

Verathon Inc. Introduces GlideScope® Ranger Video Laryngoscope for Fast Intubations in Military and Emergency Settings

Bothell, Wash., Oct 11, 2006—Verathon Inc. is pleased to introduce the GlideScope® Ranger, a portable, compact and durable video laryngoscope that provides a clear, real-time view of a patient's airway for fast intubations in unpredictable airway conditions.

Designed for "1st Pass Success" in military and emergency settings, the GlideScope® Ranger features a patented blade angulation, a non-glare monitor that is easily visible in bright light, a patented anti-fogging mechanism that resists lens contamination, and rugged, high-impact construction. The device is dependable in an array of field conditions, making it ideal for pre-hospital and critical care situations.

"We learned from speaking with military physicians that they wanted a portable video laryngoscope that not only provided a clear airway view, but was also compact, light, airworthy, waterproof, shock resistant, durable with extended battery life, and which could be used quickly and easily in conditions ranging from desert to arctic environments," said Dr. John Pacey, President of Verathon Medical™ Canada ULC. "The GlideScope® Ranger was designed to meet these rigorous specifications."

While the Ranger was designed to meet the needs of military physicians and paramedics who work in extreme conditions and regularly treat patients with severe trauma, non-military practitioners also appreciate the advantages of the instrument.

Endotracheal intubation carries a higher risk of improper tube placement when performed in an out-of-hospital setting. Clinical studies report that in emergency out-of-hospital intubations, up to 25% of endotracheal tubes (ETT) are misplaced, with 66% of misplaced tubes being inserted into the esophagus.ⁱ Out-of-hospital intubations also carry a greater risk of complications. In a study of patients with severe head injuries undergoing endotracheal intubation, the odds of death were approximately 4 times greater for patients intubated outside the hospital. The odds of poor neurologic outcome and moderate to severe functional impairment were also increased for those patients undergoing out-of-hospital intubation.ⁱⁱ

"I believe that [the GlideScope® Ranger] has a potential role with many of our deployed medical units and may be an excellent adjunct when non-expert airway managers are available," said Col. Tom Grissom USAF, who tested the Ranger at the R. Adam Crowley Shock Trauma Center in Baltimore. "The relatively short learning curve has also been beneficial since we have a large number of personnel that train with us for airway management."

The GlideScope® Ranger provides a clear picture of the larynx and vocal cords on a display monitor, enabling visual control of the endotracheal tube in its trajectory toward the airway. With its patented 50 to 60 degree viewing range, integrated camera, and patented anti-fogging mechanism, the Ranger facilitates fast, accurate ETT placement even in difficult airways, and helps

prevent improper ETT placement and related complications in emergency, out-of-hospital situations. The GlideScope® Ranger is compact for easy carrying and storage, measuring only 7 ¼ x 6 3/8 inches and weighing less than two pounds, and is operational in seconds. With its rugged, high-impact plastic construction, the Ranger was designed to be dependable in an array of field conditions, including temperatures of -4° to +122° F, humidity up to 100 percent, and altitude up to 20,000 feet. The integrated, rechargeable lithium polymer battery provides a minimum 90-minute continuous-use autonomy and allows for approximately 20 intubations per battery cycle (depending on usage).

“As a young soldier in Vietnam, I was inspired by the military doctors I saw working in the field,” said Gerald McMorrow, CEO, Founder & Chairman of the Board of Verathon Inc. “They work in extreme conditions to save the lives of our soldiers, and they deserve the best support we can offer them. We designed the Ranger with their specific requirements in mind.”

Like other GlideScope® instruments, the Ranger does not require “line of sight” for view and takes less force than traditional methods, helping eliminate trauma to patients.ⁱⁱⁱ GlideScope® Video Laryngoscopes (GVL®) provide a C/L Grade I or II view 99% of the time, even in difficult airways.^{iv}

About Verathon Inc.

Verathon™, formerly Diagnostic Ultrasound Corp., designs and manufactures reliable, state-of-the-art medical devices and services that offer a meaningful improvement in patient care to the health care community. The company’s noninvasive BladderScan® instrument is the standard of care for bladder volume measurement. The brand is found in over 60 countries in Urology and Primary Care practices, as well as Acute and Extended Care facilities. With the January 2006 acquisition of Saturn Biomedical Systems in Vancouver, Canada, Verathon™ entered Anesthesiology, Critical Care and Emergency markets with the GlideScope® Video Laryngoscope brand. Recently experiencing double-digit growth, Verathon™ was ranked among the fastest growing technology companies in Washington State in Deloitte’s prestigious “Technology Fast 50” program for both 2005 and 2006. Verathon™ is headquartered in Bothell, Washington and has approximately 230 employees worldwide. For more information, please visit www.verathon.com.

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ⁱ Wang H, Yealy D, *Annals of Emergency Medicine*. 2006;47(6):532-541.

ⁱⁱ Wang HE, Peitzman AB, Cassidy LD, Adelson PD, Yealy DM, Out-of-hospital endotracheal intubation and outcome after traumatic brain injury, *Annals of Emergency Medicine*, November 2004, Vol. 44, Issue 5, Pages 439-450.)

ⁱⁱⁱ Cooper, RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new videolaryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198; Sun D.A, Warriner C.B, Parsons D.G, Klein R, Umedaly H.S, Moulton M. Respiration and the Airway. The GlideScope Video Laryngoscope: randomized clinical trial in 200 patients. *British Journal of Anesthesia* 2005; 94: 381-384.

^{iv} Cooper, RM. Cardiothoracic Anesthesia, Respiration and Airway; Early clinical experience with a new videolaryngoscope (GlideScope®) in 728 patients. *Canadian Journal of Anesthesia* 2005; 52: 2: 191-198. 0900-1333-01-86