

Ms. A Thompson  
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09/01/01



Dear Mr Lamb,

Many thanks for your letter dated the 3/5/00. I must apologise for the length of time with my reply. It has been a very busy year not only for myself but work also.

My memory was "jogged" the other day, at work, when working in intensive care, I was having difficulties with our present ventilator tube holder. This prompted me to have my designs photocopied for you in the hope that we may be able to improve the existing holder.

Fundamentally your existing holder is satisfactory....however there are a few problems that keep arising with it. I hope you do not mind me pointing them out.

1) repositioning a baby, we have to move the holder across the top of the infant warmer back and forth in order to accommodate the tubing. This involves the lifting and disturbance of the mattress because of the tight fit. This does tend to jiggle the baby and e.t.tube no matter how gentle you try to be.

2) In the constant repositioning of the ventilator tubing we have found that this slowly destroys the corrugated effect of the plastic, disturbing the humidification, and sometimes the tubing actually cracks. This is because the tubing is not flexible enough to compensate for the tight holes in the perspex and the squeezing required to fit them in each time. If you take into consideration sometimes a baby need 2-4 hourly turns, over 24 hour periods up to 5-7 days on ventilation before tube changes...this is an awful lot of wear on the tubing.

I feel that in order to be a lot kinder and safer on the tubing and the babies we need to make some adjustments to the existing design of tube holders. From my point of view as a neonatal nurse working in this environment my second design meets all our requirements and should conform to all the existing designs of nursing warmers presently on the market as they seem to all have removable mattresses. I would like to point out its positive attributes.

1) Once in position it stays there, as there are enough slots across the top of the warmer to support the tubes regardless of where the baby is positioned. They are also high enough even to accommodate tubing from a baby being nursed on its back, head forward.



2) The latex type foam is hygienic, washable, removable and replaceable. It is firm, supportive and gentle, and can be easily prised apart for positioning of the tubing without crushing it. Therefore making it kinder, and safer for the babies and the tubing.

I sincerely hope that you will be able to give these ideas some serious thought. I would be grateful of your evaluation of the designs.

Many thanks,

Yours sincerely

Ali Thompson.



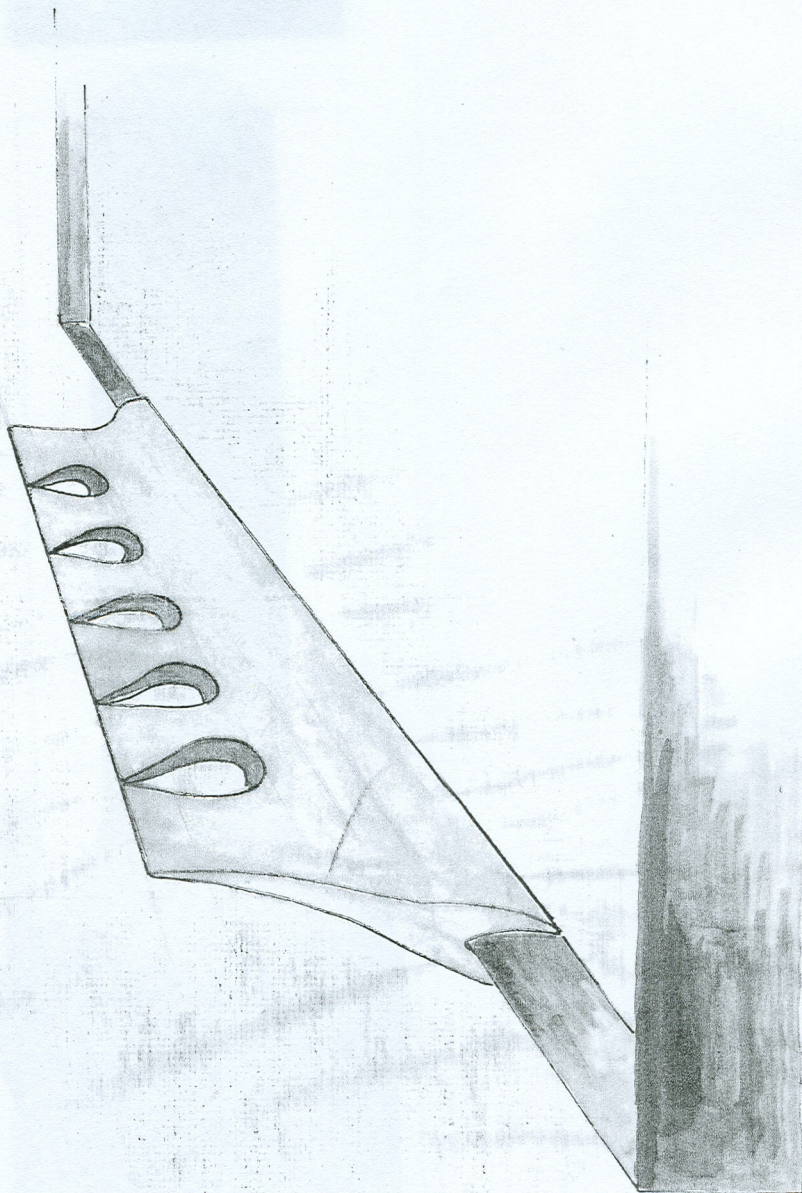
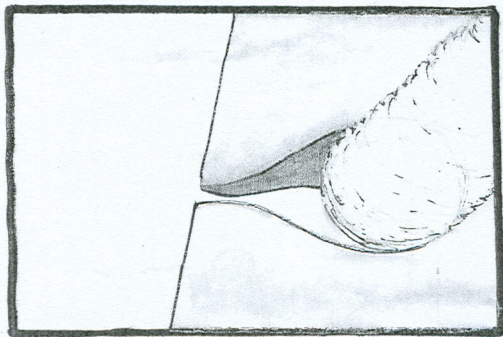
DESIGN 1 ALI THOMPSON.

MATERIALS... LATEX FOAM / QUALITY

LENGTH 35CMS

HEIGHT 15CMS

WIDTH VARIABLE





DESIGN 2

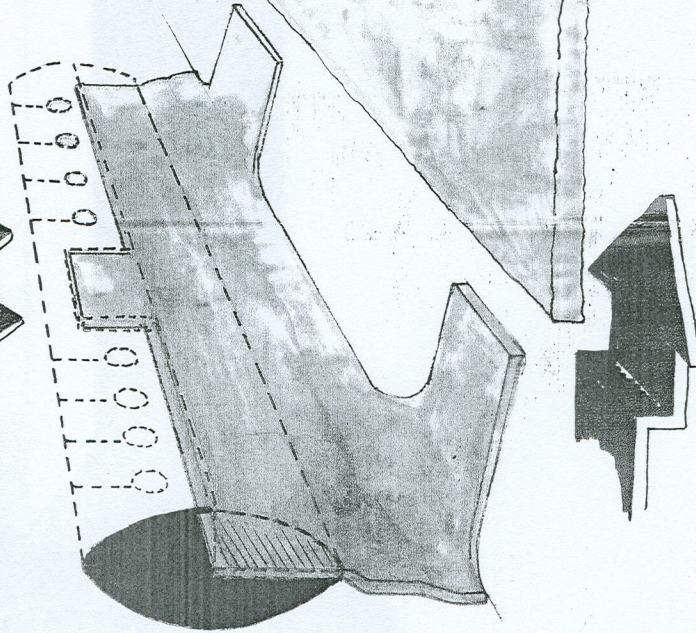
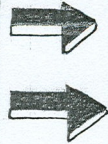
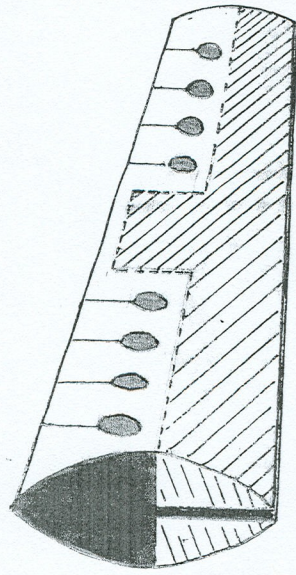
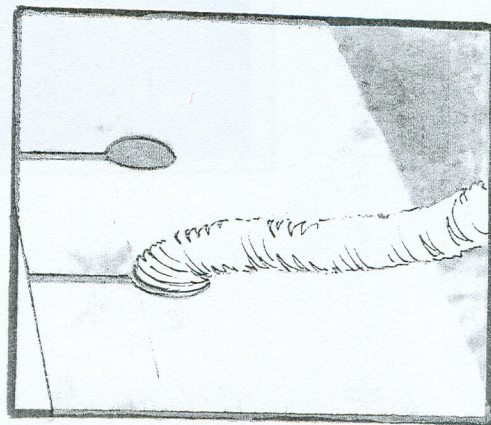
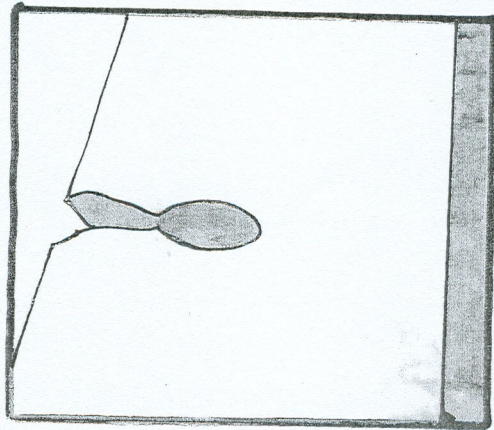
ALI THOMPSON

MATERIALS ... LATEX FOAM / PERSPEX QUALITIES

LENGTH 35cms

HEIGHT 15 cms

WIDTH FOAM WIDEST POINT 11.5cms







# VIAMED



Our reference: PL 5530 / 3838

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May 3, 2000

Dear Ms Thompson

Thank you for your letter regarding the tube holder designs, Viamed is always interested in new products, especially those designed by nursing staff. I can not promise any degree of success due to the nature of the market we are in. Viamed has supplied the tube holder as per the sample you evaluated for over 5 years, sales have been slow, possibly due to the fact that many companies supply this type of device and some hospitals manufacture their own.

I would be pleased to evaluate your designs and offer full confidentiality, I must stress though that the potential market would need to be large enough to warrant the cost of placing the new product through the necessary CE marking and the relevant testing/documentation.

I wish you luck with this and any other projects you have in mind, and look forward to hearing from you.

Yours sincerely

Peter Lamb  
UK Sales Manager