

A simple approach to Mouth and Nasal pressure measurements

RP CHECK

Portable measurements MIP, MEP and SNIP

The **RP Check** is a handheld respiratory pressure meter measuring mouth and nasal pressures (MIP, MEP and SNIP).

Small, portable and lightweight the **RP Check** allows paediatric and adult patients to be tested with ease in various settings including bedside and out-patient clinics as well as preoperative assessment situations.

Results are instantly displayed on a large backlit display allowing multiple tests to be performed per patient.



Alternatively, the **RP Check** can be connected to PC software for upload of results or alternatively connected for "live testing" on the PC software for immediate report creation.

- ✓ Patient can inhale/exhale prior to the manoeuvre with the mouthpiece in their mouth ensuring there is no leakage of air and the patient is prepared for test
- ✓ Operator guidance as to when a good mouth pressure test has been performed. If the minimum exhalation time (1.5 seconds) has not been achieved then a stop watch icon is displayed prompting the operator to repeat the test
- ✓ Fully compliant to ATS/ERS standards for mouth pressures
- ✓ Large backlit display
- ✓ Each pressure trace can be viewed for analysis
- ✓ Soft flexible nasal olives for SNIP measurements ensuring patient comfort and ease of use
- ✓ PC connectivity for PDF report creation, containing predicted values, patient details, test results, best pressure trace graph and ALL pressure trace graphs



RP CHECK

Parameters measured (displayed in cmH2O):

Mouth pressures:

MEP - Maximum expiratory pressure

MIP - Maximum inspiratory pressure

Pmax - Peak pressure

MIP/MEP combined single use filtered valve system with better than 99% efficacy for both bacteria and viruses*

Nasal pressure:

SNIP - Sniff nasal inspiratory pressure

PC software info:

USB connectivity to PC software for uploading of patient's tests or "live testing" of patient on PC software. Software is supplied on a USB stick for user installation.

- Upload of last patient's tests and results
- Patient demographics can be entered for a choice of predicted values
- Each individual manoeuvre can be reviewed and deleted for quality assurance
- Best pressure trace and all pressure trace graphs viewable
- PDF report creation for placing into patient records
- Choice of predicted values (Steffanutti & Fitting, Wilson et al and Uldry & Fitting)

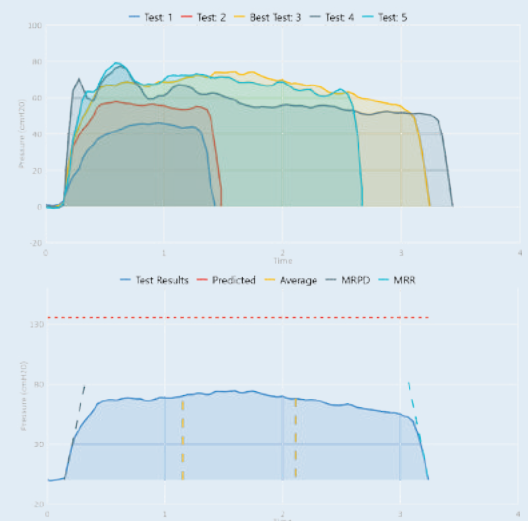
Catalogue number: RP01

Example print out

MD Diagnostics

Patient ID: 123 First Name: Bob Last Name: Someone
Gender: Male Date of Birth: 08/07/1969 Age: 49
Height: 66cm Weight: 176Kg Smoking Info: Non-Smoker
Date of Test: 05/02/2019 13:22:40

Indices	Value	Min Predicted	Predicted	Max Predicted	% Predicted
MIP	72	0	135	0	53.0
MRPD	571	N/A	N/A	N/A	N/A
MRR	7	N/A	N/A	N/A	N/A
Quality Check					



Specifications:

Operating Pressure	± 300 cmH2O	Operating Altitude	Sea level to 6000 ft (~2000m)
Burst Pressure	± 2000 cmH2O	Storage Temperature	-20 to + 70° C
Accuracy	+/-3%	Storage Humidity	10% to 90% RH
Resolution	1 cmH2O	Display	128 X 64 Pixels Graphic LCD
Operating Temperature	0-40 °C	Power Supply	Single 9v PP3 battery
Operating Pressure	Atmospheric 10%	Weight (approximate)	160g including battery
Operating Humidity	30% to 90% RH	Dimensions	135mm x 65mm x 30mm

Compatible operating systems: Windows 7 32 & 64 bit;
Windows 8.1 64 bit;
Windows 10 and 11 64 bit operating systems

References:

ATS/ERS Statement on Respiratory Muscle Testing - Am J Respir Crit Care Med Vol 166. pp 518-624, 2002

Stefanutti, D. & Fitting, J. W. 1999, "Sniff nasal inspiratory pressure. Reference values in Caucasian children", Am.J.Respir.Crit Care Med., vol. 159, no. 1, pp. 107-111.

Uldry, C. & Fitting, J. W. 1995, "Maximal values of sniff nasal inspiratory pressure in healthy subjects", Thorax., vol. 50, no. 4, pp. 371-375.

Wilson, S. H., Cooke, N. T., Edwards, R. H., & Spiro, S. G. 1984, "Predicted normal values for maximal respiratory pressures in caucasian adults and children", Thorax., vol. 39, no. 7, pp. 535-538

*PHE England report 17/011

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