

ESTTA Tracking number: **ESTTA288878**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91177234
Party	Plaintiff Cardinal Health 303, Inc.
Correspondence Address	Joseph R. Dreitler Bricker & Eckler LLP 100 S. Third Street Columbus, OH 43215-4291 UNITED STATES mtrue@bricker.com
Submission	Plaintiff's Notice of Reliance
Filer's Name	Mary R. True
Filer's e-mail	trademarks@bricker.com
Signature	/Mary R. True/
Date	06/09/2009
Attachments	vanderveen 4.pdf (20 pages)(825745 bytes)

from **OBNurse529**

No. 3

Mar 23, 2008, 02:09 AM

Re: What IV pump do you like on L&D/PP?

We use Alaris pumps where I work. We like them, for the most part.... one thing we can't stand is that they have no recall. If you turn the Pit off in a decel, you can't recall the settings when you restart it.

from **HappyNurse2005**

No. 4

Mar 23, 2008, 12:22 PM

Re: What IV pump do you like on L&D/PP?

We use Alaris, where previously we had Alaris and Hospira (these are also called, or used to be called Plum Pumps, correct?)

We have new Alaris' which now do PCA. I like them. the Plums were okay, but I like that on the Alaris you can run multiple channels through the one main unit. so you can have pit, mag, lr all on one pump. or you could do mag, lr and pca (which comes wiht the etco2 detector, so thats another channel on there)

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Feb 26, 2009 11:52 AM

Which Pumps are OK for Blood Transfusions?

by [JohnW](#) 

Does anyone know of a resource that lists which major brands of IV pumps are OK to run blood products through? I searched on the Baxter site for a while and could not find anything.

Thanks!

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6 Comments:

from [miko014](#)

 Feb 26, 2009, 12:28 PM

Re: Which Pumps are OK for Blood Transfusions?

I don't know a lot about that, but I don't think it's the pump that is the problem. I know that at least some Baxter pumps can be used for blood, but it depends on the tubing that you have. If you use the wrong tubing, the pump will crush the cells. If you have the right tubing, you're good to go.

We have a version of Alaris pumps where I work, and we can run blood on them. I don't know if all Alaris pumps can do it, but I know that if you need to run it faster than 999 ml/hr then you need to do it by gravity or rapid infuser. Sorry, I don't know which version of the pumps we are using. Hope that helps!

from [TurnLeftSide](#)

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Feb 26, 2009, 12:34 PM

Re: Which Pumps are OK for Blood Transfusions?

I use baxter pumps all the time when transfusing blood. I've also used alaris.

from **classicdame**

Feb 26, 2009, 12:35 PM

Re: Which Pumps are OK for Blood Transfusions?

We use Alaris by Cardinal. Whatever their newest model is called.

I have also used the Horizon by B-Braun.

from **highlandlass1592**

Feb 26, 2009, 02:17 PM

Re: Which Pumps are OK for Blood Transfusions?

I've used Plum, Alaris and Baxter pumps all to run blood. It really depends if you have the tubing to run blood.

from **whipping girl in 07**

Feb 26, 2009, 07:17 PM

Re: Which Pumps are OK for Blood Transfusions?

It's not the pump it's the tubing. Where I used to work we didn't have blood tubing for the pumps so we did all our blood by gravity. But I've done it with Plum and Alaris pumps.

from **JohnW**

Feb 26, 2009, 09:00 PM

Re: Which Pumps are OK for Blood Transfusions?

Thanks for the replies. I've always used Alaris pumps (and I know they are approved for blood). The hospital where my wife (she is also an RN) works uses Baxter pumps, they have blood tubing, but their policy is that blood can only be run through a pump if it's going through a PICCC, otherwise it must run by gravity.

I think it might be an outdated policy, enforced for no good reason.



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Apr 22, 2008 09:22 AM

Infusion Pump Design

by [rbs950](#)

Hi,
I am working on an infusion pump design. Would you please provide your opinion on the following two issues. Because we all have different point of views, I would like to get experts' opinions on these issues:

- Should Power button be combined with Stop button or should they be separate?
When they are combined, pressing and holding the button will turn off the pump. While infusion is running, clinician will press this button to stop infusion.
When they are separate, clinician will press Stop button to stop a running infusion. If they press Power button while infusion is running, they will get a warning message but it will not turn off the pump or stop the infusion.
- Should the light that indicates a running infusion be blinking or be on continuously?
When you see a flashing light (possibly green), would you think that the pump is running or would it lead you to think that it needs your attention?

Your help is greatly appreciated.

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7 Comments:

from [BittyBabyGrower](#)

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Re: Infusion Pump Design

The buttons should be separate for safety purposes. And we have pumps that have green lights that kind of scroll as it runs, so at a glance we can know that the pump is running.

from **cardiacRN2006**

Apr 22, 2008, 09:50 AM

Re: Infusion Pump Design

Honestly? I dig the Alaris pumps and don't have anything bad to say about them. You could look at their design and see if you can try to improve on it (doubtful, but you can try)...

from **Tolos**

Apr 22, 2008, 10:31 AM

Re: Infusion Pump Design

1) Should Power button be combined with Stop button or should they be separate? When they are combined, pressing and holding the button will turn off the pump. While infusion is running, clinician will press this button to stop infusion. When they are separate, clinician will press Stop button to stop a running infusion. If they press Power button while infusion is running, they will get a warning message but it will not turn off the pump or stop the infusion.

2) Should the light that indicates a running infusion be blinking or be on continuously? When you see a flashing light (possibly green), would you think that the pump is running or would it lead you to think that it needs your attention?

Your help is greatly appreciated.

I am an infusion nurse and I think the buttons for stop and pause should be separate. The scrolling green light on the ALaris model is good. How about adding to the design a pump that can cry out audibly "There is air in the line". Do something different for a change.

from **NeosynephRN**

Apr 22, 2008, 11:36 AM

Re: Infusion Pump Design

Originally Posted by **Tolos**

1) How about adding to the design a pump that can cry out audibly "There is air in the line". Do something different for a change.

A talking IV pump...interesting idea...however I think it would push many of our demented, or withdrawl patients over the edge, thinking the equipment was talking to them...

from **cardiacRN2006**

Apr 22, 2008, 11:43 AM

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Re: Infusion Pump Design

Originally Posted by **calla2114**

A talking IV pump...interesting idea...however I think it would push many of our demented, or withdrawal patients over the edge, thinking the equipment was talking to them...

Can you imagine the family? I can see them now, running out to the nurses station, "THERE'S AIR IN THE LINE!!! DO SOMETHING!!!"

Sure, it scrolls that message now on my Alaris pump, but when it beeps, the family doesn't know which one of my 6-8 pumps is beeping. They are mesmerized by the lines and lights.

But to have the machine tell them what's going on? No thanks!



from **SteveRN21**

No. 6

Apr 22, 2008, 11:55 AM



Re: Infusion Pump Design

ditto about the Alaris smart pumps.... they are, and will always be my favorite.

Agree that the power and stop buttons should be clearly marked and separated.

I like the fact that on the Alaris pumps, the green "lighthouse" light on top tells you from across the room that the pump is operational, and that it flashes red or yellow if otherwise.



from **Annony RN**

No. 7

Apr 22, 2008, 04:44 PM



Re: Infusion Pump Design

Originally Posted by **calla2114**

A talking IV pump...interesting idea...however I think it would push many of our demented, or withdrawal patients over the edge, thinking the equipment was talking to them...

It would push ME over the edge for sure!



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Jan 28, 2009 01:24 PM

? For those that use Alaris pumps

by Ared1

What is your flow rate for blood transfusions? Initial and after 15 minutes? Thanks.

7 Comments:

from meadow85

No. 1

Jan 28, 2009, 02:01 PM

Re: ? For those that use Alaris pumps

The MD usually gives an order like, infuse 1 unit of PRBC over 3 hrs. Depending on if the patient has had a transfusion before, their age and general health I will start the infusion at a rate slowly and if there is no reaction then increase it further to when it will infuse over 3 hrs as the MD had ordered.

I believe you can choose 'Blood Products' as the category and then 'PRBC' as an option. The Alaris pump will guide you further as to what the maximum and minimum range is.

from nemo923

No. 2

Jan 28, 2009, 02:25 PM
Updated Jan 28, 2009 at 02:26 PM by nemo923

Re: ? For those that use Alaris pumps

On ours we don't have a range. We set our own rate. I start at 75 then increase to 125. Sometimes depending on how many units, I'll increase it to 135. Just make sure you choose "Blood Product" on your menu. PS, do you like your Alaris pumps? We used to use Cardinal and Baxters before. I really like Cardinal. My hospital will start using CareFusion soon, so they purchased Alaris.

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Jan 28, 2009, 02:54 PM

Re: ? For those that use Alaris pumps

We use Alaris pumps with the Guardrails system for blood administration. Initially the rate is set at 120/hr for the first 15 minutes. After we do a set of vitals to check for transfusion reaction we can increase the rate to infuse the blood with 4 hours. I usually bump it up to 160/hr to infuse the blood in about 2 hours (since it's usually about 300ml/unit). However we are a certified Heart Failure unit so if it is a HF patient I leave the rate at 120 for the remaining infusion.

And to the person who asked about liking the Alaris pumps I really like the Guardrails system. All the reminders are built in to the system like using filters with certain meds, infusion time, appropriate rates. I am familiar with the Baxter pumps from another system and I liked the feature that could sense when an occlusion was not occluded (i.e. a positional site) and restart the pump automatically.

from **TurnLeftSide**

No. 4

Jan 28, 2009, 03:25 PM

Updated Jan 28, 2009 at 03:32 PM by TurnLeftSide

Re: ? For those that use Alaris pumps

Our MDs don't tell us how many ccs/hr to run the infusion. When I used alaris pumps, I started at 100cc/hr for 15 minutes then increased the infusion up to 150cc/hr if the patient doesn't have issues with CHF or fluid overload. If I get a trauma patient though whose lost a lot of blood, I rapidly infuse.

from **kellykelly**

No. 5

Jan 28, 2009, 03:41 PM

Re: ? For those that use Alaris pumps

Kind of depends on the patient and the order, though in general I run it @ 120ml/hr. We don't use a "blood products" feature on our Alaris pumps, we just set the rate.

from **Chaya**

No. 6

Jan 28, 2009, 04:26 PM

Updated Jan 28, 2009 at 04:27 PM by Chaya

Re: ? For those that use Alaris pumps

Our policy is we never give blood by pump unless the pt has a central line. Then we adjust it to how long the MD says we have to give it over, with the first 15 minutes at a slower rate to watch for transfusion reactions.

ps-love the Alaris pumps once I got used to them. They seem more intuitive than any other pump I've used.

from **Ared1**

No. 7

Jan 28, 2009, 07:54 PM

Re: ? For those that use Alaris pumps

Thanks for the replies. Our Docs don't give us a rate either. We have a facility protocol. We usually start at 75ml/h then bump to 125 after 15 minutes. I do like the Alaris pumps better than others I have used. The reason I even asked the question is because I was reading some material the other day that said to start the infusion at 5ml/h! I thought surely they left off the 7.

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Alaris® Products Bibliography of Published Articles

Smart Infusion Systems

1. Eskew JA, Jacobi J, Buss WF, Warhurst HM, DeBord CL. "Using innovative technologies to set new safety standards for the infusion of intravenous medications" Hospital Pharmacy 2002 Nov; 37(11): 1179-1189.

Summary: Article providing an overview of Clarian Health Partners' implementation of IV smart pump infusion systems. Describes the process of implementing the system and discussion on the data provided by the CQI software. Projects an expected annual 4,000 reprogramming events for their three hospital system. Documents a potentially serious medication error averted by the technology on the first day of system use.

2. Cada, DJ. "Editorial: Preventing IV Medication errors" Hospital Pharmacy 2002 Nov; 37(11):1139.

Summary: Editorial accompanying the article above that highlights Clarian Health Partners' implementation of their IV smart pump infusion system. Brief mention of the inadequacy of currently employed error reduction methods (e.g. CPOE, bar coding, dosing double-checks) and the role that smart pump technology can play.

3. ECRI "General purpose infusion pumps", 2002, October; Health Devices 31(10) 353-387.
4. ECRI "General purpose infusion pumps", 2003, October; Health Devices 32(10) 382-395.
5. ECRI "General purpose infusion pumps", 2004, December, Health Devices 33(12) 416-430.

Summary: The ECRI reports represent an independent third-party review of general purpose infusion pumps and Dose Error Reduction Systems. Health Devices is a proprietary subscription based resource, but most hospitals would have copies of these issues in their biomedical department or in the hospital library.

6. Rothschild JM, Keohane CA, Thompson S, Bates DW. "Intelligent intravenous infusion pumps to improve medication administration safety" Proc AMIA Symp., 2003;992.

Summary: Smart pump technology was instrumental in identifying several types of medication errors and provides a tool that complements CPOE and bar coding.

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7. Smart Pump Technology Reduces Errors. APSF Newsletter, Spring 2003.

Summary: Brief article reviews the clinical importance of i.v. medication errors, smart pumps as an error reduction means, and the clinical impact of smart pumps using data from Clarian Health Partners' experience.

8. Proceedings from the Bar Code Administration Conference. Hospital Pharmacy 38 (11), supplement, 2003.

Summary: Proceedings document includes a section which briefly discusses the advantages of the integration of bar code and smart pump technologies, including the potential positive impact on i.v. medication errors.

9. Wilson K and Sullivan M. "Preventing medication errors with smart infusion technology" American Journal of Health-System Pharmacy 2004 Jan 15; 61(2):177-183.

Summary: Article highlighting need for smart infusion pumps and several references to the importance of CQI Software and some of the impact the system's data has had on the hospital, with a focused review on heparin dosing.

10. Malashock CM, Shull SS, Gould DA. "Effect of smart infusion pumps on medication errors related to infusion device programming" Hospital Pharmacy 2004 May; 39(5): 460-469.

Summary: Information from CQI Software fills this article with examples of how one hospital studied the data from the system to categorize averted PADEs, illustrating the value of a safety system. Over an eight month period in just three patient care areas, one-hundred and fifty-seven alerts resulted in reprogrammed infusions. Seventeen reprogramming events were considered to be averted medication errors with potentially life-threatening consequences.

11. Sobo EJ. "Improvement Initiative 9-2. Using Smart Pumps to Manage Medication Administration" in *Guide to JCAHO's Medication Management Standards*. Chicago, IL. Joint Commission Resources. 2004: 139-145.

Summary: Case study presents how Children's Hospital of San Diego has employed smart pump technology as a point-of-care error reduction strategy, and how information from the CQI logs has driven performance improvement initiatives.

12. Hatcher I, Sullivan M, Hutchinson J, Thurman S, Gaffney FA. An intravenous medication safety system: preventing high-risk medication errors at the point of care. Journal of Nursing Administration. 2004;34(10).

Summary: Article showing the value of the safety system based on data findings from the CQI Software. This article also discusses the role that CQI data played in the hospital revising sedation protocol resulting in decreased LOS and decreased potential for sedation-related complications in the ICU.

13. Williams CK and Maddox RR. Implementation of an i.v. medication safety system. *Am J Health-Syst. Pharm.* 2005; 62:530-6.

Summary: Article shows some specific examples of the “payback” value of the smart pump system based on CQI data analysis results. A specific example was given regarding the ability to reduce the number of steps involved in a very cumbersome protocol for the ordering and administering of weight-based heparin at this institution. “This eliminated at least three steps in the medication-use process, numerous calculations, and multiple opportunities for error.”

14. Bates DW, Vanderveen T, Seger D, Yamaga C, Rothschild J. Variability in intravenous medication practices: implications for medication safety. *Journal on Quality and Patient Safety.* 2005; 31(4):203-10.

Summary: One hundred hospitals showed an average of 64 drugs per data set and an average of 113 different drug/concentration combinations. On average, each hospital had designated six profiles or unique patient care areas; there were four different names per drug across the hospitals. Substantial unnecessary variation in IV medication practices is likely associated with increased risk of harm. Standardization has the potential to substantially improve IV medication safety.

15. Health information technology: improving patient safety and quality of care. *AvaMed.* Presented June 8, 2005: Capitol Hill Steering Committee. Health Information Technology Showcase.

Summary: This white paper, presented at Telehealth’s Health Information Technology Showcase, demonstrates how HIT expands beyond the electronic medical record to improve patient safety and the quality of care and discusses recommended policy changes needed to create a safer, streamlined health care system of the 21st century.

16. Vanderveen T. Medication Safety: Averting highest-risk errors is first priority. Part I: Risk of harm, speed to impact, smart infusion, and CQI & Part II: Nursing Satisfaction, Wireless Networking, “Smart” Pain Management, Best Practice Improvements, and ROI. *Patient Safety & Quality Healthcare.* 2005; May/June:16-21.

Summary: Part I reviews the need for improved IV medication safety; comparative risk of IV versus oral medications; the “speed to impact” (costs, time, ease of implementation, and capabilities to prevent high-risk medication errors) of various medication safety technologies; development of “smart” infusion systems; and published results to date. Part II reviews nursing satisfaction and recent advances, including wireless networking, “smart” patient-controlled analgesia (PCA) with continuous respiratory monitoring, best practice improvements, and return on investment (ROI).

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17. Daniels D, Rapala K. Aiming for zero errors. Clarian's safe passage program improves safety. *Patient Safety & Quality Healthcare*. 2005; July/August: 14-20.

Summary: This article provides detailed information regarding how the use of infusion safety technology (smart pump) enabled Clarian to standardize practice while reducing variability and improving outcomes for both staff and patients.

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18. Dulak SB. Technology today Smart IV pumps. *RN*. 2005; December 68(12):38-43.

Summary: This article provides a clinician's view regarding smart pumps available in today's market; what they will do and how they work. An insert is provided regarding the Nebraska Health System's impression of Alaris[®] Auto-ID module during limited release.

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19. Fields M, Peterman J. Intravenous medication safety system averts high-risk medication errors and provides actionable data. *Nurs Admin Q*. 2005; 29:78-87.

Summary: This article provides strong reasons to involve nursing personnel when implementing smart pump technology. Implementation of 685 devices took place over 12 hours within 3 hospitals. Nursing product acceptance was exceptional and the implementation process was thought to enhance nursing retention and recruitment.

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20. Vanderveen Tim. IVs First: A New Barcode Implementation Strategy. *Patient Safety & Quality Healthcare*. 2006; May/June.

Summary: The purpose of this article is to explore an option to focus first on improving the safety of high-risk IV medications, discuss the unique aspects of IV infusions that have made their integration with BCMA challenging, and describe the new technology platform that offers an innovative alternate starting point for BCMA.

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21. Williams CK, Maddox RR, Heape E, Richards HE, Griffiths DL, Crass RE. Application of the IV Medication Harm Index to Assess the Nature of Harm Averted by "Smart" Infusion Safety Systems. *J Patient Saf*. 2006; 2(3):132-39.

Summary: The harm assessment tool, coupled with the IV safety software, provides the ability to take large pools of data and run them through a series of harm-identifying filters to reveal the problems with the greatest potential for causing harm. Scores from the IV Medication Harm Index allow clinicians to put alerts and events in context, so that potentially dangerous practices of greatest significance can be studied and acted on first.

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22. Arevalo JD. "Flying" Towards Standardization in IV Medication Practices. The Business of Safety Health Care eNewsletter. September 21, 2005.

Summary: A high degree of variability in intravenous medication practices poses unnecessary risks that could potentially be avoided if standardization criteria were instituted and utilized.

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23. Vanderveen T. Smart Pumps: Advanced Capabilities and Continuous Improvement. Patient Safety & Quality Healthcare. January/February 2007.

Summary: Smart pumps are one of the technologies identified in the recent IOM report (2006) that hospitals can employ to help reduce the frequency and severity of medication errors. This article reviews the need for improved safety of high-risk IV infusions, recent advances in smart pump capabilities, and examples of how CQI data can be used to help improve medication safety and best-practice compliance.

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24. Fanikos J, Fiumara K, Baroletti S, Luppi C, Saniuk C, Mehta A, Silverman J, Goldhaber SZ. Impact of Smart Infusion Technology on Administration of Anticoagulants (Unfractionated Heparin, Argatroban, Lepirudin, and Bivalirudin). Am J Cardiol. 2007 Apr 1;99(7):1002-5. Epub 2007 Feb 15.

Summary: This study reviewed 863 alerts generated from the infusion of anti-coagulants in 355 patients. Smart infusion technology intercepted keypad entry errors, thereby reducing the likelihood of intravenous anti-coagulant overdose or underdose. Dose or infusion rate programming during intravenous anti-coagulation is an important target for medication safety interventions.

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25. Williams C. Increase the Value of Smart Pump Technology with Sophisticated Data Analysis. Pharmacy Purchasing Products. June 2007:26-32.

Summary: The value of smart pumps in preventing IV medication errors is clearly recognized. Establishing processes to analyze the pumps' CQI data will provide the opportunity to make even more significant advances in patient safety. While implementing smart pumps at your facility is a significant step towards providing safer care to your patients, performing CQI data analysis increases the sophistication of your use of these systems, as well as the value of your patient safety program.

26. Overdyk FJ, Carter R, Maddox RR, Calura J, Herrin AE, Henriquez C. Continuous Oximetry/ Capnometry Monitoring Reveals Frequent Desaturation and Bradypnea During Patient-Controlled Analgesia. International Anesthesia Research Society. 2007; 105(2):412-18.

Summary: This article concludes that continuous respiratory monitoring is optimal for the safe administration of PCA, because any respiratory depression event can progress to respiratory arrest if undetected. Better alarm algorithms must be implemented to reduce the frequent alarms triggered by threshold criteria for respiratory depression.
