

Name: _____

Physician: _____

Date: _____

AIRWAY CLEARANCE ACTION PLAN

This Action Plan should be completed by the healthcare provider and should reflect any discussed changes to therapies, educational resources to explore, and any other recommendations. The Action Plan should be sent home with the patient as a reference. Clinicians should retain a copy in the chart for review during the next visit.

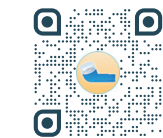
| 1 | Recommended treatment methods | Treatment name | # minutes, # puffs or dose? | Times a day? | Days a Week? |
|---|---|---|-----------------------------------|--------------|--------------|
| | Bronchodilators | Albuterol (Proventil® , ProAir® , Ventolin®) Levalbuterol (Xopenex®) | _____ dose _____ puffs | _____ | _____ |
| | Hypertonic Saline | HyperSal® Pulmosal® Sodium Chloride 3 % 3.5 % 7 % | _____ dose | _____ | _____ |
| | Mucolytics (Mucus Thinners) | Mucomyst® Bronchitol® Pulmozyme® | _____ dose | _____ | _____ |
| | Airway Clearance Therapies: | | | | |
| | • Positive Expiratory Pressure (PEP) | Resistex PEP Mask TheraPEP® | _____ min | _____ | _____ |
| | • Oscillating Positive Expiratory Pressure (OPEP) | Acapella Choice® Aerobika® Flutter® Lung Flute® RC-Cornet® | _____ min | _____ | _____ |
| | • Vest Therapy (Mobile) | AffloVest® Monarch® | _____ min | _____ | _____ |
| | • Vest Therapy (Stationary) | The Vest® InCourage® SmartVest® | _____ min | _____ | _____ |
| | • Huff Coughing | _____ | _____ min | _____ | _____ |
| | • Percussion and Postural Drainage | _____ | _____ min | _____ | _____ |
| | • Active Cycle of Breathing Techniques (ACBT) | _____ | _____ min | _____ | _____ |
| | • Autogenic Drainage | _____ | _____ min | _____ | _____ |
| | • Intrapulmonary Percussive Ventilation (IPV) | _____ | _____ min | _____ | _____ |
| | • Other: | _____ | _____ min | _____ | _____ |
| | Exercise (please specify which type) | _____ | _____ min | _____ | _____ |
| | Inhaled Antibiotics | Cayston® TOBI® TOBI Podhaler® Bethkis® Colistin® | _____ dose | _____ | _____ |
| | | Cayston® TOBI® TOBI Podhaler® Bethkis® Colistin® | _____ dose | _____ | _____ |
| | Inhaled Corticosteroids | Flovent® Pulmicort® QVAR® | _____ dose _____ puffs | _____ | _____ |

2 Other Notes / Recommendations

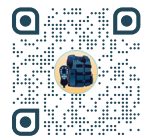
Scan the QR codes to learn more about these Airway Clearance Therapies (ACTs) or go to: www.impact-cf.com/treatments-acts



Positive Expiratory Pressure (PEP)



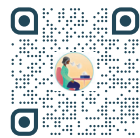
Oscillating Positive Expiratory Pressure (OPEP)



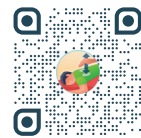
Vest Therapy (Mobile)



Vest Therapy (Stationary)



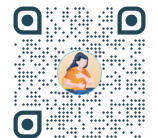
Huff Coughing



Percussion and Postural Drainage



Active Cycle of Breathing Techniques (ACBT)



Autogenic Drainage

The IMPACT Program was created in partnership with the IMPACT Advisory Team with sponsorship from the AffloVest® team, now manufactured by Tactile Medical.

The IMPACT Advisory Team is a group of qualified physicians and allied professionals engaged in airway clearance research and development in coordination with and sponsorship from the AffloVest team. This information is intended for audiences in the United States only. All trademarks referenced herein are the property of their respective owners.

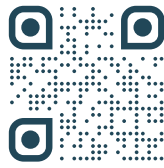
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I have reviewed this Action Plan with my care team, and I agree to follow through with each of the recommended items listed above.

Your Signature: _____

Healthcare Provider Signature: _____

3 Educational Resources



Your team recommends that you explore the following educational resources on:
www.IMPACT-CF.com/patient-resources

Respiratory treatments and therapies

- Bronchodilators
- Hypertonic Saline
- Mucolytics (Mucus Thinners)

Airway Clearance Therapies (ACTs)

- PEP
- OPEP
- Vest Therapy (Mobile)
- Vest Therapy (Stationary)
- Huff Coughing
- Percussion & Postural Drainage
- Active Cycle of Breathing Technique (ACBT)
- Autogenic Drainage (AD)
- Chest Physical Therapy (CPT)
- Intrapulmonary Percussive Ventilation (IPV)
- Exercise
- Inhaled Antibiotics
- Inhaled Corticosteroids

About Airway Clearance Therapies (ACTs)

- How Airway Clearance improves overall well-being
- Review of Airway Clearance Therapy

Prioritizing Airway Clearance

- Why is Airway Clearance Therapy so important?
- Doing Airway Clearance while "on the go"
- Fitting Airway Clearance into a busy day
- Doing Airway Clearance while on vacation

Skills

- Order of therapies
- Order of medications
- Using a nebulizer
- Nebulizer care at home
- Cleaning your spacer
- Cleaning your nebulizer
- Cleaning your PEP

Support

- Support systems
- Talking about CF
- Managing anxiety
- Partnering with your care team
- Adhering to treatment
- CF and school
- Relationships and CF
- Cleaning equipment
- Responsibility for care
- Recognizing flare-ups (exacerbations)
- Life with CF
- Order of therapies



IMPACTTM
Individual Management of
Patient Airway Clearance Therapy

START MAKING 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 increased 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