

PFT guidelines during the COVID-19 pandemic

According to the European Respiratory Society (ERS) Group 9.1* and Association of Pulmonary, Critical Care, and Sleep Division Directors (APCCSDD) and American Thoracic Society (ATS) Task Force**

ERS and ATS/APCCSDD Task Force recommendations when testing is indicated:

Testing Equipment & Method

Recommendations	ERS	ATS/APCCSDD Task Force	MiniBox+
In line bacterial/viral filter only	✓	✓	Complies
Plethysmography is preferred for lung volumes	✓	✓	Complies

Safety Procedure Between Patients

Recommendations	ERS	ATS/APCCSDD Task Force	MiniBox+
Disinfect all equipment surfaces	✓	✓	5-minute procedure
Recalibrate after every disinfection (and after flow sensor removal when relevant)	✓	✓	Self-calibrates
Room ventilation	✓ At least 15 minutes	✓ Time varies with use of UV or negative pressure	Does not affect patient flow; unit is easily moved to another room
Total turnaround time between patients	30-60 minutes	Not quantified	5 minutes

Complete recommendations can be found at the links below

MiniBox+ features (partial list):



SPIROMETRY

Complete set of 30+ parameters including FEV1, FVC, SVC, MVV

FULLY AUTOMATIC LVM AND DLCO

Including TLC, FRC, RV, DLCO, VA, DLCO/VA

GASLESS & CABINLESS PLETHYSMOGRAPHY

No sensation of claustrophobia; Can test obese, wheelchair-bound, or bedridden patients

PORTABLE & MOBILE

Mobility allows for uninterrupted patient flow during room ventilation

INNOVATIVE

Fully automated Quality Control algorithms enable ease-of-use and reliability

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PulmOne
 PFT Outside The Box

* Recommendation From ERS Group 9.1 (Respiratory Function Technologists /Scientists) Lung Function Testing During COVID-19 Pandemic and Beyond

** Restoring Pulmonary and Sleep Services as the COVID-19 Pandemic Lessens