



Hillrom™

# Life2000® Ventilation System



Moving COPD  
therapy forward

# It starts with a single step

Most patients with COPD want to follow your guidance about being more active. But even modest levels of activity are often difficult for them to achieve. The Life2000® Ventilation System can help change that.

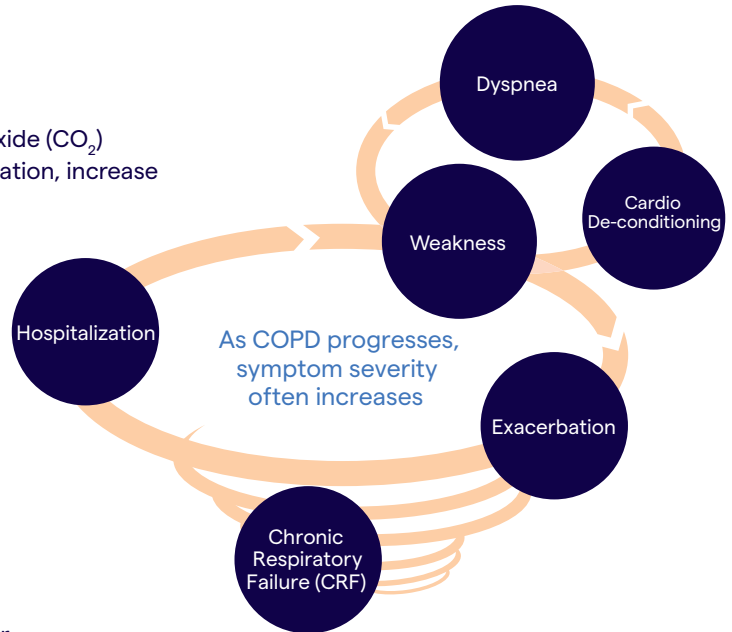
## Slow the COPD spiral

Slowing the progressive spiral of COPD is a primary goal of therapy. By reducing symptoms and lowering carbon dioxide (CO<sub>2</sub>) levels, the Life2000 Ventilation System may reduce exacerbation, increase activity and decrease re-admittance risk.<sup>1,2</sup>

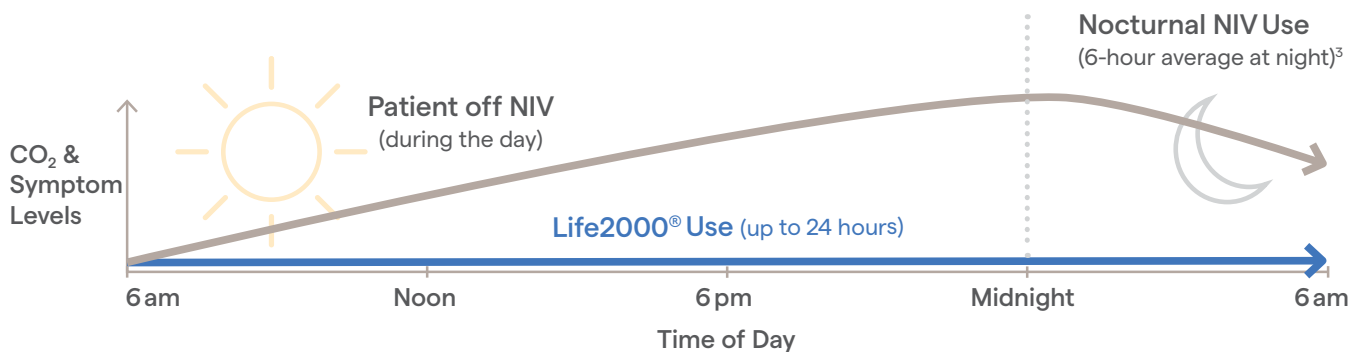
## Current therapies make a difference...

Combining nocturnal non-invasive ventilation (NIV) therapy with oxygen therapy has been shown to significantly improve patient mortality and quality of life.<sup>3,4</sup>

- 76% reduction in one-year risk of mortality<sup>3\*</sup>
- 51% reduction in hospital re-admission rate<sup>4\*</sup>
- Added quality of life and extended time to re-admission or death by ~90 days<sup>4\*</sup>



## However, nocturnal ventilation alone may not be enough



\*(p=0.002)

**The Life2000 Ventilation System provides a practical solution for decreasing daytime symptoms by helping to keep CO<sub>2</sub> levels controlled throughout the day and patients active.**

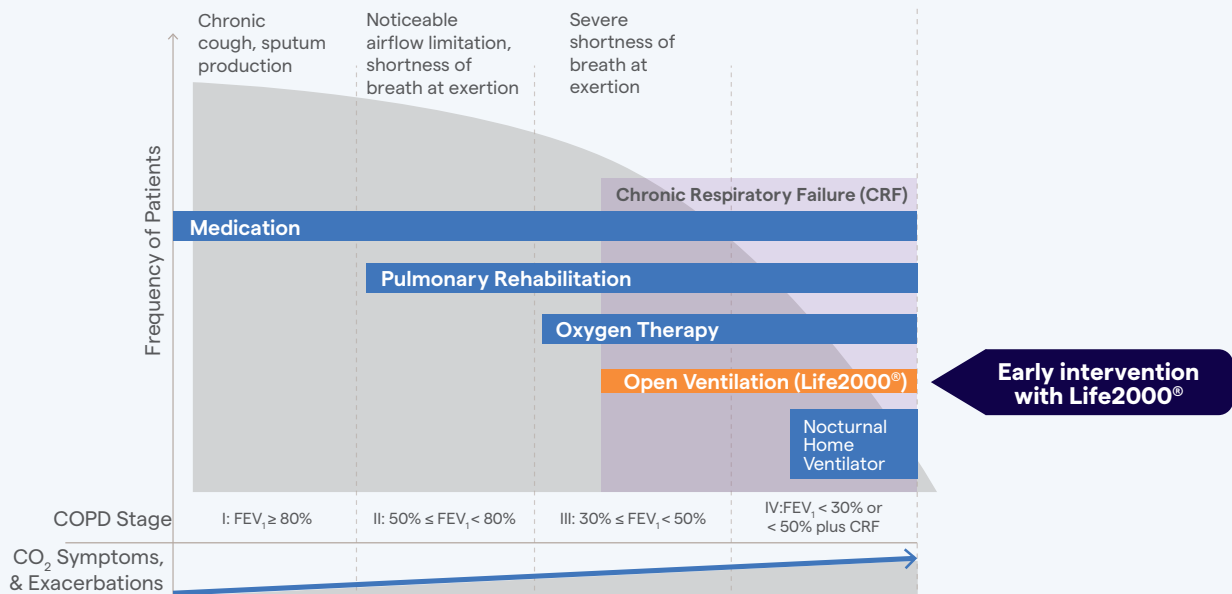
## Now you can give them more

The Life2000 Ventilation System can be an important step for your patients. By helping ease shortness of breath, it may help promote ambulation and activity—and slow the progressive spiral of COPD.<sup>5</sup>

- 85% MORE ability to perform activities of daily living<sup>6</sup>
- Up to 79% LESS healthcare costs and utilization, such as inpatient admissions and mechanical ventilation days<sup>2</sup>



## EARLY INTERVENTION IN THE COPD TREATMENT CONTINUUM



- Once hypercapnia develops, 2-year mortality rate is 30-40%<sup>7</sup>
- Reduce daytime symptoms and exacerbation risk

## When is the Life2000 System right for your patients?

Consider the Life2000 Ventilation System for patients living with CRF due to COPD who have chronic hypercapnia and/or reduced PFTs (%FEV<sub>1</sub>), with any of the following:

- A history of exacerbations
- Reduced oxygen saturation (SpO<sub>2</sub>) with minimal exercise
- Dyspnea that impacts ADLs
- The desire for freedom of activity while benefitting from ventilation



### Fits in patients' lives

- 1-lb. wearable ventilator
- Comfortable nasal pillows interface (not a mask)
- Acclimate to use in minutes, not weeks
- Allows for 3 configurations to meet patients' 24 hour needs, both inside and outside the home



#### ABOUT HILLROM

Hillrom is a global medical technology leader whose 10,000 employees have a single purpose: enhancing outcomes for patients and their caregivers by advancing connected care. Around the world, our innovations touch over 7 million patients each day. They help enable earlier diagnosis and treatment, optimize surgical efficiency and accelerate patient recovery while simplifying clinical communication and shifting care closer to home. We make these outcomes possible through connected smart beds, patient lifts, patient assessment and monitoring technologies, caregiver collaboration tools, respiratory care devices, advanced operating room equipment and more, delivering actionable, real-time insights at the point of care. **Learn more at [hillrom.com](http://hillrom.com).**

**For more information or to place an order, please contact your local Hillrom sales representative or call Hillrom Customer Service at 1-800-426-4224.**

**[respiratorycare.hill-rom.com/Life2000](http://respiratorycare.hill-rom.com/Life2000)**

#### References:

- <sup>1</sup> Warnecke E, Blaisdell M, Siobal M. Carbon dioxide clearance and tidal volume augmentation using the Life2000® Ventilation System in a breathing simulation model. Poster presented at: The Congress of the American Association of Respiratory Care (AARC); October 4-7, 2017; Indianapolis, IN.
- <sup>2</sup> Morishige R, Farberow K, MacIntyre N. Health care utilization and respiratory status following the addition of a portable non-invasive open ventilator (NIOV) to the treatment regimen. *Chest*. 2015;148(4 Meeting Abstracts):908A.
- <sup>3</sup> Köhnlein T, Windisch W, Köhler D, Drabik A, Geiseler J, Hartl S, et al. Non-invasive positive pressure ventilation for the treatment of severe stable chronic obstructive pulmonary disease: a prospective, multicenter, randomized, controlled clinical trial. *The Lancet*. 2014;2(9):698-705.
- <sup>4</sup> Murphy P, Rehal S, Arbane G, Bourke S, Calverley P, Crook A, et al. Effect of home noninvasive ventilation with oxygen therapy vs oxygen therapy alone on hospital readmission or death after an acute COPD exacerbation: a randomized clinical trial. *JAMA*. 2017;317(21):2177-2186.
- <sup>5</sup> Porszasz J, Cao R, Morishige R, et al. Physiologic effects of an ambulatory ventilation system in COPD. *Am J Respir Crit Care Med*. 2013;188(3):334-342.
- <sup>6</sup> Carlin BW, Wiles KS, McCoy RW, Brennan T, Easley D, Thomashow RJ. Effects of a Highly Portable Noninvasive Open Ventilation System on Activities of Daily Living in Patients with COPD. *Chronic Obstr Pulm Dis*. 2015;2(1):35-47.
- <sup>7</sup> Foucher P, Baudouin N, Merati M, Pitard A, Bonniaud P, Reybet-Degat O, et al. Relative survival analysis of 252 patients with COPD receiving long-term oxygen therapy. *Chest*. 1998;113(6):1580-1587.

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