



**Verathon Inc., maker of GlideScope® Video Laryngoscopes, Introduces Free Grant Writing Kit for EMS Professionals**

Bothell, Wash., (February 1, 2008) – Verathon Inc., the maker of GlideScope® Video Laryngoscopes, is pleased to make available a new Grant Writing Kit for EMS Professionals. The kit, which is free to EMS personnel, contains helpful information to seek out available grant monies, and tips to successfully apply for government grants and private funding, in order to purchase EMS-related equipment and supplies.

“We’re pleased to offer this new grant writing kit to the EMS community,” stated Gerald McMorrow, CEO, and Founder of Verathon. “With improved medical equipment and related funds both available, this kit is designed to offer EMS health care providers the needed ‘bridge’ to match these two resources,” McMorrow continued. “EMS personnel deserve the best tools available to do their jobs. Successful grant writing can help them get the equipment and supplies they need.”

Data indicate that improved airway instruments remain an essential equipment segment for EMS facilities. 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.<sup>i</sup> 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.<sup>ii</sup> With this data in mind, Verathon designed the GlideScope® Ranger video laryngoscope specifically to assist in challenging pre-hospital endotracheal intubations.

The GlideScope® Ranger was developed to meet the needs of military physicians and paramedics who work in extreme conditions and regularly treat patients with severe trauma. The 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. It facilitates fast, accurate ETT placement in difficult and routine airways, and helps prevent improper ETT placement and related complications in emergency, out-of-hospital situations.

“EMS personnel appreciate the view, the excellent intubation success rate, the ease of use, the portability and ruggedness of the Ranger,” said Dr. John Pacey, inventor of the GlideScope® and President of Verathon Medical® Canada ULC.

EMS health care providers interested in receiving this free Grant Writing Kit may call Verathon Medical® Customer Care at 1.800.331.2313, email Customer Care at

customerservice@verathon.com or stop by the Verathon Medical® GlideScope® booth (#369) at the EMS Today Conference in Baltimore, Maryland on March 28 or 29, 2008 to pick up their free Grant Writing Kit.

**About Verathon Inc.**

Verathon® 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 (GVL®) brand. Verathon® is headquartered in Bothell, Washington and has over 300 employees worldwide. For more information, please visit [www.verathon.com](http://www.verathon.com).

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

<sup>ii</sup> 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.)