, or head pain
- Recent decrease in energy; feeling bad
- Fever, chills, sweats
- Weight loss
- Pain or tightness in chest, with or without cough



Name: _____

Physician: _____

Date: _____

A copy of this Action Plan should be provided at the conclusion of the clinic visit for reference at home. Clinicians should retain a copy in the patient's chart for review during the next visit.

1 Which treatment methods are you currently using?		Treatment name	How long	Times a day?	Times a week?	Scan the QR codes to learn more
Bronchodilators		Proventi® ProAir® Ventoli® Xopenex®	_____ mins	_____	_____	 www.IMPACT-CF.com/ Resources
Hypertonic Saline		Hypersal® Pulmosal® 3% 7%	_____ mins	_____	_____	
Mucolytics (Mucus Thinners)		Pulmozyme® Mucomyst®	_____ mins	_____	_____	
Airway Clearance Therapies:						
• Positive Expiratory Pressure (PEP)		PEP Valve PEP Mask Flutter	_____ mins	_____	_____	 www.IMPACT-CF.com/ Resources/Treatments
• Oscillating Positive Expiratory Pressure (OPEP)		Acapella Choice® Aerobika® Lung Flute®	_____ mins	_____	_____	
• Vest Therapy (Mobile)		AffloVest® Monarch®	_____ mins	_____	_____	
• Vest Therapy (Stationary)		The Vest® InCourage® SmartVest®	_____ mins	_____	_____	 www.IMPACT-CF.com/ Resources/ACTs
• Huff Coughing		_____	_____ mins	_____	_____	
• Percussion and Postural Drainage		_____	_____ mins	_____	_____	
• Active Cycle of Breathing Techniques (ACBT)		_____	_____ mins	_____	_____	 www.IMPACT-CF.com/ Resources/ACTs
• Autogenic Drainage		_____	_____ mins	_____	_____	
• Intrapulmonary Percussive Ventilation (IPV)		_____	_____ mins	_____	_____	
• Other:		_____	_____ mins	_____	_____	
Exercise: (Please specify which type)		_____	_____ mins	_____	_____	
Inhaled Antibiotics		Cayston® TOBI® TOBI Podhaler® Bethkis® Colistin®	_____ mins	_____	_____	
Inhaled Corticosteroids		Pulmicort® QVar® Flovent®	_____ mins	_____	_____	

2 Your care team also recommends that you explore the following educational resources about Airway Clearance Therapies:				Scan the QR code to learn more
<input type="radio"/> About Airway Clearance	<input type="radio"/> Prioritizing Airway Clearance	<input type="radio"/> Order of therapies	<input type="radio"/> Talking to friends	 www.IMPACT-CF.com/ Resources
<input type="radio"/> Benefits of Airway Clearance	<input type="radio"/> Fitting Airway Clearance into a busy day	<input type="radio"/> Cleaning and disinfecting equipment	<input type="radio"/> Support systems	
<input type="radio"/> Airway Clearance techniques	<input type="radio"/> Doing Airway Clearance while 'on the go'	<input type="radio"/> How to recognize when I'm sick and what to do	<input type="radio"/> Resources and tools	
<input type="radio"/> How Airway Clearance improves overall well-being	<input type="radio"/> Doing Airway Clearance while on vacation		<input type="radio"/> Using reminders to help with adherence	
I have reviewed this Action Plan with my care team, and I agree to follow through with each of the recommended items listed above.			Your Signature: _____	
			Healthcare Provider Signature: _____	