

LifePulse[®] HFJV

**Advanced High-Frequency Jet Ventilation
Technology for Infants**



A close-up, high-angle photograph of a baby's feet, showing the texture of the skin and the shape of the toes. The feet are positioned centrally in the upper half of the frame, with the right foot slightly more prominent than the left. The lighting is soft and natural, highlighting the contours of the feet.

Experienced. Passionate.
Knowledgeable. Committed.

For 30 years, healthcare professionals have trusted Bunnell as their preferred provider of high-frequency ventilation products and services for the treatment of critically ill infants.

Development of the LifePulse® HFJV began in 1980, and in 1988 the LifePulse became the first high-frequency ventilator approved for clinical use. Our uniquely effective technology is now used to treat thousands of patients each year.

Although the LifePulse HFJV ventilator has helped healthcare professionals save approximately 100,000 infants, our true success is measured one patient at a time—with each baby who goes home.

With our knowledge of HFJV and our commitment to 24/7 customer support, Bunnell is the company where technology and caring meet.

The New Generation of High-Frequency Jet Ventilator

The LifePulse HFJV sets the standard as an effective proven therapy for early intervention and treatment of pulmonary interstitial emphysema and other air leaks.

Small, high-velocity breaths and fast rates coupled with passive exhalation are the keys to achieving the lowest therapeutic pressures. The use of optimal PEEP to support mean airway pressure improves the ability to oxygenate patients by maintaining lung volume.

The LifePulse HFJV offers therapeutic flexibility and is easy to use with only three control settings: PIP, Rate, and I-Time. Other functions are

automatically controlled and manually adjustable. PEEP and "sigh" breaths are supplied by a conventional ventilator operated in tandem with the LifePulse HFJV.

Discover how effective ventilation can be when you choose the right therapy.



What makes the LifePulse® HFJV unique?



WhisperJet™ Patient Box

The WhisperJet Patient Box places the inhalation valve and pressure transducer close to the patient. This proximity allows the small, high-frequency breaths to be effective by traveling through a short length of circuit. Bunnell's superior technology facilitates fast and accurate pressure monitoring so the system can respond quickly, breath to breath.

LifePort™ ETT Adapter

The LifePort ETT Adapter creates the "jet" in high-frequency jet ventilation. Delivering short, high-velocity pulses of gas into the lungs allows the small tidal volumes to be effective. As a result, less peak and mean airway pressure is needed to ventilate and oxygenate the patient.



Experience this unique therapy for yourself.

Call to arrange a free trial.



LifePulse® HFJV Features and Benefits

Prioritized Alarm System

Enhance patient safety with the comprehensive alarm system on the LifePulse HFJV, which alerts clinicians to changes in the patient or ventilator system.

Battery Backup

Provides constant power backup, thanks to the built-in battery that charges continuously when the ventilator is plugged into an electrical outlet.

Oxygen Sample Port

Easily check oxygen levels through an available sample port, where you can measure FiO_2 on an intermittent or continuous basis.

Integrated Humidifier

Provide effective humidification over the full range of settings through the fully automated, integrated LifePulse HFJV humidifier.





**“Thank you for the LifePulse.
Without it, Cooper wouldn’t be here.”**

—Kelly Neise, Cooper’s mother

LifePulse HFJV Specifications

Model 204

Ventilator Settings

Rate: 240–660 bpm
PIP: 8–50 cm H₂O
I-Time: 0.020–0.034 sec.

Physical Dimensions

Front height: 13.1 in. (33.3 cm)
Length: 16.3 in. (41.4 cm)
Width: 12.3 in. (31.2 cm)
Weight: 26.9 lb. (12.2 kg)

FDA Class III type medical equipment

Fulfills the requirements of IEC 60601-1:2005 Ed: 3

Conforms to AAMI STD ES60601-1, IEC STDS 60601-1-6 & 60601-1-8

Certified to CSA STD C22.2 NO. 60601-1



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