



Instructions for Use

IntelliVue Patient Monitor

MP5/MP5SC

Release L with Software Revision L.xx.xx

Patient Monitoring

PHILIPS

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Basic Operation

These Instructions for Use are for clinical professionals using the IntelliVue MP5, MP5SC, and MP5T (M8105A, M8105AS, and M8105AT) patient monitors.

This basic operation section gives you an overview of the monitor and its functions. It tells you how to perform tasks that are common to all measurements (such as entering data, switching a measurement on and off, setting up and adjusting wave speeds, working with profiles). The alarms section gives an overview of alarms. The remaining sections tell you how to perform individual measurements, and how to care for and maintain the equipment.

Familiarize yourself with all instructions including warnings and cautions before starting to monitor patients. Read and keep the Instructions for Use that come with any accessories, as these contain important information about care and cleaning that is not repeated here.

This guide describes all features and options. Your monitor may not have all of them; they are not all available in all geographies. Your monitor is highly configurable. What you see on the screen, how the menus appear and so forth, depends on the way it has been tailored for your hospital and may not be exactly as shown here.

This guide may contain descriptions of functionality and features that are not implemented in the equipment currently shipped to Japan and/or of products that are not currently sold in Japan due to limitations and restrictions under the applicable local laws and regulations in Japan. Contact your local sales representative and/or Philips Customer Support for details.

In particular for the MP5SC and MP5T, refer to the table on the following page to see which sections of this guide are applicable to your monitor.

In this guide:

- A **warning** alerts you to a potential serious outcome, adverse event or safety hazard. Failure to observe a warning may result in death or serious injury to the user or patient.
- A **caution** alerts you to where special care is necessary for the safe and effective use of the product. Failure to observe a caution may result in minor or moderate personal injury or damage to the product or other property, and possibly in a remote risk of more serious injury.
- **Monitor** refers to the entire patient monitor. **Display** refers to the physical display unit. **Screen** refers to everything you see on the monitor's display, such as measurements, alarms, patient data and so forth.

For installation, repair, testing and troubleshooting instructions, refer to the Service Guide for your monitor model.

Rx only: U.S. Federal Law restricts this device to sale by or on the order of a physician.

Safety Information

The following warnings apply to the monitors in general. Warnings that apply to specific measurements or procedures can be found in the corresponding chapters.

Electrical Hazards and Interference

WARNING

Grounding: To avoid the risk of electric shock, the monitor must be grounded during operation. If a three-wire receptacle is not available, consult the hospital electrician. Never use a three-wire to two-wire adapter.

Electrical shock hazard: Do not open the monitor or measurement device. Contact with exposed electrical components may cause electrical shock. Refer servicing to qualified service personnel.

Leakage currents: If multiple instruments are connected to a patient, the sum of the leakage currents may exceed the limits given in:

- IEC/EN 60601-1
- ANSI/AAMI ES60601-1
- CAN/CSA C22.2 No. 60601-1-08

Consult your service personnel.

Radio frequency interference: The monitor generates, uses and radiates radio-frequency energy, and if it is not installed and used in accordance with its accompanying documentation, may cause interference to radio communications.

Use Environment

WARNING

Explosion Hazard: Do not use in the presence of flammable anesthetics or gases, such as a flammable anesthetic mixture with air, oxygen or nitrous oxide or in the presence of other flammable substances in combination with air, oxygen-enriched environments, or nitrous oxide. Use of the devices in such environments may present an explosion hazard.

Positioning Equipment: The monitor should not be used next to or stacked with other equipment. If you must stack the monitor, check that normal operation is possible in the necessary configuration before you start monitoring patients.

Environmental Specifications: The performance specifications for the monitors, measurements and accessories apply only for use within the temperature, humidity and altitude ranges specified in the environmental specifications in the Instructions for Use.

Liquid Ingress: If you spill liquid on the equipment, battery, or accessories, or they are accidentally immersed in liquid, contact your service personnel or Philips service engineer. Do not operate the equipment before it has been tested and approved for further use.

Prohibited Environments: The monitors are not intended for use in an MRI environment or in an oxygen-enriched environment (for example, hyperbaric chambers).

Alarms

WARNING

- Do not rely exclusively on the audible alarm system for patient monitoring. Adjustment of alarm volume to a low level or off during patient monitoring may result in patient danger. Remember that the most reliable method of patient monitoring combines close personal surveillance with correct operation of monitoring equipment.
- Be aware that the monitors in your care area may each have different alarm settings, to suit different patients. Always check that the alarm settings are appropriate for your patient before you start monitoring.

Accessories

WARNING

Philips' approval: Use only Philips-approved accessories. Using other accessories may compromise device functionality and system performance and cause a potential hazard.

Reuse: Never reuse disposable transducers, sensors, accessories and so forth that are intended for single use, or single patient use only. Reuse may compromise device functionality and system performance and cause a potential cross-infection hazard.

Electromagnetic compatibility: Using accessories other than those specified may result in increased electromagnetic emission or decreased electromagnetic immunity of the monitoring equipment.

Damage: Do not use a damaged sensor or one with exposed electrical contacts. Do not use damaged accessories. Do not use accessories where the packaging has been damaged or opened.

Cables and tubing: Always position cables and tubing carefully to avoid entanglement or potential strangulation.

MR Imaging: During MR imaging, remove all transducers, sensors and cables from the patient. Induced currents could cause burns.

Use-by date: Do not use accessories where the use-by date has been exceeded.

Electrosurgery: Do not use antistatic or conductive endotracheal tubes as they may cause burns in case of electrosurgery.

Security Information

Protecting Personal Information

Protecting personal health information is a primary component of a security strategy. Each facility using the monitors must provide the protective means necessary to safeguard personal information consistent with country laws and regulations, and consistent with the facility's policies for managing this information. Protection can only be realized if you implement a comprehensive, multi-layered strategy (including policies, processes, and technologies) to protect information and systems from external and internal threats.

As per its intended use, the patient monitor operates in the patient vicinity and contains personal and sensitive patient data. It also includes controls to allow you to adapt the monitor to the patient's care model.

To ensure the patient's safety and protect their personal health information you need a security concept that includes:

- **Physical security access measures** - access to the monitor **must** be limited to authorized users. It is essential that you consider physical security measures to ensure that unauthorized users cannot gain access.
- **Operational security measures** - for example, ensuring that patients are discharged after monitoring in order to remove their data from the monitor.
- **Procedural security measures** - for example, assigning only staff with a specific role the right to use the monitors.

In addition, any security concept must consider the requirements of local country laws and regulations.

Always consider data security aspects of the network topology and configuration when connecting patient monitors to shared networks. Your medical facility is responsible for the security of the network, where sensitive patient data from the monitor may be transferred.

When a monitor is returned for repair, disposed of, or removed from your medical facility for other reasons, always ensure that all patient data is removed from the monitor by ending monitoring for the last patient (see “Ending Monitoring for a Patient” on page 92).

NOTE

Log files generated by the monitors and measurement modules are used for system troubleshooting and do not contain protected health data.

About HIPAA Rules

If applicable, your facility's security strategy should include the standards set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), introduced by the United States Department of Health and Human Services. You should consider both the security and the privacy rules and the HITECH Act when designing policies and procedures. For more information, please visit:

<http://www.hhs.gov/ocr/privacy/>.

About the EU Directives

If applicable, your facility's security strategy should include the practices set forth in the Directive on the protection of individuals with regard to the processing of personal data and on the free movement of such data (Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995). In addition, your facility should also take into account any additional, more stringent standards put forward by any individual EU countries; that is, Germany, France, and so on.

Philips Product Security Policy Statement

Additional security and privacy information can be found on the Philips product security web site at: <http://www.healthcare.philips.com/main/support/equipment-performance/product-security/index.wpd>

Manufacturer Disclosure Statement for Medical Device Security – MDS2

You can view the Manufacturer Disclosure Statements for Medical Device Security (MDS²) for specific devices at:

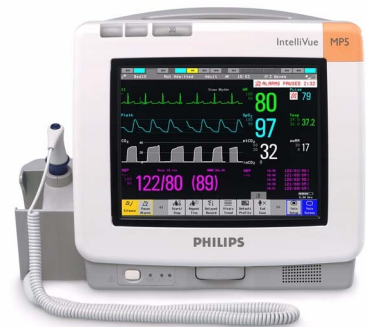
<http://www.healthcare.philips.com/main/support/equipment-performance/product-security/index.wpd>

Introducing the Monitor

There are three models of MP5 monitor, the MP5, MP5T and MP5SC. They have varying measurement sets and network capabilities as described below. All models can be used with adult, pediatric and neonatal patients in a hospital and transport environment.

The monitor stores data in trend, event, and calculation databases. You can see tabular trends (vital signs) and document them on a printer. You can view measurement trend graphs, with up to three measurements combined in each graph, to help you identify changes in the patient's physiological condition. You can view fast-changing measurement trends with beat to beat resolution and see up to four high resolution trend segments. Event surveillance enhances documentation and review of physiologically significant events by automatically detecting and storing up to 50 user-defined clinical events over a 24 hour period.

The MP5 patient monitors have an 8.4-inch TFT LCD flat panel SVGA display. You operate the monitor with the Touchscreen. There is an optional built-in recorder.



MP5

The **MP5** monitor provides a comprehensive set of basic physiological measurements: NBP, SpO₂, and optionally ECG, invasive blood pressure, predictive temperature, tympanic temperature, standard temperature and CO₂. Through networking it provides information integration, documentation and information access.

The MP5 can also be used together with the SpO₂, NBP and Respiration Cableless Measurement Devices. They can communicate their measurement values via short range radio to the monitor. In situations where patients are becoming more mobile (for example, in step-down/intermediate care units) the lightweight, cableless Pods allow increased mobility within the short range radio range, without giving up vital signs monitoring.

MP5T

The **MP5T** monitor is intended for use together with a telemetry device. It has no ECG measurement of its own but does have NBP and optionally SpO₂ and predictive temperature. When the telemetry

device is directly connected to the MP5T, the measurements from the MP5T are transmitted with those from the telemetry device (ECG and optionally SpO₂) to the Information Center. The MP5T alone has no network capability (no direct wired or wireless connection to the Information Center).

MP5SC

The **MP5SC** monitor is customized for use as a multi-patient spot check monitor. It has SpO₂ and NBP and optionally predictive temperature, tympanic temperature or Microstream CO₂. A telemetry device can be connected via short range radio (SRR) to the MP5SC to provide an ECG measurement. Vital signs data for multiple patients can be stored in the monitor database. The user interface is optimized for easy switching from one patient to another.

The MP5SC can also be used together with the SpO₂, NBP and Respiration Cableless Measurement Devices. They can communicate their measurement values via short range radio to the monitor. In situations where patients are becoming more mobile (for example, in step-down/intermediate care units) the lightweight, cableless Pods allow increased mobility within the short range radio range, without giving up vital signs monitoring.

In addition, you can use Guardian Early Warning Scoring (EWS) to calculate a score based on the vital signs. The goal of an early warning score is to help you recognize the early signs of deterioration in patients.

Detailed Model Comparison

The following comparison table shows in detail the differences between MP5, MP5T and MP5SC:

Functionality (including optional features)	MP5	MP5T	MP5SC
ECG	Yes	-	-
SpO ₂	Yes	Yes	Yes
NBP	Yes	Yes	Yes
Predictive Temperature	Yes	Yes	Yes
Temperature	Yes	-	-
Tympanic Temperature	Yes	-	Yes
Invasive Pressure	Yes	-	-
Carbon Dioxide	Yes	-	Yes ¹
Direct Telemetry connection	Yes	Yes	-
Telemetry connection via SRR	Yes	Yes	Yes
Use with Cableless Measurement Devices (via SRR)	Yes	Yes	Yes
ECG Output signal	Yes ²	-	-
LAN networking capability	Yes	-	Yes ³
WLAN networking capability	Yes	-	Yes ³
Short range radio interface	Yes	Yes	Yes
IntelliVue Instrument Telemetry networking capability	Yes	-	-
USB interface	Yes	-	Yes
Severe Sepsis Screening	Yes	-	-
OxyCRG high resolution trend	Yes	-	-
Neonatal event review	Yes	-	-

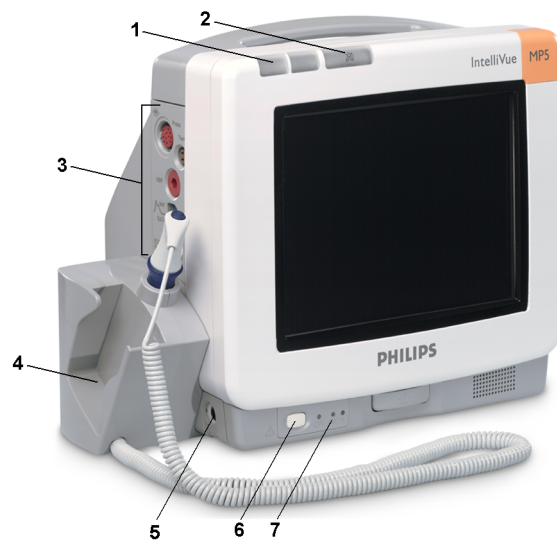
Functionality (including optional features)	MP5	MP5T	MP5SC
Integrated recorder	Yes	Yes	Yes
Drug Calculator	Yes	Yes	-
Gas monitor support	Yes	-	-
Connection to an external display	Yes	-	Yes
Nurse call capability	Yes	-	Yes
Guardian Early Warning Score/Vitals SpotCheck	Yes	Yes	Yes
Multi-patient SpotCheck	-	-	Yes

¹ only Microstream CO₂

² MP5 options without ECG do not have an ECG output signal

³ LAN and WLAN capability is limited to data export and service functions; connection to the IntelliVue Information Center is not possible.

MP5/MP5T/MP5SC Major Parts and Keys



- 1 Color-coded alarm lamps
- 2 Alarms off lamp
- 3 Measurement connectors (see below)
- 4 Predictive Temperature Unit
- 5 ECG out (not MP5T and MP5 options without ECG)
- 6 On/Standby Switch
- 7 Indicator LEDs

US measurement connectors

Pressure and Temp



Noninvasive Pressure



SpO₂



ECG / Respiration



CO₂



1 Basic Operation

International measurement connectors

Pressure and
Temp



Noninvasive
Pressure



SpO₂



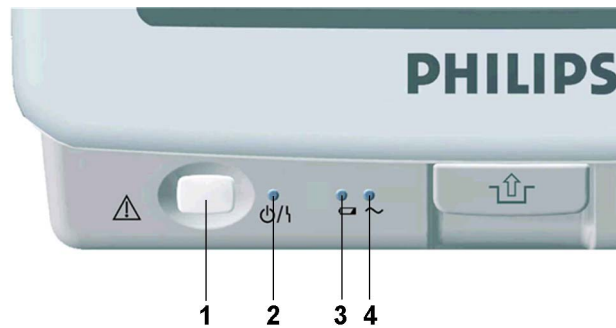
ECG /
Respiration



CO₂



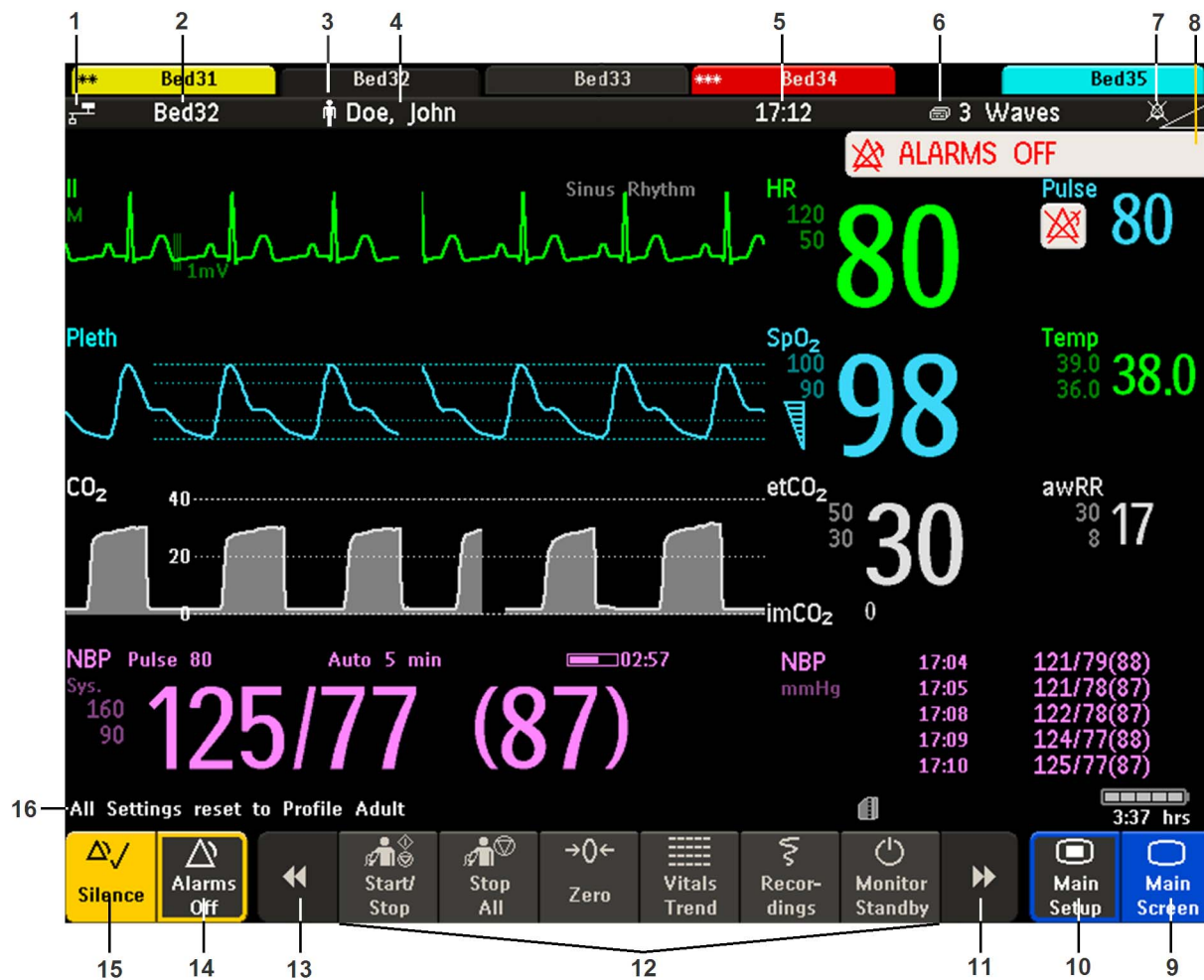
MP5/MP5T/MP5SC Front Panel



- 1 On/Standby switch
- 2 On/Standby/Error LED - green when monitor is switched on, red if there is a problem with the monitor
- 3 Battery status LED - green, yellow or red, see Battery section for details
- 4 AC power operation LED - green when the monitor is connected to AC power (mains)

Operating and Navigating

Everything you need to operate the monitor is contained on its screen. Almost every element on the screen is interactive. Screen elements include measurement numerics, waveforms, screen keys, information fields, alarms fields and menus. The typical operator's position is in front of the monitor.



Monitor information line		Other screen elements	
1	network connection indicator (documented in Information Center Instructions for Use)	9	close all open menus and windows and return to main screen
2	bed label	10	enter Main Setup menu
3	patient category	11	scroll right to display more SmartKeys
4	patient identification	12	SmartKeys - these change according to your monitor's configuration
5	date and time	13	scroll left to display more SmartKeys
6	current screen name/enter change screen menu	14	Pause Alarms - pauses alarm indicators. Pause duration depends on monitor configuration. If pause duration is infinite, this key is labeled Alarms Off . Select again to immediately re-enable alarm indicators.
7	adjust alarm volume/level indicator	15	Silence - acknowledges all active alarms by switching off audible alarm indicators and lamps permanently or temporarily, if alarm reminder (ReAlarm) is configured on.
8	alarm status area - shows active alarm messages	16	status line - shows information and messages prompting you for action

Selecting Screen Elements

Touch a screen element to get to the actions linked to that element. For example, touch the Patient Identification element to call up the **Patient Demographics** window, or touch the HR numeric to call up the **Setup ECG** menu. Touch the ECG wave segment to call up the **ECG Lead** menu.

Using the Setup Menu

Setup
Alarm Messages
Alarm Limits
Alarm Volume
My Patients
Change Screen
Profiles
Patient Demogr.
Paced
Network
Bed Information
Date, Time

The elements at the top of the Screen are grouped together for ease of navigation. Touch any item at the top of the Screen to open the **Setup** menu; then touch the element you want.

Disabling Touchscreen Operation

- To temporarily disable touchscreen operation of the monitor, press and hold the **Main Screen** permanent key. A padlock will appear on the **Main Screen** permanent key.



- Press and hold the **Main Screen** permanent key again to re-enable the touchscreen operation.

Moving Windows

You can move windows and menus using the Touchscreen. To move a window

- 1 Select the title of the window and keep your finger on the title.
- 2 Move your finger on the Touchscreen to move the window.
- 3 Take your finger off the screen to place the window in the final position.

Not all locations on the screen can be a target position, a window cannot overlap the monitor info line, the alarms and INOPs or the status line.

Using Keys

The monitor has three different types of keys.

Permanent Keys

A permanent key is a graphical key that remains on the screen all the time to give you fast access to functions.

	Pause Alarms - pauses alarm indicators. Pause duration depends on monitor configuration. If pause duration is infinite, this key is labeled Alarms Off . Select again to immediately re-enable alarm indicators.
	Silence - acknowledges all active alarms by switching off audible alarm indicators and lamps.
	Main Screen - close all open menus and windows and return to the main screen.
	Main Setup - enter main setup menu.

SmartKeys

A SmartKey is a configurable graphical key, located at the bottom of the main screen. It gives you fast access to functions. The selection of SmartKeys available on your monitor depends on your monitor configuration and on the options purchased.

	enter profile menu, or revert to default profile		change Screen, or revert to default screen
	access timers		previous Screen
	freeze waves		quick admit a patient
	set alarm limits		enter patient identification menu to admit/discharge/transfer
	change alarm volume		end case to discharge a patient
	change QRS volume		view information for patients in other beds
	enter standby mode - suspends patient monitoring. All waves and numerics disappear from the display. All settings and patient data information are retained.		change screen brightness (not for independent displays)
	review beat labels (annotate arrhythmia wave)		re-learn arrhythmia
	change amplitude (size) of ECG wave		access wedge procedure window

1 Basic Operation

	- start/stop manual NBP measurement - start auto series		start/stop NBP STAT measurement
	- stop current automatic measurement within series		stop automatic or STAT NBP measurement and measurement series
	start NBP measurement and measurement series		stop current NBP measurement
	start veni puncture (inflate cuff to subdiastolic pressure)		start NBP STAT measurement
	set the NBP repeat time		zero invasive pressure transducer
	start a delayed recording		access pop-up recording keys
	access Vital Signs recording function		access Select Waves recording function
	set wide automatic alarm limits		set narrow automatic alarm limits
	switch CO ₂ pump off		access neonatal event review
	review vital signs trend		review graph trend
	access the calculator		access the Drug Calculator
	gas analyzer - exit standby mode		suppress zero for all gas measurements
	unpair equipment and continue central monitoring with the monitor		unpair equipment and continue central monitoring with the telemetry device
	start 12-Lead Capture (only available if Information Center is connected)		access ST Map application
	set standard or EASI lead placement		access patient reports
	new lead setup		manual data entry
	access ProtocolWatch		start/stop car seat assessment record
	open the histogram window		open unit conversion window
	start an SpO ₂ measurement		open the Equipment window

Pop-Up Keys

Pop-up keys are task-related graphical keys that appear automatically on the monitor screen when required. For example, the **Confirm** pop-up key appears only when you need to confirm a change.

Using the Remote Control



The remote control provides you with direct access to six hard keys, a navigation knob and a numeric keypad:

Hardkeys	
1	Silence - acknowledges all active alarms by switching off audible alarm indicators and lamps. Behavior follows the Silence permanent key configuration.
2	Alarms Off/Pause Alarms - pauses alarm indicators. Behavior follows the Pause Alarms permanent key configuration.
3	Main Screen - close all open menus and windows and return to the main screen.
4	SmartKeys - display a block of SmartKeys specially configured for remote tasks (see below)
5	Back - go back one step to the previous menu.
6	Enter - mark the end of data entry
Keypad	
7	Type numeric data on the keypad and press the Enter key to enter the data on the monitor.
Navigation knob	
8	Rotate the knob to highlight screen elements, then press to select the highlighted element.

1 Basic Operation

The remote control is connected via USB cable to the monitor (it can only be used with monitors with the USB option and with software revision H.0 or above).

Using the SmartKeys Key

The SmartKeys hard key on the remote control displays a block of SmartKeys on the monitor screen. Nine SmartKeys appear in a 3 by 3 matrix which corresponds to the layout of the numeric pad on the remote control.



Pressing the 1 key on the remote control selects the top left SmartKey, pressing the 8 key selects the bottom center SmartKey. The . and the ↩ key can be used to select the arrow keys to page up and down in the available SmartKeys.

The SmartKeys which appear can be configured so that you have the functions available which you most often need when using the remote control. If no list of SmartKeys has been configured, the standard SmartKeys will be displayed and you can page through to the key you want.

Battery Information

Use only non-rechargeable batteries with the remote control. Never attempt to charge non-rechargeable batteries.

To avoid leaking batteries, replace empty batteries immediately and do not use batteries after their expiration date. When a battery needs replacement, always change both batteries.

When the remote control is not used for a longer period of time, remove the batteries.

Using the On-Screen Keyboard

Use this as you would a conventional keyboard. Enter the information by selecting one character after another. Use the **Shift** and capital **Lock** keys to access uppercase letters. Use the **Back** key to delete single characters, or use the **Clr** key to delete entire entries. Select **Enter** to confirm what you have entered and close the on-screen keyboard.

Using the On-Screen Calculator

You can use the on-screen calculator to perform any of the standard operations for which you would normally use a handheld calculator.

- To access the on-screen calculator, select the **Calculator** SmartKey, or select **Main Setup** then **Calculations** followed by **Calculator**.

Operating Modes

When you switch the monitor on, it starts up in monitoring mode. To change to a different mode:

- 1 Select the **Main Setup** menu.
- 2 Select **Operating Modes** and choose the mode you require.

Your monitor has four operating modes. Some are passcode protected.

- **Monitoring Mode:** This is the normal, every day working mode that you use for monitoring patients. You can change elements such as alarm limits, patient category and so forth. When you discharge the patient, these elements return to their default values. Changes can be stored permanently only in Configuration Mode. You may see items, such as some menu options or the altitude setting, that are visible but 'grayed out' so that you can neither select nor change them. These are for your information and can be changed only in Configuration Mode.
- **Demonstration Mode:** Passcode protected, this is for demonstration purposes only. You must not change into Demonstration Mode during monitoring. In Demonstration Mode, all stored trend information is deleted from the monitor's memory.
- **Configuration Mode:** Passcode protected, this mode is for personnel trained in configuration tasks. These tasks are described in the Configuration Guide. During installation the monitor is configured for use in your environment. This configuration defines the default settings you work with when you switch on, the number of waves you see and so forth.
- **Service Mode:** Passcode protected, this is for trained service personnel.

When the monitor is in Demonstration Mode, Configuration Mode, or Service Mode, this is indicated by a box with the mode name in the center of the Screen and a symbol in the bottom right-hand corner. Select the mode box in the center of the screen to change to a different mode.

Standby Mode

Standby mode can be used when you want to temporarily interrupt monitoring.

To enter Standby mode,

- select the **Monitor Standby** SmartKey or
- select **Main Setup**, followed by **Monitor Standby**.

The monitor enters Standby mode automatically after the End Case function is used to discharge a patient.

Standby suspends patient monitoring. All waves and numerics disappear from the display but all settings and patient data information are retained. A special Standby screen is displayed. This can be configured to a moving image or a blank screen, or to your own custom image. If a temporary patient location has been entered at the monitor or at the Information Center, this location will also be displayed on the Standby screen.

To resume monitoring,

- Select anything on the screen or press any key.

When monitoring is resumed, alarms are paused for 1 minute to allow time to finish plugging in the measurement cables.

Understanding Screens

Your monitor comes with a set of pre-configured Screens, optimized for common monitoring scenarios such as "OR adult", or "ICU neonatal". A Screen defines the overall selection, size and position of waves, numerics and other elements on the monitor screen when you switch on. You can easily switch between different Screens during monitoring. Screens do NOT affect alarm settings, patient category and so forth.

Switching to a Different Screen

- 1 To switch to a different Screen, select the monitor info line and then **Change Screen** in the **Setup** menu, or select the **Change Screen** SmartKey.



- 2 Choose the new Screen from the pop-up list.

Changing a Screen's Content

If you do not want to change the entire Screen content, but only some parts of it, you can substitute individual waves, numerics, high-res waves, or trends. Be aware that these changes cannot be stored permanently in Monitoring Mode.

To change the selection of elements on a Screen,

- 1 Select the element you want to change.
- 2 From the menu that appears, select **Change Wave**, **Change Numeric**, or **ChangeHiResTrend**, and then select the wave or numeric you want, or select the high-resolution trend wave you want from the list of available waves.

If you do not see **Change Numeric** in the menu, this Screen may be configured to always display the numeric beside its wave. Changing the wave will automatically change the numeric.

The changed Screen is shown with an asterisk in the monitor info line.

In the **Change Screen** menu, the changed Screen is shown linked to the original Screen and marked with an asterisk.

Up to three modified Screens can be accessed via the **Change Screen** menu.

To recall Screens, either

- select the name of the Screen in the **Change Screen** menu

or

- use the previous arrow at the top of the **Change Screen** menu to move back in the Screen history. The ten most recently-used Screens including up to three modified Screens can be accessed.

After a patient discharge, the monitor's default Screen is shown. Modified Screens are still available in the **Change Screen** menu.

If the monitor is switched off and then on again, modified Screens are erased from the monitor's memory and cannot be recalled. If a modified Screen was the last active Screen when the monitor was switched off, it is retained (unless **Automat. Default** is configured to **Yes**).

Using the XDS Remote Display (not MP5T/MP5SC)

Using the IntelliVue XDS Solution it is possible to view an independent monitor screen on an external display. The XDS Solution consists of a medical grade PC-based hardware platform, XDS Application software and the XDS connectivity option on the monitor. Depending on the configuration you can also operate the monitor from the external display. The XDS must be connected to the same Local Area Network (LAN) as the monitor.

It is also possible to use an existing PC, connected to the same LAN, to host the XDS Application software.

For more details, including limitations and restrictions, refer to the IntelliVue XDS Application Instructions for Use.

Using the Visitor Screen

If a visitor Screen is configured for your monitor, you can use it to clear the screen of all waves and numerics but continue to monitor the patient with active alarms and trend storage at the bedside and Information Center. When the visitor Screen is selected, no automatic pop-up windows such as the Other Bed window or the ProtocolWatch window will be displayed. You can change the name of the visitor Screen in Configuration Mode.

To activate this Screen,

- 1 Select the monitor info line to open the **Setup** menu
- 2 Select **Change Screen**
- 3 Select the name of the visitor Screen configured for your monitor from the list of available Screens.

To select a Screen with waves and numerics again,

- Touch the gray box in the center of the screen, showing the visitor Screen's name, to open the **Change Screen** menu and then select a Screen from the list.

Understanding Profiles

Profiles are predefined monitor configurations. They let you change the configuration of the whole monitor so you can adapt it to different monitoring situations. The changes that occur when you change a complete profile are more far reaching than those made when you change a Screen. Screens affect only what is shown on the display. Profiles affect all monitor and measurement settings.

The settings that are defined by Profiles are grouped into three categories. Each category offers a choice of 'settings blocks' customized for specific monitoring situations. These categories are:

- **Display** (screens)

Each profile can have a choice of many different predefined screens.

If you are using a second display, each display can have its own individual screen selection. When you change the profile, the screen selection configured for the new profile becomes active.

- **Measurement Settings**

Each profile can have a choice of different predefined measurement settings. These relate directly to individual measurements, for example, measurement on/off, measurement color, alarms limits, NBP alarm source, NBP repeat time, temperature unit (°F or °C), pressure unit (mmHg or kPa).

- **Monitor Settings**

Each profile can have a choice of different predefined monitor settings. These relate to the monitor as a whole; for example, display brightness, alarms off/paused, alarm volume, QRS tone volume, tone modulation, prompt tone volume, wave speed, resp wave speed, pulse source.

You can change from one complete profile to another or swap individual settings blocks (display/monitor settings/measurement settings) to change a subset of a profile. Changes you make to any element within the settings blocks are not saved when you discharge the patient, unless you save them in Configuration Mode.

Depending on your monitor configuration, when you switch on or discharge a patient the monitor either continues with the previous profile, or resets to the default profile configured for that monitor.

WARNING

- If you switch to a different profile, the patient category and paced status normally change to the setting specified in the new profile. However some profiles may be set up to leave the patient category and paced status unchanged. Always check the patient category, paced status, and all alarms and settings, when you change profiles.
 - If your monitor is configured to show the profile name in the info line at the top of the screen, be aware that individual settings may have been changed by other users or by settings synchronization since the profile was loaded. Hence settings may be different than implied by the profile name.
-

When you leave Demonstration Mode, the monitor uses the default profile.

Swapping a Complete Profile

- 1 Select the monitor info line and then **Profiles** in the **Setup** menu, or select the **Profiles** SmartKey.



- 2 In the **Profiles** menu, select **Profile**.
- 3 Choose a profile from the pop-up list.
- 4 Confirm your selection.

Swapping a Settings Block

- 1 Select the monitor info line and then **Profiles** in the **Setup** menu, or select the **Profiles** SmartKey.



- 2 Select the **Profile Details** key.
- 3 In the **Profile Details** menu, select **Display** or **Measmnt.Settings** or **Monitor Settings** to call up a list of the settings blocks in each category.
- 4 Choose a settings block from the pop-up list.
- 5 Confirm your selection.

Default Profile

Your monitor has a default profile that it uses when you leave Demonstration mode, or when you discharge a patient. This profile is indicated by a diamond shaped symbol.

Locked Profiles



Some profiles are locked, so that you cannot change them, even in Configuration Mode. These are indicated by this lock symbol.

Understanding Settings

Each aspect of how the monitor works and looks is defined by a setting. There are a number of different categories of settings, including,

Screen Settings, to define the selection and appearance of elements on each individual Screen

Measurement settings, to define settings unique to each measurement, for example, high and low alarm limits

Monitor settings, including settings that affect more than one measurement or Screen and define general aspects of how the monitor works, for example, alarm volume, reports and recordings, and display brightness.

You must be aware that, although many settings can be changed in Monitoring Mode, permanent changes to settings can only be done in the monitor's Configuration Mode.

All settings are reset to the stored defaults:

- when you discharge a patient
- when you load a Profile
- when the monitor is switched off for more than one minute (if **Automat. Default** is set to **Yes**).

Changing Measurement Settings

Each measurement has a setup menu in which you can adjust all of its settings. You can enter a setup menu:

- via the measurement numeric - select the measurement numeric to enter its setup menu. For example, to enter the **Setup ECG** menu, select the HR (heart rate) numeric.
- via the **Main Setup** permanent key - if you want to setup a measurement when the measurement is switched off, use the **Main Setup** permanent key and select **Measurements**. Then select the measurement name from the pop-up list. With this permanent key you can access any setup menu in the monitor.
- via the Measurement Selection key.

Switching a Measurement On and Off

When a measurement is off, its waves and numerics are removed from the monitor's screen. The monitor stops data acquisition and alarming for this measurement.

- 1 Enter the measurement's setup menu and select the measurement.
- 2 Select the measurement name to toggle between on and off. The screen display indicates the active setting.

If you disconnect a transducer, the monitor replaces the measurement numeric with question marks. If you silence the resulting INOP, the measurement is switched off. Also if you pause or switch off alarms, the measurement may be switched off completely, depending on monitor configuration.

Adjusting a Measurement Wave

To quickly adjust wave-related measurement settings (such as speed or size), select the measurement wave itself. This displays the measurement wave menu, which has only wave-related measurement settings.

Changing Wave Speeds

Lowering the wave speed compresses the wave and lets you view a longer time period. Increasing the speed expands the waveform, giving you a more detailed view.

The monitor distinguishes two groups of wave speed settings:

- **RespiratorySpeed**, for all respiratory waves: CO₂, Respiration, anesthetic agents and O₂
- **Global Speed**, for all waves not included in the other group.

Changing the Wave Group Speed

The wave speed group setting defines the speed of all the waves in the group.

To change the wave speed of a wave speed group,

- 1 Select **Main Setup** and then select **User Interface**
- 2 Select **Global Speed** or **RespiratorySpeed**, as required
- 3 Select a value from the list of available speeds.

Changing Wave Speed for a Channel

To change the wave speed of an individual wave channel,

- 1 Enter the wave menu for a measurement by selecting its wave.
- 2 Select **Change Speed**.
- 3 To set the speed to the wave group speed, select **RespiratorySpeed** or **Global Speed**.

To set an individual channel speed, select a numeric value from the list of available speeds. This overrides the wave group speed setting and sets the speed for the individual wave channel on the monitor Screen. The wave channel speed is independent of the wave (label) depicted in the channel, if you change the wave, the new wave will retain the set channel speed.

Freezing Waves

You can freeze waves on the screen and measure parts of the wave using cursors. The waves are frozen with a history of 20 seconds so that you can go back and measure what you have seen.

Freezing An Individual Wave

To freeze a wave,

- 1 Enter the Wave menu for the measurement by selecting the wave on the screen.

- 2 Select **Freeze Wave**.

The realtime wave is replaced with the frozen wave.

Freezing All Waves

To freeze all waves on the screen,

- 1 Select the **Freeze Waves** SmartKey.



All realtime waves are replaced with frozen waves.

Measuring Frozen Waves

To measure a frozen wave,

- 1 Select the frozen wave.

This automatically positions the vertical cursor. The cursor can be repositioned by touching the required point on the wave, **or**

- 2 Use the up/down arrow keys to activate and move the horizontal cursor.

The horizontal cursor measures the wave value, which is displayed above the cursor line. If the wave is a pressure wave, the cursor value can be stored as a systolic, diastolic or mean pressure value; if the pressure wave is a PAP wave it can also be stored as a PAWP value; for pressure waves P, P1 to P8 it can also be stored as an IAP value. The stored value appears in the trend database as a manually entered value. To return to the vertical cursor use the <> pop-up key.

Changing The Wave Speed

Lowering the wave speed compresses the wave and lets you view a longer time period. Increasing the speed expands the waveform, giving you a more detailed view.

To change the wave speed,

- 1 Select the frozen wave.
- 2 Select **Change Speed**.
- 3 Select a speed from the list.

Updating The Frozen Wave

To update the wave, that is freeze the current wave,

- 1 Select the frozen wave.
- 2 Select **Freeze Again**.

Releasing Frozen Waves

To release frozen waves,

- 1 Select a frozen wave.
- 2 Select **Unfreeze Waves**.

All frozen waves are released.

Using Labels

Every measurement associated with a monitor is identified by a unique label. You may have more than one instance of some measurements, for example pressure, being used simultaneously. The monitor uses the labels to distinguish between them. The default settings defined in the profile (such as measurement color, wave scale, and alarm settings) are stored within each label. When you assign a label to a measurement, the monitor automatically applies these default settings to the measurement. The labels assigned are used throughout the monitor, in reports, recordings, and in trends.

Changing Measurement Labels (e.g. Pressure)

To change a measurement label of a measurement with multiple labels (e.g. invasive pressure or temperature),

- 1 Enter the wave menu of the measurement.
- 2 Select **Label**.
- 3 Choose a label from the list.

The monitor automatically applies the scale, color, etc. settings stored in the Profile for the label you select. You can change scale settings in Monitoring Mode, but color can only be changed in the monitor's Configuration Mode.

Any labels already being used in the monitor are shown "grayed-out" in the list and cannot be selected.

Resolving Label Conflicts

Each label must be unique, that is, it can only be assigned once. When adding new measurements a conflict can arise. There is a potential conflict with the CO₂ label, if you connect a gas monitor to the monitor, or with the SpO₂ or NBP labels, when Cableless Measurement Devices are assigned to the monitor.

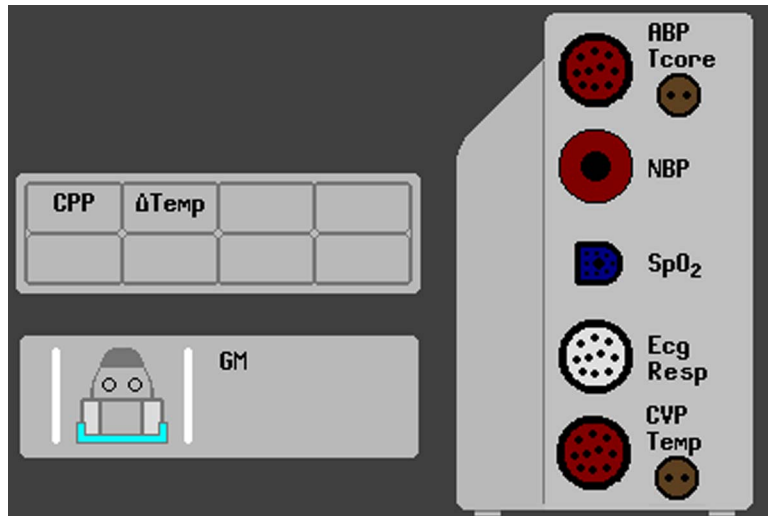
Depending on your configuration, the monitor will either

- display the **Measurement Selection** window automatically for you to resolve the conflict, or
- take no action. You must enter the **Measurement Selection** window using the measurement selection key and resolve the conflict.



Measurement selection key

All the currently available measurements are depicted in the **Measurement Selection** window. If a measurement label is causing a label conflict it is shown in red.



To resolve a label conflict,

- 1 Select the measurement selection key, or select **Main Setup**, then **Measurement Selection**, to display the **Measurement Selection** window.
- 2 Select the measurement to be deactivated.
- 3 Select the **De-Activate** pop-up key to disable the conflicting measurement. When the measurement has been deactivated the question marks under the measurement selection key will be replaced by XXX.

Label Compatibility

When a new measurement is introduced, or new labels for an existing measurement, these labels will not be shown on older Information Centers, and consequently not on the Overview screen sourced from the Information Center.

When a patient is transferred from a monitor with these new labels to one with an older software revision, the labels will be replaced with a generic label for that measurement. The settings for that generic label will then be used.

If it is critical that the measurement labels are available at the Information Center and after transfers, the older monitors and the Information Center must be upgraded to the appropriate software revision.

Entering Measurements Manually

You can enter values into the monitor that have been measured with other equipment or manually (for example, manual temperatures, lab values). These values are then stored in the database, included in trends and reports, and passed on to the Information Center and central charting systems. There is no alarm functionality for manually entered measurements.

To enter values,

- 1 Select the **Enter Values** SmartKey or select **Main Setup** then select **Enter MeasValues**.
- 2 Select the measurement you want to enter values for. The Edit window will open.
- 3 If the measurement is switched off, switch it on by selecting the label.
- 4 Select **Value** and enter the value.

- 5 Select **Date/Time** to enter the date and time for the value. The default is always the current date and time.
- 6 For compound labels, for example **ABPs**, **ABPd** and **ABPm**, select the **Format** field to select whether all values are required or a single value.
- 7 Select **Save**.

When a manually entered value has been configured to display as a numeric on the screen, you can also enter a new value for this measurement by selecting the numeric, then selecting **Enter MeasValues**.

Manually entered measurement values are marked with a * on the display, in trends, and so forth. Each measurement has a defined measurement interval after which a value becomes invalid (no value is then displayed). Values can be entered up to two hours after they have been measured or up to the measurement interval, if this is shorter.

The list of measurement labels which appears in the **Enter Measurement Values** window is set in Configuration Mode.

Switching Manually Entered Measurements On and Off

To switch a manually entered measurement on or off,

- 1 Select the **Enter Values** SmartKey or select **Main Setup** then select **Enter MeasValues**.
- 2 Select the measurement you want to switch on or off.
- 3 Select the measurement label field to switch between **On** and **Off**.

Changing Monitor Settings

To change monitor settings such as brightness, or QRS tone volume, select the **Main Setup** permanent key and then select **User Interface** to enter a submenu where you can change these settings.

Adjusting the Screen Brightness

- 1 Select the **Brightness** SmartKey.



- 2 Select the appropriate setting for the screen brightness. 10 is the brightest, 1 is the least bright. **Optimum** is suitable for most monitoring locations and optimizes power usage for battery powered monitors.

Your monitor may be configured with a lower brightness for Standby mode and also for transport to conserve battery power. These settings can only be changed in the monitor's Configuration Mode.

Adjusting Touch Tone Volume

The touch tone volume is the tone you hear when you select any field on the monitor screen. To adjust the touch tone volume,

- 1 In the **Main Setup** menu, select **User Interface**.
- 2 Select **Touch ToneVolume**, then select the appropriate setting for the touch tone volume: 10 is the loudest and 1 is the quietest. Selecting zero switches the touch tone volume off.

Setting the Date and Time

- 1 Select the **Date, Time** screen element from the monitor's info line to enter the **Date, Time** menu.
- 2 Select, in turn, the **Year, Month, Day, Hour** (in 24 hour format, only) and **Minute** as necessary. Select the correct values from the pop-up list.
- 3 Select **Store Date, Time** to change the date and time.

If your monitor is connected to an Information Center, the date and time are automatically taken from this. Once it is set, the internal clock retains the setting even when you switch off the monitor.

Checking Your Monitor Revision

- 1 Select **Main Setup**, then **Revisions** to open the **Monitor Revision** menu.
- 2 From the **Monitor Revision** menu, select the monitor component for which you need revision information.

Getting Started

Once you understand the basic operation principles and have completed the Training Program, you can get ready for monitoring.

Inspecting the Monitor

WARNING

If the monitor or mounting hardware is mechanically damaged, or if it is not working properly, do not use it for any monitoring procedure on a patient. Contact your service personnel.

- 1 Before you start to make measurements, carry out the following checks on the monitor.
 - Check for any mechanical damage.
 - Check all the external cables, plug-ins and accessories.
- 2 Plug the power cord into the AC power source. If you are using battery power, ensure that the battery has sufficient power for monitoring. When you use a battery for the first time, you must charge it, following the instructions given in the section on charging batteries in the Using Batteries chapter.
- 3 Check all the functions of that you need to monitor the patient, and ensure that the monitor is in good working order.

Switching On

Press the power on/standby switch on the monitor for one second. The monitor performs a self test during which all lamps will light up and a tone will be sounded, and is then ready to use. If you see a message such as **CO₂ Sens Warmup** wait until it disappears before starting to monitor that measurement.

Setting up the Measurements

- 1 Decide which measurements you want to make.
- 2 Connect the required patient cables and sensors. The connectors are color-coded to the patient cables and sensors for easy identification.

WARNING

When connecting devices for acquiring measurements, always position cables and tubing carefully to avoid entanglement or potential strangulation.

- 3 If using IntelliVue Cableless Measurements,
 - apply the SpO₂ sensor, Respiration Pod and/or NBP cuff to the patient as described in the cableless measurements Instructions for Use.
 - assign the cableless measurements to the monitor:
 - select the Measurement Selection key
 - select the **Add cl Msmt** pop-up key
 - select the cableless measurement device to be assigned

If the internal measurement in the patient monitor is active, you will need to confirm that it should be deactivated in favor of the assigned cableless measurement device.

Starting Monitoring

After you switch on the monitor,

- 1 Admit your patient to the monitor.
- 2 Check that the profile, alarm limits, alarm and QRS volumes, patient category and paced status and so forth are appropriate for your patient. Change them if necessary.
- 3 Refer to the appropriate measurement chapter for further details of how to perform the measurements you require.

Disconnecting from Power

The On/Standby switch does not disconnect the monitor from the AC power source. To disconnect, unplug the power cable.

Power On/Power Off Behavior

The general rules determining the behavior of the monitor when connected to, or disconnected from power are as follows:

- A monitor that was switched on prior to a temporary power loss switches on again when power is restored.
- A monitor that was switched off prior to a temporary power loss remains off when power is restored.
- When AC mains power is lost, a battery powered monitor continues to run without interruption on battery power.

Monitoring After a Power Failure

- A monitor that was switched on prior to a temporary power loss switches on again when power is restored.
- A monitor that was switched off prior to a temporary power loss remains off when power is restored.

If the monitor is without power for **less** than one minute, monitoring will resume with all active settings unchanged.

If the monitor is without power for **more** than one minute, the behavior depends on your configuration. If **Automat. Default** is set to **Yes**, the default profile will be loaded when power is restored. If **Automat. Default** is set to **No**, all active settings are retained, if power is restored within 48 hours (for MX400-550: 8 hours). The **Automat. Default** setting is made in Configuration Mode.

Networked Monitoring (not MP5SC)

You can connect your monitor to an Information Center on a network, using one of the optional interfaces:

- Standard wired LAN
- Wireless LAN
- IntelliVue Instrument Telemetry System (IIT).

WARNING

Do not connect patient monitors to the standard hospital network.

If your monitor is connected to a network, a network symbol is displayed in the upper left corner next to the bed label. To see details about the Care Group, the monitoring equipment, and technical information about the network, select the monitor info line to enter the **Setup** menu, then select **Bed Information**.

In wireless networks, interference from other radio sources or the mis-configuration or malfunction of wireless network infrastructure components can lead to data loss. Take this into account when determining monitoring needs for a patient.

Be aware that some network-based functions may be limited for monitors on wireless networks in comparison to those on wired networks.

Printout functionality and data export are not guaranteed when using a standard hospital network.

What's New?

This section lists the most important new features and improvements to the monitor and its user interface introduced with each release. Further information is provided in other sections of this book.

You may not have all of these features, depending on the monitor configuration purchased by your hospital.

What's New in Release L.0

Masimo rainbow SET®

The choice of different pulse oximetry technologies is extended with Masimo rainbow SET. In addition to oxygen saturation, pulse rate and perfusion index, Masimo rainbow SET's multi-LED technology provides measurement of:

- Total Hemoglobin
- Oxygen content
- Carboxyhemoglobin
- Methemoglobin
- Pleth variability index
- Acoustic respiration

The availability of additional measurements depends on the options purchased.

Note that the instructions for using Masimo rainbow SET are provided in an addendum to these Instructions for Use.

ProtocolWatch Sepsis Screening Enhancements

A new protocol is now available that supports the Surviving Sepsis Campaign 2012 guidelines.

Additionally a configuration editor is available to allow customization of the protocols. Protocols can be tailored to fit hospitals' evidence-based practices that may deviate from the Surviving Sepsis Campaign guidelines.

EWS Enhancements

The configurability of the early warning scoring has been extended to provide extremely flexible customization. You can configure, for example:

- Which vital signs, clinical observations, lab data and demographic data (age, weight, etc.) are needed for scoring
- Which responses are recommended for specific scores or risk bands
- How the data is displayed in the entry window
- How scores are displayed on the monitor
- How long measured or entered data remains valid
- How subscores are combined in multi-parameter scoring models

This allows most paper-based scoring models, whether single parameter or aggregated scoring, to be recreated electronically on the monitor.

RFID Barcode Reader Support

In situations where a barcode could previously be read into the monitor, for example for patient data at admission, RFID data can now also be read. A new barcode reader is available that incorporates RFID reading technology and can be used for traditional barcodes and RFID tags.

ECG Enhancements

Extended Selection for Va and Vb Chest Leads

For 6-lead placement you now have an extended selection of chest leads: V1 to V9 and V3R to V6R.

Specific Label Assignment for V Lead

With standard 5-lead placement, the generic V lead can be configured to display with its specific position (V1 to V9 and V3R to V6R).

STE Map

The STE Map adds gender-specific STE limits to ST Map. ST values violating these limits are indicated in red.

12-Lead Order Management

A pop-up key provides access to the order window from the Information Center. You can assign an order number from the pending list to a 12-Lead ECG waiting to be stored.

This functionality requires corresponding configuration and licenses at the Information Center. Check with your Philips representative for availability.

Lead Selection for Respiration Measurement

It is now possible to choose between two different lead vectors for the impedance respiration measurement.

Stat Admit Function

The new Stat Admit function allows you to admit a patient with a temporary patient identification. It can be used in cases when the patient ID is unknown or when the data is not yet available.

What's New in Release K.2

Hexad Derived 12-lead ECG

The Hexad ECG lead system uses a 6-lead set connected to four limb electrodes (using Mason-Likar placement) and two chest electrodes. The algorithm derives the four remaining V-leads to provide a non-diagnostic 12-lead view, including ECG waves and ST measurements.

Alarms from Predictive Temperature

The predictive temperature measurement now provides low limit and high limit alarms.

What's New in Release J.2

Tympanic Temperature

You can now measure tympanic temperature with the new tympanic thermometer. The thermometer provides measurement values on its built-in display and communicates them to the monitor via a connected cable. The result of this measurement can be automatically adjusted to correspond to a different body reference site. The alarm limits can be set at the monitor.

Cableless Respiration Measurement

The new CL Respiration Pod can be used with the MP5/MP5SC/MP5T monitors. It is a battery-powered, cableless, respiration rate measuring device that is applied to the patient's chest using an adhesive attachment. In addition to the respiration rate it can also provide posture information and optionally a pulse measurement.

EWS and SpotCheck Enhancements

General Enhancements

- The new Cableless Respiration Pod can be used in the EWS procedure.
- Revised and additional SpotCheck Trend views are available to support various workflows.
- When the monitor is used with GuardianSoftware, notifications for the currently selected patient can be received from GuardianSoftware and viewed on the monitor.
- Notifications can be sent from the monitor to GuardianSoftware.

User Awareness

- When the monitor is used with IntelliVue GuardianSoftware, user identification and authentication functionality is available that allows users to log-in at the monitor and defines permissions for various actions at the monitor.
- When user identification/authentication is in use, users with the appropriate permission can validate data.
- Permissions can also be assigned to allow users to make changes to SpotCheck data, to acknowledge notifications from GuardianSoftware and to send notifications to GuardianSoftware.

Patient Context Awareness

- Before confirming the admission of a patient in Quick Admit a patient search is made in the GuardianSoftware database or the monitor's multi-patient database.

- SpotCheck records, EWS protocol selection and patient data changes can be synchronized between GuardianSoftware and the monitor. SpotCheck records for the current patient that were made on other monitors or at GuardianSoftware can be viewed on the monitor.
- Hospital-configurable SmartKeys, "Escalate-Notification" and "Acknowledge-Notification", support hospital workflow quality management and enable paging from the patient monitoring device.

EWS Configuration Enhancements

- Automatic saving of a SpotCheck record at the end of the freeze time or when a new patient is selected is now configurable.
- A variety of waves can now be displayed in the EWS entry screen.
- The range of numerics and enumerations that are supported has been increased.
- The lifetime of a measurement can now be configured independently of the configured freeze time.

Accelerated Measurement for NBP

An accelerated measurement is now available. This allows a faster measurement result but requires that the patient keeps the limb in question still. The accelerated measurement must be switched on in Configuration Mode.

What's New in Release J.0

Flexible, Patient-oriented Workflow (with PIIC iX only)

With the IntelliVue Information Center iX, more flexible, patient-oriented workflows are supported for admitting, tracking and transferring patients. This allows you to adapt monitor use to the patient data flow models in your specific facility and department.

Managing Patients

When the patient monitor is connected to an IntelliVue Information Center iX, an extended comparison of patient data allows more intelligent admission and transfer procedures. A **Find Patient** key can be used to search through the patient lists at the Information Center and other connected systems and take over the corresponding data found.

Flexible Transfer

A transfer can be initiated in the unit at the monitor, on patient arrival or patient departure, or centrally at the Information Center.

Managing Equipment

When used together with an Information Center iX, extended equipment management functionality is now available. Depending on how equipment is used in your facility, there are various ways to associate devices with patients, beds or monitors.

Additionally there are mechanisms to automatically free up equipment that is no longer used. Using the new **Equipment** window you have an overview of all equipment being used for a patient, together with patient and caregiver data.

Alarm Functionality Enhancements

- Pause Yellow Alarms (with PIIC iX only) - up until now, the **Pause Alarms / Alarms Off** key switched off or paused all red and yellow alarms. Now an alarm priority configuration setting is available to have only yellow alarms affected.
- **Pause Alarms / Alarms Off** not allowed - when the alarm priority is set to **Not Allowed**, alarms can no longer be switched off or paused. The **Pause Alarms / Alarms Off** key is disabled.
- **Pause Alarms / Alarms Off** key can be removed from the screen - a configuration setting removes the permanent key from the screen to avoid unintentional switching off of alarms. Alarms can still be switched off or paused, in the **Alarms** menu, under **Main Setup**.
- Alarms paused after Standby mode - alarms are automatically paused for 1 minute after Standby mode to allow time for patient connection.

Capture 12-Lead ECG Enhancements (with PIIC iX only)

The existing 12-Lead ECG capture functionality has been extended to offer:

- Download of analysis results from the IntelliVue Information Center.
- Download of 12-Lead captures from the IntelliVue Information Center for review at the patient monitor.
- Analysis results included in reports and additional report selections with ST Map.
- Remote operation of the 12-Lead Export function at the IntelliVue Information Center.
- Remote operation of the 12-Lead Lock/Unlock function at the IntelliVue Information Center.
- New filter settings that are used as a default for future 12-Lead captures.

New "End Afib" and "End Irregular HR" Alarms

The end of an atrial fibrillation or irregular HR phase is announced with an *** End AFIB** or *** End Irregular HR** alarm. The delay time before the alarm is announced can be configured.

Information Line Changes

Patient Category is now displayed as a symbol in front of the patient name and cannot be changed from the Information line. Paced Mode is no longer displayed in the Information line; it appears next to the HR numeric.

Depending on your configuration, you will see the current Profile name, and/or the Screen name in the Information line. The Profiles menu has been simplified in Monitoring and Configuration Mode.

Sepsis Protocol Configurability

The SSC Sepsis protocol can now be configured, to customize it for the specific treatment measures used in your facility. This can include changes to limits for measured or manually entered values, changes to the Severe Sepsis Screening criteria, and changes to the recommendations in the Sepsis Resuscitation Bundle and the Sepsis Management Bundle.

Integrated Pulmonary Index for Microstream CO2

An Integrated Pulmonary Index (IPI) numeric is provided, that is an indication of the patient's overall ventilatory status based on four measurement parameters: etCO₂, awRR, pulse rate and SpO₂.

Improved Visibility of Gridlines in Overlapping Waves

Visibility of the gridlines for overlapping waves has been improved, and you can now configure gridlines to be shown in white, if you prefer, in a thin or thick style.

Timeout for "Aged" Numerics

NBP and SpO₂ numerics from intermittent measurements can be configured to be grayed out or to disappear from the screen after a set time. This avoids older numerics being misinterpreted as current data. The time can be set individually for SpO₂ and NBP in Configuration mode.

What's New in Release H.0

New Design for the User Interface

The user interface for the patient monitors has been redesigned to bring the presented information into the foreground, letting the structural elements such as keys and frames retreat into the background. Additionally special regard was given to improved usability and compatibility with standard software products.

12 Lead ECG Enhancements

You can now preview the 12-Lead ECG at the bedside before you send it to the Information Center. A new dedicated 12-Lead ECG Report can be printed in diagnostic quality from the bedside.

Support For Use of IntelliVue Cableless Measurement Devices

The new Cableless Measurement Devices are patient-worn, battery powered measurement devices for SpO₂ and NBP. The devices provide measurement values on the built-in display and communicate them to the monitor using a wireless short range radio (SRR) interface. They can also be controlled via SRR from an assigned patient monitor.

New Remote Control Device

The remote control provides you with direct access to five hard keys, a navigation knob and a numeric keypad which can also be used for alphanumeric entry. The hard keys include Silence, Alarms Off/ Pause Alarms, Main Screen and a SmartKeys key that displays a block of SmartKeys specially configured for remote tasks.

Vital Signs Trend Based on NBP Measurement Times

You can now have the NBP measurement determine the interval between the columns on the Vital Signs trend. Each NBP measurement will generate a column in the trend table. The values for the other measurements are added to the column to provide a complete vital signs set for the NBP measurement time.

Dynamic Wave Sizing

In addition to fixed size waves, Screens can now contain a Dynamic Wave area where the waves will automatically adapt their size to the space available. For example, a wave will increase in size when one or more of the configured waves is not available.

What's New in Release G.0?

Short Range Radio Interface for MP5

A short range radio interface is now available for the MP5 monitor. This allows a telemetry transceiver with a short range radio adapter to be assigned to the monitor resulting in a direct connection, as an

alternative to the cable connection. The measurement data from the telemetry transceiver appear directly on the monitor screen with a minimal delay and are combined with the monitor data in one sector at the Information Center.

Product Options Without ECG

The monitor now has several options, with varying measurement combinations, without an ECG measurement.

Microstream CO₂ in MP5

The Microstream CO₂ measurement method is now available in MP 5 monitors.

Histogram Trend

Trended values can also be viewed in the form of a histogram. The SpO₂ histograms can be trend histograms or realtime histograms with 1 second samples.

Car Seat Assessment Record

In Event Surveillance, in the NER group, you can run a Car Seat Assessment Record (CAR). This is a special period of event surveillance for neonates during a car seat test. During the CAR period a realtime SpO₂ histogram is also generated with 1 second samples.

IntelliVue XDS Solution

Using the IntelliVue XDS solution it is possible to view an independent monitor screen on an external display. The XDS solution consists of a medical grade PC-based hardware platform, XDS application software and the XDS connectivity option on the monitor. Depending on the configuration you can also operate the monitor from the external display. The XDS must be connected to the same Local Area Network (LAN) as the monitor.

It is also possible to use an existing PC, connected to the same LAN, to host the XDS Application software.

New Fields in the Admission Form

A **Middle Name** field is now available in the admission form - whether it appears is configurable. Two additional ID fields, **Lifetime ID** and **Encounter ID**, can also be configured to appear and their names can be customized to fit hospital requirements.

SpO₂ Enhancements

- Additional SpO₂ Labels - **SpO₂pr** and **SpO₂po** labels have been added.
- New manual measurement mode when telemetry devices are connected via a short range radio link.
- Signal Quality Indicator displayed with the SpO₂ numerics.

ECG Enhancements

- New *** AFIB/** AFIB** yellow alarm when an atrial fibrillation waveform is detected.
- **QT View** window - shows current wave and baseline wave with Q and T points marked so that you can verify that the QT algorithm detects correct Q and T points.

What's New in Release F.0?

The SSC Sepsis protocol is now available on the MP5 in the form of the screening option. If a patient has been screened on arrival with an MP5, then transferred to Intensive Care when Sepsis is

confirmed, the current state, the settings and the log from the SSC Sepsis Protocol can be transferred from the MP5 by connecting it to the new monitor.

QT/QTc Interval Monitoring

QT interval monitoring is used to assist in the detection of prolonged QT interval syndrome. The QT interval is measured and the heart-rate corrected QT value, QTc, is calculated. The monitor also provides a Δ QTc value which tracks variation in the QT interval in relation to a baseline value. High alarm limits can be set for QTc and Δ QTc enabling alarm notification.

Manual Data Entry

Measurement values (for example lab data or manually measured temperatures) can be entered manually into the monitor and stored in the database. They can then be used for trends, reports and also be displayed as a numeric on screen, if required.

Horizon Trend Enhancements

The trend indicator arrow indicates how the patient trend has developed in a set time period. This period is now configurable and can be set to 10 minutes, 5 minutes or 2 minutes. The horizon (or baseline) can now be set to a range or to a specific value.

Connecting an MP5 to a Monitor (Companion Mode is indicated)

The MP5 monitor can be connected to one of the MP20 to MP90 monitors (then called the host monitor) and used like an MMS. This provides monitoring continuity in transport situations allowing measurement data and patient demographics from the MP5 to be transferred to another monitor. When the MP5 is connected to a host monitor, no alarms will be announced on the MP5.

Pairing MP5 with another IntelliVue Monitor

The MP5 (with IIT) can be declared as a telemetry device at the Information Center and paired with another monitor. The data from the MP5 will then be shown on the same sector on the Information Center as that from the other monitor.

Sending Data To An Information Center Via A Telemetry Device

For the MP5T monitor, or an MP5 monitor without a connection to an Information Center, a small set of monitoring data can be sent from the monitor to the Information Center via a connected telemetry device.

NBP - Programmable Measurement Sequence

Up to four measurement cycles can be set up which will run consecutively. For each cycle you can set the number of measurements and the interval between them. By setting the last cycle to run continuously you can have regular measurements continue after the sequence has run.

New Printing Options For Reports

Reports can now also be printed via an external PC-based print server or to an internal print database, when no printer is available (for example, during transport). As soon as a printer becomes available, the reports stored in the database will print automatically.

Manual Pairing At Monitor

Previously, devices could only be manually paired at the Information Center. You can now pair devices at the monitor as long as the monitor is already connected to the Information Center.

Moving Windows And Menus

Windows and menus can now be moved on the monitor screen. Using touch or a mouse you can select the title of a window and then "drag" it across the screen. Some positions on the screen are not allowed, such as ones overlapping the alarm field or the monitor info line.

Invasive Pressure Changes

Wave cursor - A cursor is now available on the realtime pressure wave to allow you to define a position and store the corresponding value.

Reduced alarm limit steps in lower ranges - The alarm limits setting in 2 mmHg steps is now possible in ranges up to 50 mmHg (previously up to 30 mmHg).

New Patient Check

The monitor can be configured to ask you in certain situations: after a specified power-off period, after a specified standby period and when no basic vitals (HR, RR, Pulse, SpO₂, NBP) have been measured for a specified period, whether a new patient is now being monitored. By selecting the **Yes** pop-up key you can discharge the previous patient and reset settings.

New Smart Keys

A SmartKey is available for **New Lead Setup** when a new ECG lead set with fewer leads than previously is being used.

Better Visibility Of Gridlines

The brightness of the gridlines on the realtime waves has been increased for better visibility.

Alarms

The alarm information here applies to all measurements. Measurement-specific alarm information is discussed in the sections on individual measurements.

The monitor has two different types of alarm: patient alarms and INOPs.

Patient Alarms

Patient Alarms are red and yellow alarms. A red alarm indicates a high priority patient alarm such as a potentially life threatening situation (for example, asystole). A yellow alarm indicates a lower priority patient alarm (for example, a respiration alarm limit violation). Additionally there are short yellow alarms, most of which are specific to arrhythmia-related patient conditions (for example, ventricular bigeminy).

INOPs

INOPs are technical alarms, they indicate that the monitor cannot measure or detect alarm conditions reliably. If an INOP interrupts monitoring and alarm detection (for example, **Leads Off**), the monitor places a question mark in place of the measurement numeric and an audible indicator tone will be sounded. INOPs without this audible indicator indicate that there may be a problem with the reliability of the data, but that monitoring is not interrupted.

Most INOPs are light blue, however there are a small number of INOPs which are always yellow or red to indicate a severity corresponding to red and yellow alarms. The following INOPs can also be configured as red or yellow INOPs to provide a severity indication:

- **ECG Leads Off**
- **NBP Cuff Overpress**
- **Cuff Not Deflated**
- **Occlusion**
- **<SpO₂ Label> No Pulse**
- **<Press Label> No Pulse**
- **Tele Disconnected**
- **Battery Empty / Replace Battery**

All monitors in a unit should have the same severity configured for these INOPs.

Alarm Delays

There is a delay between a physiological event at the measurement site and the corresponding alarm indication at the monitor. This delay has two components:

- **The general measurement delay time is the time between the occurrence of the physiological event and when this event is represented by the displayed numerical values.** This delay depends on the algorithmic processing and, for certain measurements (SpO₂, EEG and BIS), on the configured averaging time. The longer the averaging time configured, the longer the time needed until the numerical values reflect the physiological event.
- **The time between the displayed numerical values crossing an alarm limit and the alarm indication on the monitor.** This delay is the sum of the alarm delay configured for the specific measurement plus the system alarm delay. The system alarm delay is the processing time the system needs for any alarm on the monitor to be indicated after the measurement has triggered the alarm. See the performance specifications in the Specifications chapter for the system alarm delay specification.

The alarm delay configured for a specific measurement is normally a fixed time. For SpO₂ it is also possible to configure a Smart Alarm Delay that is calculated using an intelligent algorithm. See “Smart Alarm Delay” on page 185 in the SpO₂ chapter for more details.

Multiple Alarms

If more than one alarm is active, the alarm messages are shown in the alarm status area in succession. An arrow symbol next to the alarm message informs you that more than one message is active.

The monitor sounds an audible indicator for the highest priority alarm. If more than one alarm condition is active in the same measurement, the monitor announces the most severe. Your monitor may be configured to increase alarm indicator volume automatically during the time when the alarm is not acknowledged.

Visual Alarm Indicators

Alarm Message

An alarm message text appears in the alarm status area at the top of the screen indicating the source of the alarm. If more than one measurement is in an alarm condition, the message changes every two seconds, and has an arrow (↑) at the side. The background color of the alarm message matches the alarm priority: red for red alarms, yellow for yellow alarms, light blue for standard INOPs, red for red INOPs and yellow for yellow INOPs. The asterisk symbols (*) beside the alarm message match the alarm priority: *** for red alarms, ** for yellow alarms, * for short yellow alarms. Standard INOPs do not have a symbol, red and yellow INOPs have exclamation marks beside the alarm message: !!! for red INOPs and !! for yellow INOPs.

Depending on how your monitor is configured, it may display alarm limit violation messages:

- in text form, for example **** SpO₂ Low** or
- in numeric form, for example ****Pulse xxx>yyy** where the first number shows the maximum deviation from the alarm limit, and the second number shows the currently set limit.

Flashing Numeric

The numeric of the measurement in alarm flashes.

Bright Alarm Limits

If the alarm was triggered by an alarm limit violation, the corresponding alarm limit on the monitor screen is shown more brightly if **Show ALarmLimits** is enabled and there is sufficient room on the screen.

Alarm Lamp

A lamp on the monitor's front panel flashes. The alarm lamp is divided into two sections. The right one flashes for a patient alarm, except for short yellow alarms where the lamp will light for approximately six seconds. The color is yellow or red corresponding to the highest priority patient alarm currently present. The left one lights continuously for a light blue INOP and flashes for yellow or red INOPs as follows:

INOP Lamp Color	On	Off
Yellow	1.0 seconds	1.0 seconds
Red	0.25 seconds	0.25 seconds

If only patient alarms are present, and no INOPs, the patient alarms will use both left and right sections to flash (for red and yellow alarms) or light for approximately six seconds (for short yellow alarms). If only INOPs are present, and no patient alarms, red and yellow INOPs will use both left and right sections to flash but light blue INOPs will always light continuously in the left section only.

Nurse Call Systems

If configured to do so, red, yellow and light blue alarms are indicated on any device connected to the nurse call relay.

Audible Alarm Indicators

The audible alarm indicators configured for your monitor depend on which alarm standard applies in your hospital. Audible alarm indicator patterns are repeated until you acknowledge the alarm by switching it off or pausing it, or until the alarm condition ceases (if audible alarm indication is set to non-latching).

WARNING

- Do not rely exclusively on the audible alarm system for patient monitoring. Adjustment of alarm volume to a low level or off during patient monitoring may result in patient danger. Remember that the most reliable method of patient monitoring combines close personal surveillance with correct operation of monitoring equipment.

Alarm Tone Configuration

The audible alarm indicators of your monitor are configurable. In the monitor's Configuration Mode, you can:

- increase the alarm volume of unacknowledged alarms at regular intervals
- change the interval between alarm sounds (ISO/IEC Standard alarms only)
- change the base volume of the red and yellow alarm tones and the INOP tones
- change the alarm sound to suit the different alarm standards valid in different countries.

Traditional Audible Alarms (HP/Agilent/Philips/Carenet)

- Red alarms and red INOPs: A high pitched sound is repeated once a second.
- Two-star yellow alarms and yellow INOPs: A lower pitched sound is repeated every two seconds.
- One-star yellow alarms (short yellow alarms): The audible indicator is the same as for yellow alarms, but of shorter duration.
- Standard INOPs: an INOP tone is repeated every two seconds.

ISO/IEC Standard Audible Alarms

- Red alarms and red INOPs: A high pitched tone is repeated five times, followed by a configurable pause.
- Two-star yellow alarms and yellow INOPs: A lower pitched tone is repeated three times, followed by a configurable pause.
- One-star yellow alarms (short yellow alarms): The audible indicator is the same as for yellow alarms, but of shorter duration.
- Standard INOPs: a lower pitched tone is repeated twice, followed by a pause.

Changing the Alarm Tone Volume

- The alarm volume symbol at the top right of the monitor screen gives you an indication of the current volume.



To change the volume, select the volume symbol and then select the required volume from the pop-up selection.

- If you want to see a numerical indication of the current alarm volume on a scale from zero to 10, or change the setting, select the **Alarm Volume** SmartKey.



The volume scale pops up. The current setting is indented. To change the setting, select the required number on the scale. Any settings that are inactive ("grayed out") have been disabled in the monitor's Configuration Mode.

- When the alarm volume is set to zero (off), the alarm volume symbol reflects this.



If you switch the alarm volume off, you will not get any audible indication of alarm conditions.

Minimum Volume for No Central Monitoring INOP

If your monitor is connected to an Information Center, and the connection is interrupted, the INOP message **No Central Monit.** will appear within 30 seconds, accompanied by an INOP tone. To help ensure that this INOP, and any other active alarm, is not overlooked, the INOP and alarm tones may be configured to have a minimum volume. In this case, INOP and alarm tones will sound even if the monitor alarm volume is set to zero.

Minimum Volume for Severe Yellow or Red INOPs

Severe yellow or red INOPs require action to ensure the well-being of the patient. Therefore the minimum volume for the INOP tone is set to at least alarm volume 8, irrespective of the current alarm volume setting. The INOP tone will sound even if the monitor alarm volume is set to zero.

The severe INOPs for which this applies are:

Cuff Not Deflated (configurable to yellow or red)

NBP Cuff Overpress (configurable to yellow or red)

Battery Empty / **Replace Battery** - (configurable to light blue, yellow or red)

Power Loss Tone

When power is lost - no power is available from the power cable or from a battery - a buzzer will sound, if so configured. The tone can be silenced by pressing the On/Off power switch.

Acknowledging Alarms



To acknowledge all active alarms and INOPs, select the **Silence** permanent key. This switches off the audible alarm indicators and alarm lamps.

A check mark beside the alarm message indicates that the alarm has been acknowledged . If the monitor is configured to re-alarm, a dashed check mark will be shown .



If the condition that triggered the alarm is still present after the alarm has been acknowledged, the alarm message stays on the screen with a check mark symbol beside it, except for NBP alarms and alarms from other intermittent measurements. When such an alarm is acknowledged the alarm message disappears.

If the alarm condition is no longer present, all alarm indicators stop and the alarm is reset.

Switching off the alarms for the measurement in alarm, or switching off the measurement itself, also stops alarm indication.

Acknowledging Disconnect INOPs

Acknowledging an INOP that results from a disconnected transducer switches off the associated measurement. The only exception is ECG/Resp: acknowledging a disconnect INOP for ECG leads does not switch off the ECG and Resp measurements. Acknowledging a disconnect INOP at the Information Center switches off the audible INOP indicator but does not switch off the measurement.

Alarm Reminder

If **Alarm Reminder** is configured on for your monitor, you will get an audible reminder of alarm conditions that remain active after you have acknowledged the alarm.

This reminder may take the form of a repetition of the alarm tone for a limited time, or an unlimited repetition of the alarm tone (this is the same as a new alarm). **Alarm Reminder** is not available for standard, light blue INOPs but for yellow and red INOPs.

In Configuration Mode, you can set the interval between silencing the alarm and sounding the reminder tone to one, two, or three minutes.

The alarm reminder behavior at the Information Center is different to that at the monitor. Refer to the Information Center Instructions for Use for further information.

Pausing or Switching Off Alarms

If you want to temporarily prevent alarms from sounding, for example while you are moving a patient, you can pause alarms. Depending on your monitor configuration, alarms are paused for one, two, or three minutes, or infinitely. Infinite alarm pause is equivalent to switching the alarms off.

To view the alarm pause setting chosen for your unit,

- 1 Select **Main Setup, Alarms**, then **Alarm Settings**
- 2 Check the **Alarms Off** setting.

This setting can only be changed in Configuration Mode.

There are some settings made in Configuration Mode that can affect the availability of the pause alarms functionality.

- The **Pause Alarms / Alarms Off** permanent key can be removed from the screen to avoid unintentional switching off of alarms. The corresponding hardkey on the SpeedPoint or Navigation Point is then also disabled. In this case you can only pause alarms or switch alarms off permanently in the **Alarms** menu, under **Main Setup**.
- The **Pause Alarms / Alarms Off** permanent key and the corresponding hardkey can be configured to pause or switch off red and yellow alarms, yellow alarms only, or not to function at all. If they are configured not to function, you cannot pause alarms or switch alarms off permanently at all.

When the alarms off priority is set to **Yellow Only**, the **Pause Alarms / Alarms Off** key becomes the **Pause Yellow / Yellow Al. Off** key.

To Pause All Alarms



Select the **Pause Alarms** permanent key. If your monitor is configured to infinite pause time, the permanent key is labeled **Alarms Off**, and selecting it switches alarms off.

Depending on the configuration, you may need to select **Confirm** to complete the change.

To Switch All Alarms Off

You can only switch alarms off permanently if your monitor is configured to allow infinite alarms pause and the permanent key is labeled **Alarms Off**.



Select the **Alarms Off** permanent key.

Depending on the configuration, you may need to select **Confirm** to complete the change.

Pausing alarms infinitely is the same as switching them off.

To Switch Individual Measurement Alarms On or Off

- 1 Select the measurement numeric to enter its setup menu.
- 2 Select **Alarms** to switch between on and off.



The alarms off symbol is shown beside the measurement numeric.

While Alarms are Paused or Off

When red alarms are paused or off:

- The red Alarms Paused lamp on the monitor front panel is lit.
In the alarm field, the monitor displays the message **Al. Paused x:yy** or **Alarms Off**, together with the alarms paused symbol or the alarms off symbol.

When yellow alarms are paused or off:

- The yellow Alarms Paused lamp on the monitor front panel is lit.
In the alarm field, the monitor displays the message **YellowPaused x:yy** or **Yellow Alarms Off**, together with the alarms paused symbol or the alarms off symbol.

For red and yellow alarms:



Alarms Paused



Alarms Off

- No alarms are sounded and no alarm messages are shown.
- INOP messages are shown but no INOP tones are sounded.
The only exceptions are the INOPs **Cuff Not Deflated**, **NBP Cuff Overpress** and INOPs relating to empty, missing and malfunctioning batteries.
These INOPs switch the alarms on, and the INOP tones are sounded, even if alarms are paused or off. You need to remove the INOP condition first before you can switch the alarm tones off again.
- The nurse call relay is not active.

If a disconnect INOP is present and alarms are paused or switched off, the measurement in question may be switched off, depending on monitor configuration.

Restarting Paused Alarms

To manually switch on alarm indication again after a pause, select the permanent key **Pause Alarms** (or **Alarms Off**) again.

Alarm indication starts again automatically after the pause period expires. If the monitor is configured to stay paused infinitely, you must select **Alarms Off** again to restart alarm indication.

Resetting Arrhythmia Alarm Timeouts

To reset the timeout period, either

- select the **Alarms Off** or **Pause Alarms** permanent key and then reselect it, or
- select **Reset Alarming** in the **Review Alarms** window or the **Alarm Messages** window.

Extending the Alarm Pause Time

If your monitor has extended alarm pause enabled, you can extend the alarm pause time. Use this to prevent alarms being indicated, for example, while you are washing a patient or carrying out a procedure. Only extend the alarm pause time when you are sure that clinical personnel are available to monitor the patient's condition closely.

To extend the alarm pause time to five or 10 minutes,

- 1 Select one of the alarm fields. This calls up the **Alarm Messages** window.
- 2 Select either the pop-up key **PauseAl. 5 min** or the pop-up key **PauseAl. 10 min**. Each time you select one of these pop-up keys, the Alarm Pause Time is reset to five (or 10) minutes.

Alarm Settings for Unattended Monitoring

When monitoring patients that are not continuously attended, use appropriate alarm settings to optimize monitoring:

- Always leave alarms switched on when the patient is unattended.
- Recommended configuration: Use one of the temporary settings for the **Alarms Off** setting, not **Infinite**, and make sure that the **AlarmOffReminder** and the **Alarm Reminder** are switched on (these settings are made in Configuration mode).
- Set alarm limits so that alarms will be triggered for those changes in the patient condition that you want to be advised of. Setting limits to very high or low values can render the alarm system useless.
- Use available notification routes, such as a nurse call system or the connection to an Information Center, or at least select an appropriate alarm volume to ensure that alarms are recognized.

Alarm Limits

The alarm limits you set determine the conditions that trigger yellow and red limit alarms. For some measurements (for example, SpO₂), where the value ranges from 100 to 0, setting the high alarm limit to 100 switches the high alarm off. In these cases, the alarms off symbol is not displayed.

WARNING

Be aware that the monitors in your care area may each have different alarm settings, to suit different patients. Always check that the alarm settings are appropriate for your patient before you start monitoring.

Viewing Individual Alarm Limits

You can usually see the alarm limits set for each measurement next to the measurement numeric on the main screen.



If your monitor is not configured to show the alarm limits next to the numeric, or if the numeric is so small that the limits cannot be displayed, you can see them in the appropriate measurement setup menu. Select the measurement numeric to enter the menu and check the limits.

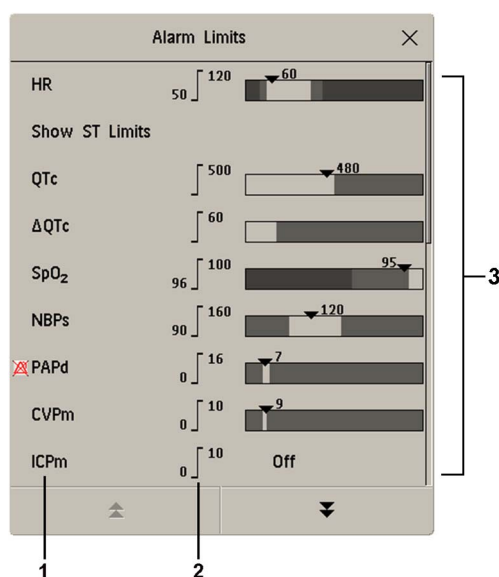
Viewing All Alarm Limits

(Availability is dependent on the options purchased.)

The **Alarm Limits** overview window lists the currently set alarm limits for all measurements. If an Apnea alarm delay time is set, this is also shown. The alarms off symbol is shown beside the measurement label of any measurement whose alarm switched off.



To open the **Alarm Limits** window, either select any alarm field to open the **Alarm Messages** window, then select the **Alarm Limits** pop-up key, or select the **Alarm Limits** SmartKey, if configured.



- 1 Measurement labels, with alarms off symbol where appropriate
 - 2 Current alarm limits
 - 3 Graphic view of current yellow and red alarm limits and currently monitored measurement value. **Off** indicates the measurement is switched off
- Select **Show ST Limits** to expand the list of ST leads and view the currently set alarm limits. Selecting **Hide ST Limits** hides the list again.

You can use the pop-up keys that open with the **Alarm Limits** window to perform common tasks:

- **All Al. On/All Al. Off**
- **All Lim. Narrow/All Lim. Wide** to set narrow or wide alarm AutoLimits for all measurements.
- **Print Limits/Record Limits** to print a list of all current alarm limit settings on a connected printer or recorder.

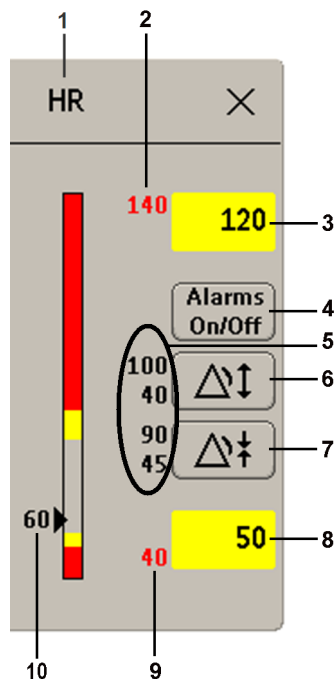
These pop-up keys are not available in the window for changing individual alarm limits which you access by selecting the measurement label in the **Alarm Limits** window.

Changing Alarm Limits

To change individual measurement alarm limits using the measurement's Setup Menu,

- 1 In the measurement's setup menu, select the alarm limit you want to change. This calls up a list of available values for the alarm limit.
- 2 Select a value from the list to adjust the alarm limit.

Alternatively, you can use the keys in the measurement alarm limits window, which you access by selecting the measurement label in the **Alarm Limits** window.



- 1 Parameter label
- 2 High red alarm (view only)
- 3 High yellow alarm field. Select to open a pop-up list of high alarm limits
- 4 **Alarms On/Off** key - select to switch between alarms on or off
- 5 Preview Alarm AutoLimits for a measurement before applying
- 6 Select to apply wide AutoLimits
- 7 Select to apply narrow AutoLimits
- 8 Low yellow alarm field. Select to open a pop-up list of low alarm limits
- 9 Low red alarm (view only)
- 10 Graphic view of alarm limits with currently measured value

To change alarm limits,

- 1 Enter the **Alarm Limits** window.
- 2 To set the high alarm limit, select the high yellow alarm field to open a pop-up list of high alarm limits. Select a limit from the list. Repeat to set the low yellow alarm field.

If you set the yellow alarm limit outside the red alarm limit, the monitor will automatically set the red alarm to the yellow alarm limit.

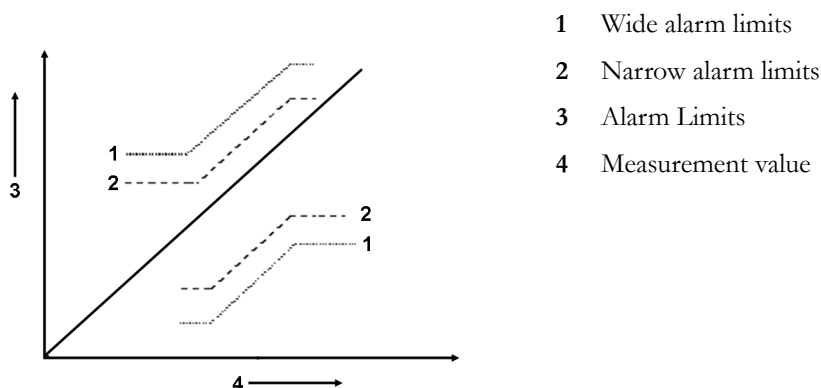
When an ST measurement is in the alarm limits window there are also two pop-up keys available labeled **All ST Narrow**/**All ST Wide**. With these keys you can set Auto Limits for all ST Leads.

About Automatic Alarm Limits

The monitor can automatically set alarm limits suited to your individual patient, using the Automatic Alarm Limits function (AutoLimits). This tells the monitor to adapt the alarm limits of selected measurements to the measured vital signs within a defined safe limit. The monitor calculates safe AutoLimits for each patient based on the measured values from the last 12 seconds.

The wide and narrow limits have a fixed relationship to the measured value within the non-pathological range. Outside of this range, no auto limits are calculated.

To set values outside of the non-pathological range, limits must be changed manually, based on the clinician's judgment about the specific patient.



Limits Narrow sets limits close to the currently measured values for situations where it is critical for you to be informed about small changes in your patient's vital signs.

Limits Wide sets limits further away from the currently measured values for situations where small changes are not so critical.

Use the keys in the measurement alarm limits window to apply AutoLimits for individual measurements. These keys are not available if AutoLimits have been disabled for the measurement in the monitor's Configuration Mode.

AutoLimits are not available for all measurements. The list of measurements for which AutoLimits can be used is defined in the monitor's Configuration mode.

Use the measurement alarm limits window to check AutoLimits before you apply them to ensure that they are appropriate for your individual patient and their clinical condition. Once applied, AutoLimits are shown on the monitor screen just like manually-set alarm limits. If the AutoLimits are not appropriate for your patient, you must set alarm limits manually. The limits remain unchanged until you set them again or change them manually.

Documenting Alarm Limits

The alarm limits pop-up keys appear with the **Alarm Limits** and measurement alarm limits windows.

- Select the **Print Limits** pop-up key to print an overview of all alarm limits on a connected printer.
- Select the **Record Limits** pop-up key to send a recording of the alarm limits to a recorder.

Reviewing Alarms

You can see which alarms and INOPs are currently active in the respective alarms and INOPs fields at the top of the screen.

To see the currently active alarms and INOPs listed in one place, select any of the alarm status areas on the monitor screen. The **Alarm Messages** window pops up.

All alarms and INOPs are erased from the **Review Alarms** window when you discharge a patient, or if you change to Demonstration Mode.

Alarm Messages Window

The **Alarm Messages** window shows all the currently active alarms and INOPs sorted by priority, beginning at the top with the most recent. INOPs are shown on the left hand side and patient alarms are shown on the right hand side. Any active red alarms are shown first, followed by yellow alarms. Acknowledged alarms or INOPs are shown with the check mark symbol.

The **Alarm Messages** window pop-up keys appear when the window is opened. If alarm pause extension is disabled, the pause pop-up keys are inactive ("grayed-out"). Selecting the **Review Alarms** pop-up key opens the **Review Alarms** window.

If you do not immediately understand an INOP or alarm message, refer to its help text.

- In the **Alarm Messages** window, select the INOP message. This calls up a help window with an explanation of the INOP message and, where appropriate, a suggested solution for the problem.
- If the alarm or INOP was generated in a device other than the monitor (for instance, in an MMS or FMS), this source is specified at the end of the help text.

Review Alarms Window

The **Review Alarms** window contains a list of the most recent alarms and INOPs with date and time information.

If configured to do so, each alarm is shown with the alarm limit active when the alarm was triggered and the maximum value measured beyond this limit. The **Review Alarms** window also shows when the monitor was switched on (after being switched off for longer than 1 minute) and any actions related to switching alarms on and off, entering or leaving Standby mode, silencing alarms or changing the ECG source.

When you select an item from the list, you can get additional information about that item. If you select a high or low limit alarm in the list, the **Graphical Trends** window will open to provide further data. If you select an alarm resulting from an event alarm notification, the **Event Episode** window for that event will open. If you select an alert other than a high or low alarm, a help text window opens with more information. This is the same as the help text window that opens in the **Alarm Messages** window. Some items in the list are simply log items not related to a patient alert as such (for example, **Alarms On** or **Alarms Off**). You cannot see any further information if you select one of these items. When you close these windows you will return to the **Review Alarms** window.

The information in the Review Alarms window is deleted when a patient is discharged, and when you leave Demonstration Mode.

The **Review Alarms** window pop-up keys appear when the window is opened. If alarm pause extension is disabled, the pause pop-up keys are inactive. Selecting the **Active Alarms** pop-up key opens the **Alarm Messages** window.

Latching Alarms

The alarm latching setting for your monitor defines how the alarm indicators behave when you do not acknowledge them. When alarms are set to non-latching, their indicators end when the alarm condition ends. Switching alarm latching on means that visual and/or audible alarm indications are still displayed or announced by the monitor after the alarm condition ends. The indication lasts until you acknowledge the alarm.

Viewing the Alarm Latching Settings

To see the alarm latching setting for your monitor:

- 1 In the monitor's **Main Setup** menu, select **Alarms**.
- 2 Select **Alarm Settings**, and see the **Visual Latching** and **Audible Latching** settings.

This setting can only be changed in Configuration Mode. You should be aware of the settings chosen for your unit. There are three possible choices each for visual and audible latching, red only, red and yellow, and off. These choices can be combined to give the following settings:

Visual Latching	Audible Latching
Red&Yellow	Red&Yellow
Red&Yellow	Red Only
Red&Yellow	Off
Red Only	Red Only
Red Only	Off
Off	Off

Alarm Latching Behavior

Red & Yellow Measurement Alarms		Non-latching alarms	Visual and audible latching	Visual latching, audible non-latching
Alarm has not been acknowledged.	Alarm condition still present.	Alarm tone on. Alarm lamp on. Alarm message. Flashing numerics.	Alarm tone on. Alarm lamp on. Alarm message. Flashing numerics.	Alarm tone on. Alarm lamp on. Alarm message. Flashing numerics.
	Alarm condition no longer present.	All audible and visual alarm indicators automatically stop.	Alarm tone on. Alarm lamp on. Alarm message. Flashing numerics.	Alarm message. Flashing numerics. Audible alarm indicators automatically stop.
Alarm has been acknowledged.	Alarm condition still present.	Alarm tone off. Alarm lamp off. Alarm message. Flashing numerics. Audible alarm reminder (if configured).	Alarm tone off. Alarm lamp off. Alarm message. Flashing numerics. Audible alarm reminder (if configured).	Alarm tone off. Alarm lamp off. Alarm message. Flashing numerics. Audible alarm reminder (if configured).
	Alarm condition no longer present.	Audible and visual alarm indicators automatically stop.	Audible and visual alarm indicators automatically stop.	Audible and visual alarm indicators automatically stop.

All INOPs are non-latching. See “Yellow Arrhythmia Alarms” on page 143 for information on one-star yellow alarms latching behavior.

Testing Alarms

When you switch the monitor on, a selftest is started. You must check that the alarms lamps light, one after the other, and that you hear a single tone. This indicates that the visible and audible alarm indicators are functioning correctly. For further testing of individual measurement alarms, perform the measurement on yourself (for example SpO₂ or CO₂) or use a simulator. Adjust alarm limits and check that appropriate alarm behavior is observed.

Alarm Behavior at Power On

If the monitor is switched off for longer than one minute and then switched on again (or after a loss of power lasting longer than one minute, or when a patient is discharged), the monitor can be configured to:

- restore the alarm settings from the monitor's configured default Profile,
- restore the most recently used alarm settings, or
- switch the alarms off.

After any of these situations, you should check that the alarm settings are appropriate for your patient and monitoring situation, and if necessary, select the correct Profile and patient category.

If power is lost for less than one minute, the alarm on/off condition prior to the power loss is restored.

Alarm Recordings

You can set up your monitor so that it automatically triggers alarm recordings locally or at the Information Center, or if configured, to a printer as a realtime report.

- 1 Press the **Main Setup** SmartKey.
- 2 Select **Alarms** from the **Main Setup** menu.
- 3 Select **Alarm Recording** from the **Alarms** menu to open the **Alarm Recordings** menu.
- 4 Select a measurement from those listed for which you want to change the alarm condition that triggers an alarm recording. This opens a pop-up list.
- 5 For the desired measurement(s), choose the alarm condition to trigger an alarm recording:
 - Red Only:** an alarm recording will automatically be triggered when the measurement enters a red alarm condition.
 - Red&Yellow:** both yellow and red alarms will trigger an alarm recording.
 - Off:** disables automatic alarm recording.

Refer to the “Recording” chapter for details of how to set up a recording.

Patient Alarms and INOPs

This chapter lists patient alarms alphabetically, and technical alarms (INOPs) arranged by the source of the INOP and then alphabetically, irrespective of their priority. All alarms and INOPs are listed here; the ones which can appear on your monitor will depend on the model and the individual options.

Patient Alarm Messages

The measurement labels and abbreviations for pressure, temperature, and SpO₂ alarms are explained in the individual chapters.

Some alarms may be shown at the Information Center in shortened form, when transferred through IntelliVue Instrument Telemetry. These shortened alarm texts are included in the list and identified with the note "at Information Center".

Alarm Message	From	Condition	Indication
* AFIB	ECG/Arrhythmia	Atrial fibrillation waveform detected	yellow alarm lamp, short yellow alarm tone
** AGT Mix MAC > 3	GM	An agent mixture has been detected and the sum of the 2 agent MAC components + MAC (N ₂ O) is ≥ 3 MAC (uncorrected)	yellow alarm lamp, alarm tone.
*** Apnea *** Apnea x:yy *** Apnea >10 min	CO ₂ , Resp, Spirometry, GM	Respiration has stopped for longer than the preset apnea time. "x:yy" denotes the Apnea duration in minutes and seconds	numeric flashes, red alarm lamp, alarm tone
*** Asystole	ECG	No QRS detected for a period > the asystole alarm threshold	numeric flashes, red alarm lamp, alarm tone
** awRR High	CO ₂ , Resp, AGM, GM	The airway respiration rate has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** awRR Low	CO ₂ , Resp, AGM, GM	The airway respiration rate has dropped below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
** <BIS Label> High	BIS	The Bispectral Index value has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** <BIS Label> Low	BIS	The Bispectral Index value has dropped below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone

4 Patient Alarms and INOPs

Alarm Message	From	Condition	Indication
*** Brady (Pulse)	SpO ₂ , Press, cmResp	Pulse rate < the extreme brady alarm limit.	numeric flashes and alarm limit is highlighted, red alarm lamp, alarm tone
*** Bradypnea	cmRR	The respiration rate has dropped below the bradypnea limit.	numeric flashes and alarm limit is highlighted, red alarm lamp, alarm tone
** CCO High ** CCI High	CCO	Continuous Cardiac Output or CC Index is above the high alarm limit.	numeric flashes and high alarm limit is highlighted, yellow alarm lamp, alarm tone
** CCO Low ** CCI Low	CCO	Continuous Cardiac Output or CC Index is below the low alarm limit.	numeric flashes and low alarm limit is highlighted, yellow alarm lamp, alarm tone
** cmRR High	cmResp	The respiration rate has exceeded the high alarm limit.	numeric flashes and high alarm limit is highlighted, yellow alarm lamp, alarm tone
** cmRR Low	cmResp	The respiration rate has dropped below the low alarm limit.	numeric flashes and low alarm limit is highlighted, yellow alarm lamp, alarm tone
** CPP High	CPP	The CPP value has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** CPP Low	CPP	The CPP value has fallen below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
*** Desat *** Desat xx < yy	SpO ₂	The SpO ₂ value has fallen below the desaturation alarm limit. xx denotes the lowest measured value, and yy is the desaturation limit.	numeric flashes, red alarm lamp, alarm tone
** EC10 Alarm *** EC10 Alarm at Information Center	EC10 IntelliBridge	A yellow (**) or red (***) patient alarm is present on the IntelliBridge module. Check the monitor display for more detailed alarm information.	(on monitor) yellow or red alarm lamp; the alarm text is defined by the IntelliBridge device driver
* End AFIB	ECG/Arrhythmia	Atrial fibrillation no longer detected for the configured Afib end delay time	yellow alarm lamp, short yellow alarm tone
* End Irregular HR	ECG/Arrhythmia	Irregular HR no longer detected for the configured irregular HR end delay time.	yellow alarm lamp, short yellow alarm tone
** et<Agent Label> High	GM	The end tidal agent high alarm limit has been exceeded.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** et<Agent Label> Low	GM	The end tidal agent value has fallen below the low alarm limit	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
** etCO₂ High	CO ₂ , AGM, GM	The end tidal CO ₂ high alarm limit has been exceeded.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** etCO₂ Low	CO ₂ , AGM, GM	The end tidal CO ₂ value has fallen below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
** etO₂ High	O ₂ , AGM	The end tidal O ₂ high alarm limit has been exceeded.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone

Alarm Message	From	Condition	Indication
** etO₂ Low	O ₂ , AGM	The end tidal O ₂ value has fallen below the low alarm limit.	numeric flashes, and low limit is highlighted, yellow alarm lamp, alarm tone
* Event ** Event *** Event at Information Center	Event surveillance	An event has occurred and the event notification is configured to alarm. Check on the monitor for more details on event group.	(on monitor) event group name flashes, yellow or red alarm lamp and alarm tone
* Event:<Event Group> ** Event:<Event Group> *** Event:<Event Group>	Event surveillance	An event has occurred and the event notification is configured to alarm.	event group name flashes, yellow or red alarm lamp and alarm tone
*** Extreme Brady	ECG	Heart rate < the extreme brady alarm limit.	numeric flashes and alarm limit is highlighted, red alarm lamp, alarm tone
*** Extreme Tachy	ECG	Heart rate > the extreme tachy alarm limit.	numeric flashes and alarm limit is highlighted, red alarm lamp, alarm tone
* HR High ** HR High	ECG	Heart rate > the high HR alarm limit	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone. If configured to short yellow, the sound switches off after 5 seconds if Arrhythmia is switched on.
* HR Low ** HR Low	ECG	Heart rate < the low HR alarm limit	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone. If configured to short yellow, the sound switches off after 5 seconds if Arrhythmia is switched on.
** imCO₂ High	GM	The inspired minimum CO ₂ high alarm limit has been exceeded	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone.
** in<Agent Label> High	GM	The inspired agent high alarm limit has been exceeded	numeric flashes, high limit is highlighted, yellow alarm lamp, alarm tone
** in<Agent Label> Low	GM	The inspired agent value has fallen below the AGT low alarm limit	numeric flashes, low limit is highlighted, yellow alarm lamp, alarm tone
** inN₂O High	GM	The inspired N ₂ O high alarm limit has been exceeded.	numeric flashes, high limit is highlighted, yellow alarm lamp, alarm tone.
** inO₂ High	GM	The inspired O ₂ high alarm limit has been exceeded.	numeric flashes, high limit is highlighted, yellow alarm lamp, alarm tone.
** inO₂ Low	GM	The inspired O ₂ value has fallen below the low alarm limit	numeric flashes, low limit is highlighted, yellow alarm lamp, alarm tone
***inO₂ Low Oxygen	GM	The inspired O ₂ value has fallen below 18 vol%.	numeric flashes, low limit is highlighted, red alarm lamp, alarm tone
** IPI Low	CO ₂	The IPI value has fallen below the low alarm limit.	numeric flashes, and low limit is highlighted, yellow alarm lamp, alarm tone

4 Patient Alarms and INOPs

Alarm Message	From	Condition	Indication
* Irregular HR	ECG/Arrhythmia	Consistently irregular rhythm (irregular R-R intervals).	numeric flashes, yellow alarm lamp, short yellow audible alarm
** <iTemp Label> High	iTemp	The temperature value has exceeded the high alarm limit.	numeric flashes and high limit is high-lighted, yellow alarm lamp, alarm tone
** <iTemp Label> Low	iTemp	The temperature value has dropped below the low alarm limit.	numeric flashes and low limit is high-lighted, yellow alarm lamp, alarm tone
* Missed Beat	ECG/Arrhythmia	No beat detected for > 1.75*(the averaged R-R interval), or no beat detected for > one second if HR > 120 (For non-paced patients only).	numeric flashes, yellow alarm lamp, short yellow audible alarm
* More Alarms ** More Alarms *** More Alarms	other assigned devices	There is more than one physiological alarm of the corresponding severity active on the devices that monitor this patient. For details, check the information displayed at the Information Center.	yellow or red alarm lamp and alarm tone
* Multiform PVCs	ECG/Arrhythmia	Two different shaped Vs detected, each occurring at least twice within the last 300 beats and at least once within the last 60 beats.	numeric flashes, yellow alarm lamp, short yellow audible alarm
** NBP High	NBP	The measured NBP value is above the high alarm limit. s, d, or m after the label indicates whether the systolic, diastolic or mean pressure has crossed the limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** NBP Low	NBP	The measured NBP value is below the low alarm limit. s, d, or m after the label indicates whether the systolic, diastolic or mean pressure has crossed the limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
* Non-Sustain VT	ECG/Arrhythmia	A run of PVCs < the V-Tach run limit and ventricular heart rate > the V-Tach HR limit	numeric flashes, yellow alarm lamp, short yellow audible alarm
* OtherMon Alarm ** OtherMon Alarm *** OtherMon Alarm	another assigned monitor	Another monitor used for the patient is in an alarm condition. Check the detailed alarm information at the Information Center.	yellow or red alarm lamp and alarm tone
* Pacer Not Capt	ECG/Arrhythmia (paced patients only)	No beat detected for > 1.75*(the averaged R-R interval) with detected pace pulse(s). (For paced patients only).	numeric flashes, yellow alarm lamp, short yellow audible alarm
* Pacer Not Pacing	ECG/Arrhythmia (paced patients only)	No beat and pace pulse detected for > 1.75*(the averaged R-R interval). (For paced patients only).	numeric flashes, yellow alarm lamp, short yellow audible alarm
* Pair PVCs	ECG/Arrhythmia	Two ventricular beats between two non-ventricular beats.	numeric flashes, yellow alarm lamp, short yellow audible alarm
* Pause	ECG/Arrhythmia	No beat detected for a period > the pause threshold.	numeric flashes, yellow alarm lamp, short yellow audible alarm
*** <Press Label> Disconnect	PRESS	The pressure is non-pulsatile and the mean pressure is continuously less than 10 mmHg (1.3 kPa). This alarm occurs only with arterial pressures (P, ABP, ART, Ao, BAP, FAP, PAP, UAP, P1, P2, P3, P4).	numeric flashes, red alarm lamp, alarm tone

Alarm Message	From	Condition	Indication
*** <Press Label> High	PRESS	The measured pressure value is above the extreme high alarm limit. s, d, or m after the label indicates whether the systolic, diastolic or mean pressure has crossed the limit.	numeric flashes, high limit is highlighted, red alarm lamp, alarm tone
** <Press Label> High	PRESS	The measured pressure value is above the high alarm limit. s, d, or m after the label indicates whether the systolic, diastolic or mean pressure has crossed the limit.	numeric flashes, high limit is highlighted, yellow alarm lamp, alarm tone
*** <Press Label> Low	PRESS	The measured pressure value is below the extreme low alarm limit. s, d, or m after the label indicates whether the systolic, diastolic or mean pressure has crossed the limit.	numeric flashes and low limit is highlighted, red alarm lamp, alarm tone
** <Press Label> Low	PRESS	The measured pressure value is below the low alarm limit. s, d, or m after the label indicates whether the systolic, diastolic or mean pressure has crossed the limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
** <pTemp Label> High	pTemp	The temperature value has exceeded the high alarm limit.	numeric flashes and high limit is high-lighted, yellow alarm lamp, alarm tone
** <pTemp Label> Low	pTemp	The temperature value has dropped below the low alarm limit.	numeric flashes and low limit is high-lighted, yellow alarm lamp, alarm tone
** Pulse High	PRESS, SpO ₂ , cmResp	The pulse rate has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** Pulse Low	PRESS, SpO ₂ , cmResp	The pulse rate has dropped below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
* PVCs/min High	ECG/Arrhythmia	PVCs detected within a minute > the alarm limit	numeric flashes, yellow alarm lamp, short yellow audible alarm
** QTc High	ECG/QT	QTc value has exceeded the QTc high limit for more than 5 minutes	numeric flashes, yellow alarm lamp, alarm tone
** ΔQTc High	ECG/QT	ΔQTc value has exceeded the ΔQTc high limit for more than 5 minutes	numeric flashes, yellow alarm lamp, alarm tone
* R-on-T PVCs	ECG/Arrhythmia	For HR < 100, a PVC with R-R interval < 1/3 the average interval followed by a compensatory pause of 1.25*(the average R-R interval), or two such Vs without compensatory pause occurring within 5 minutes of each other. (When HR > 100, 1/3 R-R interval is too short for beat detection)	numeric flashes, yellow alarm lamp, short yellow audible alarm
** RR High	RESP	The respiration rate has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** RR Low	RESP	The respiration rate has dropped below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone

4 Patient Alarms and INOPs

Alarm Message	From	Condition	Indication
* Run PVCs High	ECG/Arrhythmia	A run of > 2 PVCs.	numeric flashes, yellow alarm lamp, short yellow audible alarm
** <SO₂ Label> High	SvO ₂ /SO ₂	The the measured intravascular oxygen saturation has exceeded the high limit.	numeric flashes and high alarm limit is highlighted, yellow alarm lamp, alarm tone
** <SO₂ Label> Low	SvO ₂ /SO ₂	The measured intravascular oxygen saturation has fallen below the low limit.	numeric flashes and low alarm limit is highlighted, yellow alarm lamp, alarm tone
** <SpO₂ Label> High	SpO ₂	The arterial oxygen saturation has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** <SpO₂ Label> Low	SpO ₂	The arterial oxygen saturation has fallen below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
**ST Multi <n>,<n>	ECG/ST	Two contiguous ST leads <n> and <n> have exceeded elevation or depression limits for more than 60 seconds. The limit violations for both leads must be with respect to same limit; either both above the high limit or both below the low limit.	numeric flashes, yellow alarm lamp, alarm tone
**ST Multi at Information Center	ECG/ST	The ST depression or elevation is outside of the limit in two or more leads. Check on the monitor	(on monitor) numeric flashes, yellow alarm lamp, alarm tone
**STE <n>,<n>	ECG/ST	Two contiguous leads <n> and <n> are above their respective STE limits	numeric flashes, yellow alarm lamp, alarm tone
** ST-<n> High	ECG/ST	The ST elevation in lead <n> is higher than the limit. Lead is not contiguous with any other lead.	numeric flashes and high alarm limit is highlighted, yellow alarm lamp, alarm tone
** ST-<n> Low	ECG/ST	The ST depression in lead <n> is lower than the limit. Lead is not contiguous with any other lead.	numeric flashes and low alarm limit is highlighted, yellow alarm lamp, alarm tone
* SVT	ECG/Arrhythmia	A run of supraventricular beats > the SVT run limit and heart rate > the SVT HR limit.	numeric flashes, yellow alarm lamp, alarm tone
*** Tachy (Pulse)	SpO ₂ , Press, cmResp	Pulse rate > the extreme tachy alarm limit.	numeric flashes, alarm limit is highlighted, red alarm lamp, alarm tone
** Tblood High	C.O.	The blood temperature value has exceeded the high alarm limit.	numeric flashes, high alarm limit is highlighted, yellow alarm lamp, alarm tone
** Tblood Low	C.O.	The blood temperature value has fallen below the low alarm limit.	numeric flashes, low alarm limit is highlighted, yellow alarm lamp, alarm tone
** tcpO₂ High ** tcpCO₂ High	tcGas	The tcpO ₂ or tcpCO ₂ value has exceeded the high alarm limit.	numeric flashes, high alarm limit is highlighted, yellow alarm lamp, alarm tone
** tcpO₂ Low ** tcpCO₂ Low	tcGas	The tcpO ₂ or tcpCO ₂ value has fallen below the low alarm limit.	numeric flashes, low alarm limit is highlighted, yellow alarm lamp, alarm tone
* Tele Alarm ** Tele Alarm *** Tele Alarm	an assigned telemetry device	A telemetry device used for the patient is in an alarm condition. Check the detailed alarm information at the Information Center.	yellow or red alarm lamp and alarm tone

Alarm Message	From	Condition	Indication
** <Temp Label> High	Temp	The temperature has exceeded the high alarm limit.	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
** <Temp Label> Low	Temp	The temperature has fallen below the low alarm limit.	numeric flashes and low limit is highlighted, yellow alarm lamp, alarm tone
* T-Mon Alarm ** T-Mon Alarm *** T-Mon Alarm	an assigned transport monitor	A transport monitor used for the patient is in an alarm condition. Check the detailed alarm information at the Information Center.	yellow or red alarm lamp and alarm tone
** TOFcnt High	NMT	TOFcnt value has exceeded the high alarm limit	numeric flashes and high limit is highlighted, yellow alarm lamp, alarm tone
* Vent Bigeminy	ECG/Arrhythmia	A dominant rhythm of N, V, N, V (N = supraventricular beat, V = ventricular beat)	numeric flashes, yellow alarm lamp, short yellow audible alarm
*** Vent Fib/Tach	ECG	Fibrillatory waveform (sinusoidal wave between 2 - 10 Hz) for 4 consecutive seconds.	numeric flashes, red alarm lamp, alarm tone
* Vent Rhythm ** Vent Rhythm	ECG/Arrhythmia	A dominant rhythm of adjacent Vs > the vent rhythm limit and ventricular heart rate < the V-Tach HR limit.	numeric flashes, yellow alarm lamp, short yellow audible alarm
* Vent Trigeminy	ECG/Arrhythmia	A dominant rhythm of N, N, V, N, N, V (N = supraventricular beat, V = ventricular beat).	numeric flashes, yellow alarm lamp, short yellow audible alarm
*** VTach	ECG, Arrhythmia	A run of PVCs ≥ the V-Tach run limit and heart rate > the V-Tach HR limit.	numeric flashes, red alarm lamp, alarm tone
** VueLink Alarm *** VueLink Alarm at Information Center	VueLink	A yellow (**) or red (***) patient alarm is present on the VueLink module. Check the monitor display for more detailed alarm information.	(on monitor) yellow or red alarm lamp; the alarm text is defined by the VueLink device driver
***xBrady xxx<yyy	Press, SpO ₂ , ECG	This is the alternative alarm message for *** Extreme Brady , when the alarm text setting is Enhanced . Heart rate < the extreme bradycardia alarm limit. xxx denotes the lowest measured value; yyy is the extreme bradycardia limit.	numeric flashes and alarm limit is highlighted, red alarm lamp, alarm tone
***xTachy xxx>yyy	Press, SpO ₂ , ECG	This is the alternative alarm message for *** Extreme Tachy when the alarm text setting is Enhanced . Heart rate > the extreme tachycardia alarm limit. xxx denotes the highest measured value; yyy is the tachycardia limit.	numeric flashes, alarm limit is highlighted, red alarm lamp, alarm tone

Technical Alarm Messages (INOPs)

If an INOP interrupts monitoring and alarm detection, the measurement numeric will be replaced by **-?-**. If an INOP may lead to unreliable measurement values, a **?** appears next to the numeric.

The measurement labels and abbreviations for pressure, temperature and SpO₂ INOP messages are explained in the individual measurement chapters.

Monitor INOPs

INOP Message, Indication	What to do
Bad MSL INOP tone	1) An MMS with an incompatible software revision is connected to the monitor. This combination does not allow monitoring, OR 2) You cannot use this combination of monitor, MMS and cable. Switch off the monitor and contact your service personnel.
Central: Tele Only INOP tone	System connectivity via telemetry device is limited (No alarms, only local numerics) when in companion mode and host monitor does not have system connectivity. Only telemetry device parameters can be displayed at central station.
Check Alarm Lamps INOP tone	Perform a visual check of the alarm lamp to establish whether there is a problem. Contact your service personnel to check the internal connections to the alarm lamps.
Check DrugSettings INOP tone	There was a problem loading the drug settings. Check that the settings are complete and correct.
!!Check ECG Source Yellow tone	The telemetry device and the monitor both have valid ECG signals. Unpair the telemetry device and the monitor if they are no longer used for the same patient.
!! Check Equipment INOP tone/Yellow tone	There is an equipment status dispute relating to one or more of the devices assigned to this patient. See the Equipment window for details.
Check Flex Texts INOP tone	Check the names of the monitor menus, for example the labels for screens, profiles, event or trend group names, before you resume monitoring. If they are unexpected, there may be a problem with the monitor software. Contact your service personnel.
Check Keyboard INOP tone	Perform a visual and functional check of the keyboard. Contact your service personnel.
Check Main Board 2 INOP tone	There is a problem with the second main board in the monitor. Contact your service personnel.
Check Monitor Func INOP tone	Potential problem with alarm lamps, display or interfaces detected. Contact your service personnel.
Check Monitor Temp INOP tone	The temperature inside the monitor is too high. Check that the monitor ventilation is not obstructed. If the situation continues, contact your service personnel.
Check Mouse INOP tone	Perform a visual and functional check of the mouse input device. Contact your service personnel.
Check MSL Voltage INOP tone	There is a problem with the voltage of the Measurement Link (MSL). Contact your service personnel.
Check Network Conf INOP tone	The monitor is receiving network topology information from more than one source, e.g. the Database Server and an Application Server. Contact your service personnel.
!! Check Pairing Yellow tone	There is a problem with device pairing. Check that the monitor and telemetry device are correctly paired.
!!Check Patient ID Yellow tone	There is a mismatch between patient data in two connected devices. Resolve the mismatch to allow settings and data synchronization.
Check Screen Res. INOP tone	The Screen you have selected uses a resolution which is not supported by the display. The monitor will show a generic Screen instead until you select a different Screen. Contact your service personnel if you want the Screen deleted from the Profile(s) to avoid this in future.
Check Settings INOP tone	If this INOP appears, check the monitor and patient settings before you resume monitoring. If the settings are unexpected, there may be a problem with the monitor software. Contact your service personnel.
Check SpeedPoint INOP tone	Perform a visual and functional check of the SpeedPoint input device. Contact your service personnel.
Check Touch Input INOP tone	Perform a visual and functional check of the touch input device. Contact your service personnel.

INOP Message, Indication	What to do
Check Waves INOP tone	The options purchased with this monitor may not support the number of waves required to show the selected Screen, so some waves or high resolution trends are missing from the Screen. Select a different Screen with fewer waves. Contact your service personnel if you want the Screen deleted from the Profile(s) to avoid this in future.
Chk ECG Sync Cable INOP tone	The ECG Sync is detecting an invalid signal, or the ECG Sync cable is disconnected.
Chk IndepDsp Cable	The monitor cannot communicate with the D80 Intelligent Display. Check the MSL coupling cable. The end with the gray connector must be connected to the Intelligent Display.
Chk <Measurement Label>Settings	Synchronization of the settings for the measurement cited, has failed. Check that settings are appropriate for your patient.
Chk MSL Connection INOP tone	Check that the MSL cable is properly connected. If this is the case, try using another MSL cable, to check if your cable is defective. If this does not help, the device connected via the MSL cable may be defective, contact your service personnel.
Internal.Comm.Malf INOP tone	There is a problem with I2C Bus communication in the monitor. Contact your service personnel.
MCC Reversed INOP tone	The MSL coupling cable is reversed. Connect the end with the gray connector to the Intelligent Display.
MCC Unsupported INOP tone	An MSL coupling cable has been connected to a device which does not support MSL coupling.
Meas. Deactivated	An X2 has been connected to a host monitor (companion mode) and all derived measurements have been deactivated and/or measurements with a label conflict. The measurements can only be reactivated by disconnecting the measurement device from the host monitor.
!!More Bed Alarms !!!More Bed Alarms at Information Center	The monitor is associated with a telemetry device and is sending data to the Information Center via the telemetry device. There are currently more alarms at the bedside than can be transmitted to the Information Center.
More INOPs !! More INOPs !!! More INOPs	There is more than one technical alarm of the corresponding severity active on the devices that monitor this patient. For details check the information displayed at the Information Center.
MSL Power High	The power consumption of the devices connected to the Measurement Link (MSL) cable is too high. If this situation continues, the MSL will be switched off. Contact your service personnel.
MSL Power Off INOP tone	The power consumption of the devices connected to the Measurement Link (MSL) cable was too high for too long and the MSL has been switched off. Contact your service personnel.
MSL Power Overload INOP tone	The power consumption of the devices connected to the Measurement Link (MSL) cable is much too high or there has been a short circuit. The MSL has been switched off. Contact your service personnel.
No Central Monit. INOP tone	There is a problem with the communication to the network. Central monitoring is currently not possible (no patient alarms or information). Check the connection. In case the connection is via a telemetry device, the current telemetry use model does not support central monitoring. Contact your service personnel.
No ECG at Central	The ECG measured with the monitor ECG is not being sent to the Information Center via the telemetry device.
OtherMon INOP !! OtherMon INOP !!! OtherMon INOP	Another monitor assigned to the patient (e.g. a transport monitor) is in an INOP condition. Check the detailed INOP information at the Information Center and resolve the INOP condition(s) at the other monitor.
Rem.AlarmDev.Malf. INOP tone	There is a problem with the connection to the remote alarm device. Contact your service personnel to check the remote alarm device and its connections.
Settings Malfunc INOP tone	The monitor cannot use the predefined settings for monitoring. Contact your service personnel.

4 Patient Alarms and INOPs

INOP Message, Indication	What to do
Speaker Malfunc INOP tone	Contact your service personnel to check the speaker and the connection to the speaker.
SRR Incompatible INOP tone	The short range radio component has compatibility problems. Contact your service personnel.
SRR Interference INOP tone	The short range radio connection has interference from another device. Try using another channel.
SRR Invalid Chan INOP tone	The channel configuration of the Short Range Radio is invalid. Check channel and channel mask configuration.
SRR Malfunction INOP tone	Malfunction in the short range radio device. If the INOP persists contact your service personnel.
TAAP Disabled INOP tone	The currently selected telemetry configuration on the monitor does not allow connection of telemetry devices to the monitor.
Tele Config Unsupp INOP tone	Telemetry Workflow configuration not supported. Check revision and configuration of monitor and central.
Tele Equip Malf INOP tone	The telemetry device has a malfunction. Disconnect and reconnect the telemetry device. If the INOP reappears, replace the telemetry device.
Tele Incompatible	SRR-enabled telemetry device is not supported by this central software revision. Please check configuration.
Tele INOP !! Tele INOP !!! Tele INOP	A telemetry device assigned to the patient is in an INOP condition. Check the detailed INOP information at the Information Center and resolve the INOP condition(s) at the telemetry device.
Tele Unsupported INOP tone	This telemetry device is not supported for direct connection to the monitor.
<Timer Label> Elapsed INOP tone	The time has expired for the timer indicated in the INOP text. Clearing the timer clears the INOP.
T-Mon INOP !! T-Mon INOP !!! T-Mon INOP INOP tone	A transport monitor assigned to the patient is in an INOP condition. Check the detailed INOP information at the Information Center and resolve the INOP condition(s) at the transport monitor.
TransportEquipment	The equipment is ready for transport. See the Equipment window for details.
Unsupported LAN INOP tone	There is a problem with the communication to the network and central monitoring is currently not possible. Check the connection. If the INOP persists, switch off the monitor and contact your service personnel.
User I/F Malfunc INOP tone	Perform a visual and functional check of all the monitor input devices. Contact your service personnel.

Battery INOPs

INOP Message, Indication	What to do
Batt 1 Missing Batt 2 Missing INOP tone During this INOP, alarms cannot be paused or switched off.	The monitor requires two batteries but can detect only one battery. Insert the missing battery immediately.

INOP Message, Indication	What to do
Batt Empty !!Batt Empty !!!Batt Empty INOP tone, battery LED flashes During this INOP, alarms cannot be paused or switched off.	The estimated remaining battery-powered operating time is less than 10 minutes. Replace the battery immediately. If the condition persists and the monitor is not connected to mains power, this INOP is re-issued two minutes after you acknowledge it.
Batt Extensn Malf INOP tone	There is a hardware error in the Battery Extension. Contact your service personnel.
Batt Incompat INOP tone	The battery cannot be used with this monitor. Replace with the correct battery as specified in this book.
Batt Low INOP tone	The estimated battery-powered operating time remaining is less than 20 minutes.
Batt Malfunction INOP tone, battery LED flashes During this INOP, alarms cannot be paused or switched off unless the monitor is connected to mains power.	The monitor cannot determine the battery status. If this INOP persists, replace the faulty battery. If the condition persists and the monitor is not connected to mains power, this INOP is re-issued two minutes after you acknowledge it. Place the battery in a different monitor or in a battery charger. If the same INOP is shown, contact your service personnel.
Batteries Empty !!Batteries Empty !!!Batteries Empty Batt 1 Empty !!Batt 1 Empty !!!Batt 1 Empty Batt 2 Empty !!Batt 2 Empty !!!Batt 2 Empty INOP tone, battery LED flashes During this INOP, alarms cannot be paused or switched off.	The estimated remaining battery-powered operating time of the indicated battery or batteries is less than 10 minutes. Replace the batteries immediately. If the condition persists and the monitor is not connected to mains power, this INOP is re-issued two minutes after you acknowledge it.
Batteries Incompat Batt 1 Incompat Batt 2 Incompat INOP tone	The indicated battery or batteries cannot be used with this monitor. Replace with the correct battery or batteries as specified in this book.
Batteries Low Batt 1 Low Batt 2 Low INOP tone	The estimated battery-powered operating time remaining is less than 20 minutes.
Batteries Malfunct Batt 1 Malfunction Batt 2 Malfunction INOP tone, battery LED flashes During this INOP, alarms cannot be paused or switched off unless the monitor is connected to mains power.	The monitor cannot determine the battery status. If this INOP persists, replace the faulty battery or batteries. If the condition persists and the monitor is not connected to mains power, this INOP is re-issued two minutes after you acknowledge it. Place the batteries in a different monitor or in a battery charger. If the same INOP is shown, contact your service personnel.
Charge Batt 1 now Charge Batt 2 now INOP tone	Battery must be charged. Connect the monitor to mains power or exchange the battery.
Charger Malfunct INOP tone, battery LED may flash	There is a problem with the battery charger in the monitor. Connect the monitor to mains power and contact your service personnel.

4 Patient Alarms and INOPs

INOP Message, Indication	What to do
Check Batt Temp INOP tone	The temperature of one or both batteries is too high. Check that ventilation openings (if applicable) are not blocked and monitor is not exposed to heat.
Chk MSL Connection	Check the MSL connection between X2/MP2 and the battery extension for damage or loose connections. Check also if a second X1 or X2 has been connected accidentally (e.g. in companion mode).
ExtBat Empty !!ExtBat Empty !!!ExtBat Empty INOP tone, battery LED flashes During this INOP, alarms cannot be paused or switched off.	The estimated battery-powered operating remaining time is less than 10 minutes. Replace the battery in the battery extension immediately. If the condition persists and the monitor is not connected to mains power, this INOP is re-issued two minutes after you acknowledge it.
ExtBat Incompat	The battery in the battery extension cannot be used. Replace with the correct battery as specified in this book.
ExtBat Low	The estimated battery-powered operating time remaining is less than 20 minutes.
ExtBat Malfunction INOP tone, battery LED flashes During this INOP, alarms cannot be paused or switched off unless the monitor is connected to mains power.	The monitor cannot determine the status of the battery in the battery extension. If this INOP persists, replace the faulty battery in the battery extension. If the condition persists and the monitor is not connected to mains power or a host monitor, this INOP is re-issued two minutes after you acknowledge it.
ExtBat Missing	There is no battery in the Battery Extension
!! Insert Battery Severe yellow INOP tone During this INOP, alarms cannot be paused or switched off.	X2/MP2 only: There is no battery in the battery compartment. You cannot operate the monitor on AC mains or battery extension while the battery compartment is open (not sealed with a battery). Load a battery immediately.
MSL Power High	The power consumption of the devices connected to the Battery Extension is too high. If this situation continues, the Battery Extension will be switched off. Contact your service personnel.
MSL Power Off	The power consumption of the devices connected to the Battery Extension was too high for too long. The Battery Extension has been switched off. Contact your service personnel.

Display INOPs

INOP Message, Indication	What to do
Indep.Dsp Malfunc.	There is a problem with the Independent Display. Check the MSL coupling cable then contact your service personnel.
Indep.Dsp NotSupp.	The monitor does not support a second main display. The monitor software is incompatible. Contact your service personnel.
Intell.Dsp Malf.	There is a problem with the Intelligent Display. Check the MSL coupling cable then contact your service personnel.
Intell.Dsp Missing	The monitor has lost contact with the connected Intelligent Display. Contact your service personnel.
Intell.Dsp Unsupp.	The monitor does not support the connected Intelligent Display. The monitor software is incompatible.

ECG, Arrhythmia, QT and ST INOPs

INOP Message, Indication	What to do
Cannot Analyze ECG	The arrhythmia algorithm cannot reliably analyze the ECG data. Check the ECG signal quality of the selected primary and secondary leads. If necessary, improve lead position or reduce patient motion.

INOP Message, Indication	What to do
Cannot Analyze QT	The QT algorithm cannot generate a valid QT value for more than 10 minutes, or 1 minute in the initial phase.
Cannot Analyze ST	The ST algorithm cannot generate a valid ST value. Possible causes are large variations in the measured ST values for consecutive beats, or ventricular paced beats. Review the ECG signal quality and the ST measurement points. If the patient has a ventricular pacemaker, ST analysis is not possible.
Cannot Analyze STE	The STE algorithm cannot generate valid ST elevation values. Possible causes are large variations in the measured ST values for consecutive beats, or ventricular paced beats. Review the ECG signal quality and the ST measurement points.
ECG Equip Malf Numeric is replaced by -?- INOP tone	Contact your service personnel. The ECG hardware is faulty.
<ECG Lead> Lead Off !! <ECG Lead> Lead Off !!! <ECG Lead> Lead Off If no ECG lead is measurable, numeric is replaced by -?- INOP tone	Not all the required leads for ECG monitoring are connected. Check the ECG connections and make sure that the electrode indicated by <ECG lead> is attached [e.g. RA, LA, LL, RL, V or C electrodes]. With EASI lead placement all 5 electrodes must be connected, and with Hexad lead placement all 6 electrodes must be connected.
ECG Leads Off !! ECG Leads Off !!!ECG Leads Off Numeric is replaced by -?- INOP tone	Check that all of the required ECG leads are attached, and that none of the electrodes have been displaced. The INOP may also be caused by a saturated or overloaded ECG amplifier.
ECG Noisy Elec <ECG Lead>	The ECG signal from the named ECG electrodes [RA, LA, LL, RL, V (or C)] is noisy. Check the ECG connections and make sure that the electrode indicated is attached.
ECG Noisy Signal INOP tone	The ECG signal is too noisy. Check that the electrodes are properly placed and have not dried out. Remove any possible sources of signal noise (such as power cords) from the area around the cable and the patient. The ECG signal may be saturated or overloaded.
ECG Out Equip Malf INOP tone	There is a problem with the device connected to the ECG Out connector. Contact your service personnel.
ECG/Arrh AlarmsOff !!ECG/Ar AlarmsOff	All ECG alarms have been switched off, or the HR alarm source is not ECG. To resume ECG alarm generation, switch ECG alarms on or select ECG as the alarm source.
Some ECG AlarmsOff	This message appears (if configured to do so) when the on/off settings of the yellow arrhythmia alarms differ from the current Profile.

Resp INOPs

INOP Message, Indication	What to do
Resp Equip Malf Numeric is replaced by -?- INOP tone	Contact your service personnel. The RESP hardware is faulty.
Resp Erratic Numeric is replaced by -?-	The monitor has detected too many artifacts in the measured Resp signal. Check that the RA and LL electrodes are correctly attached and have not dried out.
Resp Leads Off Numeric is replaced by -?- INOP tone	Not all the required leads for Resp monitoring are attached. Make sure that the RA, LA, and LL leads are attached.

NBP INOPs

INOP Message, Indication	What to do
!! Cuff Not Deflat !!!Cuff Not Deflat Numeric is displayed with a -?- Severe yellow/red INOP tone During this INOP, alarms cannot be paused or switched off.	Remove the cuff from the patient. Make sure that the tubing is not kinked or twisted and that the correct patient category is selected. Try repeating the measurement. You can silence the INOP, but the INOP message remains visible until the next NBP measurement is started or the Stop All SmartKey is selected. [Adult or pediatric patients: The NBP cuff pressure has exceeded 15 mmHg (2 kPa) for more than 3 minutes. Neonatal patients: The NBP cuff pressure has exceeded 5 mmHg (0.7 kPa) for more than 90 seconds.]
!! Cuff Overpress !!!Cuff Overpress Numeric is displayed with a -?- Severe yellow/red INOP tone During this INOP, alarms cannot be paused or switched off.	The NBP cuff pressure exceeds the overpressure safety limits. Remove the cuff from the patient. Make sure that the tubing is not kinked or twisted and that the correct patient category is selected. Try restarting the measurement. You can silence this INOP, but the INOP message remains visible until the next measurement is started or the Stop All SmartKey is selected.
NBP Deactivated INOP tone	The NBP measurement label in the measurement device has been deactivated by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, reactivate the measurement label in the Measurement Selection window.
NBP Equip Malf Numeric is replaced by -?- INOP tone	Remove the cuff from the patient. The NBP hardware is faulty. Contact your service personnel. You can silence this INOP, but the INOP message remains visible until the next measurement is started or the Stop All SmartKey is selected.
NBP Interrupted Numeric is replaced by -?- INOP tone	Check the tubing and cuff for leakages or kinks. Check that you are using the correct cuff size and placement, and that the correct patient category is selected. Try restarting the measurement. If the INOP occurs repeatedly, contact your service personnel. You can silence this INOP, but the INOP message remains visible until the next measurement is started or the Stop All SmartKey is selected. This INOP arises when the measurement needed longer than the maximum time for inflation, deflation or the total measurement.
NBP Measure Failed Numeric may be replaced by -?- INOP tone	Check that you are using the correct cuff size and placement, and that the correct patient category is selected. Try restarting the measurement. You can silence this INOP, but the INOP message remains visible until the next measurement is started or the Stop All SmartKey is selected. Check the condition and suitability of the patient for NBP monitoring. Use another cuff to continue measuring.

Temperature INOPs

INOP Message, Indication	What to do
T1, T2, T3, T4 INOPs	See <Temp Label> INOPs
Tamb INOPs	See <Temp Label> INOPs
Tart INOPs	See <Temp Label> INOPs
Tcereb INOPs	See <Temp Label> INOPs
Tcore INOPs	See <Temp Label> INOPs
<Temp Label> Deactivated INOP tone	A Temp measurement label in the measurement device has been deactivated, either by connecting a Pressure transducer in the shared Press/Temp socket, or by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, either reconnect a Temp transducer or reactivate the measurement label in the Measurement Selection window.

INOP Message, Indication	What to do
<Temp Label> Equip Malf Numeric is replaced by -?- INOP tone	Contact your service personnel. The temperature hardware is faulty.
<Temp Label> NoTransducer Numeric is replaced by -?- INOP tone	Make sure the Temp probe is connected to the MMS or module. If you silence this INOP, the measurement will be switched off.
<Temp Label> Overrange Numeric is replaced by -?- INOP tone	Try changing the application site of the transducer. [The temperature is less than -1°C, or greater than 45°C.]
<Temp Label> Unplugged INOP tone	A Temp measurement label has been deactivated, either by unplugging a module, or by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, either replug the module or reactivate the measurement label in the Measurement Selection window.
Tesoph INOPs	See <Temp Label> INOPs
Tnaso INOPs	See <Temp Label> INOPs
Trect INOPs	See <Temp Label> INOPs
Tskin INOPs	See <Temp Label> INOPs
Ttymp INOPs	See <Temp Label> INOPs
Tven INOPs	See <Temp Label> INOPs
Tvesic INOPs	See <Temp Label> INOPs

Predictive Temp INOPs

INOP Message, Indication	What to do
pTaxil INOPs	See <pTemp Label> INOPs
<pTemp Label> Check Probe Numeric is replaced by -?- INOP tone	Check that the probe holder is correctly installed and that a compatible probe is in use. If the INOP does not clear, remove the probe from the holder then replace it. If the INOP still does not clear, disconnect and reconnect the probe.
<pTemp Label> Deactivated INOP tone	The Predictive temperature has been deactivated.
<pTemp Label> Equip Malf Numeric is replaced by -?- INOP tone	The Predictive Temperature hardware is defective. Contact your service personnel.
<pTemp Label> Incompat.	The Predictive Temperature version is not supported by the monitor.
<pTemp Label> Meas Failed Numeric is replaced by -?- INOP tone	The ambient temperature is outside the specified range (10 to 40°C / 50 to 104°F). Bring the temperature into range to continue monitoring. If the INOP does not clear, disconnect and reconnect the probe.
<pTemp Label> No Probe Numeric is replaced by -?- INOP tone	Connect a probe to the Predictive temperature unit.
<pTemp Label> Overrange Numeric is replaced by -?- INOP tone	The temperature at the measurement site is out of range. Check that the probe is correctly located. If the INOP does not clear, disconnect and reconnect the probe.
<pTemp Label> Probe Malf. Numeric is replaced by -?- INOP tone	The connected probe may be defective. Disconnect and reconnect the probe. If the INOP does not clear, try another probe.
pTotal INOPs	See <pTemp Label> INOPs

4 Patient Alarms and INOPs

INOP Message, Indication	What to do
pTrect INOPs	See <pTemp Label> INOPs

Tympanic Temp INOPs

INOP Message, Indication	What to do
<iTemp Label> CalRequired INOP tone	The thermometer requires calibration. Contact your service personnel.
<iTemp Label> Incompat. Numeric is replaced by -?- INOP tone	The thermometer firmware is not supported by the monitor software.
<iTemp Label> Malfunction Numeric is replaced by -?- INOP tone	The thermometer or the interface board are defective. Check the thermometer on another monitor - if the same INOP occurs, replace the thermometer. If not, connect another thermometer to this monitor. If the problem persists, the interface board has a problem. Contact your service personnel.
<iTemp Label> Meas Failed Numeric is replaced by -?- INOP tone	The ambient temperature is out of range. If the ambient temperature is within the valid range, check the thermometer. Try picking up a new probe cover. If the problem persists replace the thermometer and contact your service personnel.
<iTemp Label> Overrange Numeric is replaced by -?- INOP tone	The measured temperature is out of range. If the temperature is within the valid range, check with another thermometer.

SpO2 INOPs

INOP Message, Indication	What to do
<SpO2 Label> Deactivated INOP tone	The SpO ₂ measurement label in the measurement device has been deactivated by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, reactivate the measurement label in the Measurement Selection window.
<SpO2 Label> Equip Malf Numeric is replaced by -?- INOP tone	The MMS or module is faulty. Unplug and replug the MMS or module. If the INOP persists, contact your service personnel.
<SpO2 Label> Erratic Numeric is replaced by -?- INOP tone	Check the sensor placement. Try another adapter cable and sensor. If the INOP persists, contact your service personnel.
<SpO2 Label> Extd.Update Numeric is displayed with a ? (questionable numeric)	The update period of displayed values is extended due to an NBP measurement on the same limb or an excessively noisy signal.
<SpO2 Label> Interference Numeric is replaced by -?- INOP tone	There is too much interference, caused by a high level of ambient light and/or electrical interference. Cover the sensor to minimize ambient light. If the INOP persists, make sure that the sensor cable is not damaged or positioned too close to power cables.
<SpO2 Label> Low Perf Numeric is displayed with a ? (questionable numeric)	Accuracy may be compromised due to very low perfusion. Stimulate circulation at sensor site. If INOP persists, change the measurement site.
<SpO2 Label> No Pulse Numeric is replaced by -?- INOP tone	Check the perfusion at measurement site. If necessary, stimulate circulation or change measurement site. If the INOP is due to NBP measurement on the same limb, wait until the NBP measurement is finished.
<SpO2 Label> No Sensor Numeric is replaced by -?- INOP tone	Make sure the SpO ₂ sensor is connected. If the INOP persists, try another adapter cable and sensor. If you silence this INOP, the measurement will be switched off.

INOP Message, Indication	What to do
<SpO₂ Label> NoisySignal Numeric is replaced by -?- INOP tone	Excessive patient movement or electrical interference is causing irregular pulse patterns. Try to reduce patient movement or to relieve the cable strain on the sensor.
<SpO₂ Label> Poor Signal Numeric is displayed with a ? (questionable numeric)	The signal condition of the SpO ₂ measurement is poor and measurement accuracy may be compromised. If the INOP persists, consider changing the application site or using another sensor.
<SpO₂ Label> Pulse? Numeric is replaced by -?- INOP tone	The detectable pulsations of the SpO ₂ signal are outside the specified pulse rate range.
<SpO₂ Label> Searching Numeric is unavailable	SpO ₂ is analyzing the patient signal to derive Pulse, SpO ₂ and Perf values. Please wait until the search analysis is complete.
<SpO₂ Label> Sensor Malf Numeric is replaced by -?- INOP tone	The SpO ₂ sensor or adapter cable is faulty. Try another adapter cable and sensor. If the INOP persists, contact your service personnel.
<SpO₂ Label> Sensor Off Numeric is replaced by -?- INOP tone	The SpO ₂ sensor is not properly applied to the patient. Apply the sensor following the instructions supplied by the manufacturer.
<SpO₂ Label> Unkn.Sensor Numeric is replaced by -?-	The connected sensor or adapter cable is not supported by the SpO ₂ measurement. Use only specified sensors and cables.
<SpO₂ Label> Unplugged Numeric is replaced by -?- INOP tone	An SpO ₂ measurement label has been deactivated, either by unplugging a module, or by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, either replug the module or reactivate the measurement label in the Measurement Selection window.
<SpO₂ Label> Upgrade Numeric is replaced by -?-	The SpO ₂ measurement is currently in upgrade mode. Monitoring is not possible in this mode.

Pressure INOPs

INOP Message, Indication	What to do
ABP INOPs	See <Press Label> INOPs
Ao INOPs	See <Press Label> INOPs
ART INOPs	See <Press Label> INOPs
BAP INOPs	See <Press Label> INOPs
CPP Chk Sources Numeric is replaced by -?- INOP tone	Not all measurements or values required to perform the calculation are available. Check the measurement sources.
CPP Chk Units Numeric is replaced by -?-	The monitor has detected a conflict in the units used for this calculation. Check the unit settings.
CPP Disabled	CPP has been disabled, either in the setup in Configuration mode, or by loading settings with CPP disabled. This can happen when changing from a pediatric or neonatal profile to an adult profile, as the default profile settings have the CPP measurement disabled in the adult profile and enabled in the pediatric and neonatal profiles. Enable CPP in the current profile to clear the INOP.
CVP INOPs	See <Press Label> INOPs
FAP INOPs	See <Press Label> INOPs
IC1 / IC2 INOPs	See <Press Label> INOPs
ICP INOPs	See <Press Label> INOPs
LAP INOPs	See <Press Label> INOPs

4 Patient Alarms and INOPs

INOP Message, Indication	What to do
P / P1 / P2 / P3 / P4 INOPs	See <Press Label> INOPs
PAP INOPs	See <Press Label> INOPs
PPV bad <Press Label> Signal	The arterial pressure source selected for PPV is not providing a pulsatile signal.
PPV bad Signal at Information Center	The arterial pressure source selected for PPV is not providing a pulsatile signal.
PPV Chk Sources	The arterial pressure source selected for PPV is unplugged or switched off. When this INOP has displayed for 1 minute PPV will be switched off.
<Press Label> Artifact Numeric questionable	A non-physiological event (flush or blood sample) is detected. A resulting limit alarm or non-pulsatile INOP will be suppressed.
<Press Label> Change Scale	Increase the scale for the pressure wave.
<Press Label> Deactivated INOP tone	A Pressure measurement label in the measurement device or extension has been deactivated, either by connecting a Temp transducer in the shared Press/Temp socket, or by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, either reconnect a Pressure transducer or reactivate the measurement label in the Measurement Selection window.
<Press Label> Equip Malf Numeric is replaced by -?- INOP tone	Contact your service personnel. The pressure hardware is faulty.
<Press Label> No Pulse Pulse numeric is replaced by -?- INOP tone	This INOP can only arise when a pressure is selected as the pulse source. It occurs when the pulse rate being measured is less than 25 beats per minute or the amplitude is less than three mmHg. Check the catheter and connections to the patient.
<Press Label> No Transducer Numeric is replaced by -?- INOP tone	Make sure that the pressure transducer is connected to the measurement device or module. If you silence this INOP, the measurement will be switched off.
<Press Label> Noisy Signal Pulse numeric is replaced by -?- INOP tone	This INOP can only arise when a pressure is selected as the pulse source. It occurs when the pulse detector finds a pulse rate above 350 bpm. This is usually caused by movement artifact or electrical interference.
<Press Label> Overrange Numeric is replaced by -?- INOP tone	Make sure that the measurement has been properly prepared and zeroed, and that the transducer is level with the heart. If this INOP persists, try another transducer. Possible causes are a measured pressure outside the allowed pressure range, or a broken wire to the transducer.
<Press Label> Unplugged INOP tone	A Pressure measurement label has been deactivated, either by unplugging a module, or by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, either replug the module or reactivate the measurement label in the Measurement Selection window.
<Press Label> Zero+Check Cal Numeric is replaced by -?-	Perform a zero and check the calibration of the transducer.
RAP INOPs	See <Press Label> INOPs
UAP INOPs	See <Press Label> INOPs
UVP INOPs	See <Press Label> INOPs

CO₂ INOPs

INOP Message, Indication	What to do
CO₂ Auto Zero Numeric is replaced by -?- if the Autozero lasts >15 sec, INOP tone sounds.	The automatic zero calibration is in progress. This typically takes 10 seconds. During this time the CO ₂ values may not be updated, or they may be replaced by -?-. Wait until the zero calibration is complete to resume monitoring.
CO₂ Cal Failed Numeric is replaced by -?- INOP tone	Make sure that the Cal cell was changed between CAL1 and CAL2. Repeat the calibration. If the INOP reappears, try another transducer. If the INOP persists, contact your service personnel.
CO₂ Cal Mode CO ₂ numeric displays current CO ₂ value for accuracy check	Currently no calibration is running. Accuracy can be checked by placing the transducer on the two cells of the calstick and starting calibration. To start monitoring, leave Cal. Mode.
CO₂ Cal Running Numeric is replaced by -?-	Wait until calibration is finished.
CO₂ Check Cal Numeric is replaced by -?- INOP tone	The CO ₂ value is outside the measurement range. Perform an accuracy check for both calstick cells and, if necessary, recalibrate the transducer.
CO₂ Chk Adapter Numeric is replaced by -?- INOP tone	Check that the sensor is connected to the airway adapter, clean the airway adapter, if necessary. Perform a zero calibration. If the INOP persists, contact your service personnel.
CO₂ Deactivated INOP tone	The CO ₂ measurement label in the measurement device has been deactivated by deactivating the label in the Measurement Selection window. The measurement automatically disappears from the display. To switch the measurement on again, reactivate the measurement label in the Measurement Selection window.
CO₂ Equip Malf Numeric is replaced by -?- INOP tone	The Measurement Extension is faulty. Unplug and replug the Multi-Measurement Module with Extension. If you are using the mainstream method, unplug and replug the transducer or try another transducer. If the INOP persists, contact your service personnel.
CO₂ No Sensor from M3014A Numeric is replaced by -?- INOP tone	There is no CO ₂ sensor connected. If you silence this INOP the CO ₂ measurement will be switched off.
CO₂ No Tubing Numeric is replaced by -?- INOP tone	Either the sample line is disconnected, or an incorrect line is attached. Check the connection. If necessary, connect another sample line (Use only the approved accessories). If you silence this INOP, the measurement will be switched off.
!! CO₂ Occlusion !!! CO₂ Occlusion Numeric is replaced by -?- INOP tone	The sample line or exhaust tube is blocked. Check the tubing, then disconnect and reconnect the sample line. If the INOP persists, connect a new sample line.
CO₂ Overrange Numeric is replaced by -?- INOP tone	The CO ₂ value is higher than the measurement range. If you suspect a false high value, contact your service personnel.
CO₂ Pump Off Numeric is replaced by -?-.	The pump has been switched off for fifteen minutes. To switch it on again, select Pump On in the Setup CO₂ menu.
CO₂ Purging Numeric is replaced by -?- INOP tone	The Filterline is being purged to remove an occlusion in the line or airway adapter. If the occlusion is removed, the INOP will disappear. If not, the INOP CO₂ Occlusion is displayed.
CO₂ Sens Warmup Numeric is replaced by -?- Microstream CO ₂ : INOP tone Mainstream CO ₂ : no INOP tone	Wait until the sensor reaches operating temperature and the INOP disappears.

4 Patient Alarms and INOPs

INOP Message, Indication	What to do
CO₂ Upgrade FW Numeric is replaced by -?- INOP tone	The software in the Measurement Extension does not match the software in the MMS. Contact your service personnel.
CO₂ Wait Cal2 Numeric is replaced by -?-	Calibration on the first calstick cell is complete. Place the transducer on the other calstick cell and start the CAL2 calibration cycle.
CO₂ Zero Failed Numeric is replaced by -?- INOP tone	An error occurred during the last zero calibration. Check the airway adapter and clean, if necessary. Perform another zero calibration. If the INOP persists, contact your service personnel.
CO₂Change Scale	The CO ₂ wave is clipped. Select a more appropriate wave scale to display the whole wave.
CO₂NoTransducer from mainstream CO ₂ (except M3014A) Numeric is replaced by -?- INOP tone	There is no CO ₂ transducer connected. If you replace the transducer, the new transducer must be calibrated. If you silence this INOP the CO ₂ measurement will be switched off.
CO₂Zero Running	Wait until zero calibration is finished.
CO₂ZeroRequired Numeric is replaced by -?- INOP tone	Perform zero calibration for the CO ₂ sensor. If the INOP persists, contact your service personnel.
IPI Check Pat. Age	For Adult patients: a date of birth has been entered that results in a calculated patient age of less than 12 years. Enter correct date of birth or, if patient is pediatric, correct patient category. For pediatric patients: either no date of birth has been entered (it is required for calculation of IPI for pediatric patients) or the calculated age is below 1 year or above 12 years. Check that correct date of birth is entered.
IPI Check Sources	The IPI numeric cannot be provided as one or more of the measurement sources required for IPI is not available. Check availability of etCO ₂ , awRR, SpO ₂ , and pulse rate.
IPI Neo Patient ?	Check patient category. The IPI numeric is not available for neonatal patients.

Telemetry INOPs

INOP Message, Indication	What to do
Check ECG Settings INOP tone	Synchronization of ECG settings between the monitor and Information Center has failed. Check that the ECG settings in use are appropriate.
!!Check ECG Source	Both the telemetry device and the monitor have valid ECG signals
Chk SpO₂T Settings INOP tone	Synchronization of SpO ₂ T settings between the monitor and Information Center has failed. Check that the SpO ₂ T settings in use are appropriate.
Invalid Leadset	The leadset plugged in cannot be used with the telemetry device.
Leadset Unplugged	The leadset has been unplugged from the telemetry device.
No ECG Source	A telemetry device is paired with the monitor but the Information Center is not detecting a valid ECG signal from either of them.
!! Repl. Tele Batt !!!Repl. Tele Batt Severe yellow/red INOP tone During this INOP, alarms cannot be paused or switched off.	The battery in the telemetry device is almost empty and must be replaced.
Tele Battery Low	The battery in the Telemetry device is low and must be replaced soon.

INOP Message, Indication	What to do
!!Tele Disconnect !!!Tele Disconnect Severe yellow/red INOP tone	Telemetry transceiver was disconnected or short range radio link was lost. For cable connections; check Telemetry interface, cable connection and setup. For short range radio connections: if the telemetry transceiver has not moved out-of-range, check for interference sources close to the monitor (bluetooth devices, DECT phones, cellular phones, microwaves, etc.). If this INOP persists, ask your service personnel to survey the interference sources.
!! Tele INOP !!! Tele INOP Severe yellow/red INOP tone	Check for further details at the Information Center or in the Telemetry Data window on the monitor.
Tele Sync Unsupp. INOP tone	The MMS in use does not support synchronization of ECG and SpO ₂ settings between the monitor and central station after a telemetry device has been paired. Use an MMS with revision E.0 or above.

ProtocolWatch INOPs

INOP Message, Indication	What to do
PW: Check Settings	Contact your service personnel. Settings could not be loaded or interpreted correctly.
PW: In Conflict	There is a patient information mismatch which has not yet been resolved (>15 minutes).
PW:Action Required	The protocol currently running requires a user response. Check which pop-up window is displayed and provide the appropriate response.

Calculated Values INOPs

INOP Message, Indication	What to do
ΔSpO₂ Chk Sources Numeric is replaced by -?-	Not all measurements or values required to perform the calculation are available. Check measurement sources.
ΔSpO₂ Chk Units Numeric is replaced by -?-	The monitor has detected a conflict in the units used for this calculation. Check the unit settings.
Sp-vO₂ Chk Sources Numeric is replaced by -?-	Not all measurements or values required to perform the calculation are available. Check measurement sources.
Sp-vO₂ Chk Units Numeric is replaced by -?-	The monitor has detected a conflict in the units used for this calculation. Check the unit settings.
SVR Chk Sources SVRI Chk Sources Numeric is replaced by -?-	Not all measurements or values required to perform the calculation are available. Check measurement sources.
SVR Chk Units SVRI Chk Units Numeric is replaced by -?-	The monitor has detected a conflict in the units used for this calculation. Check the unit settings.
SVRSet CVP Used SVRISet CVP Used	A CVP value is required for this calculation, but is not currently being measured. The monitor is using the CVP value preset in the Setup SVR menu.
ΔTemp Chk Sources Numeric is replaced by -?-	Not all measurements or values required to perform the calculation are available. Check measurement sources.
ΔTemp Chk Units Numeric is replaced by -?-	The monitor has detected a conflict in the units used for this calculation. Check the unit settings.

Cableless Measurement Device INOPs

INOP Message, Indication	What to do
cl NBP Batt Empty !!cl NBP BattEmpty !!!cl NBP BatEmpty Corresponding INOP tone	The remaining battery time of the NBP Pod is below 30 minutes. Charge the battery.
cl NBP Batt Incomp INOP tone	The battery in use with the NBP Pod is incompatible. Replace it with one approved for use with the NBP Pod.
cl NBP Batt Low INOP tone	The remaining battery time of the NBP Pod is below 2 hours.
cl NBP Batt Malf INOP tone	There is a malfunction in the NBP Pod's battery system. Contact your service personnel.
cl NBP Batt Temp INOP tone	The temperature of the battery in the NBP Pod is critically high. Check that the Pod is not covered or exposed to a heat source. If the INOP persists, remove the Pod from the patient and contact your service personnel.
cl NBP Check Batt INOP tone	The battery in the NBP Pod is nearing the end of its useful life. Only 50 charge/discharge cycles remain. Contact your service personnel to replace the battery.
cl NBP Chk Chrg IF	The interface between the NBP Pod and the Charging Station is not working properly. Try cleaning the contacts and reposition the Pod on the charging station.
cl NBP ChkSettings	The NBP Pod's settings may have changed or become corrupt. Check the settings.
cl NBP Disconnect INOP tone	The NBP Pod has lost the connection to the monitor.
cl NBP License Req	The NBP Pod requires a valid software license for operating.
cl NBP No Cradle INOP tone	The NBP Pod is not in its cradle.
cl NBP Remove INOP tone	The temperature of the battery in the NBP Pod is too high. Remove the Cableless Measurement Device from the patient and contact service personnel.
cl NBP Serv Batt INOP tone	The battery in the NBP Pod has reached the end of its useful life. It can no longer be charged. Contact your service personnel to replace the battery.
cl Resp Batt Empty !!cl Resp BatEmpty !!!cl Resp BtEmpty Corresponding INOP tone	The remaining battery time of the Respiration Pod is below 30 minutes. Charge the battery.
cl Resp Batt Incmp INOP tone	The battery in use with the Respiration Pod is incompatible. Replace it with one approved for use with the Respiration Pod.
cl Resp Batt Low	The remaining battery time of the Respiration Pod is below 2 hours.
cl Resp Batt Malf	There is a malfunction in the Respiration Pod's battery system. Contact your service personnel.
cl Resp Batt Temp	The temperature of the battery in the Respiration Pod is critically high. Check that the Pod is not covered or exposed to a heat source. If the INOP persists, remove the Pod from the patient and contact your service personnel.
cl Resp Check Batt	The battery in the Respiration Pod is nearing the end of its useful life. Only 50 charge/discharge cycles remain. Contact your service personnel to replace the battery.
cl Resp Chk ChrgIF	The interface between the Respiration Pod and the Charging Station is not working properly. Try cleaning the contacts and reposition the Pod on the charging station.
cl Resp Chk Sett	The Respiration Pod's settings may have changed or become corrupt. Check the settings.
cl Resp Disconnect	The Respiration Pod has lost the connection to the monitor.
cl Resp Remove	The temperature of the battery in the Respiration Pod is too high. Remove the Pod from the patient and contact service personnel.

INOP Message, Indication	What to do
cl Resp Serv Batt	The battery in the Respiration Pod has reached the end of its useful life. It can no longer be charged. Contact your service personnel to replace the battery.
cl SpO₂ Batt Empty !!cl SpO₂ BatEmpty !!!cl SpO₂ BtEmpty Corresponding INOP tone	The remaining battery time of the SpO ₂ Pod is below 30 minutes. Charge the battery.
cl SpO₂ Batt Incmp INOP tone	The battery in use with the SpO ₂ Pod is incompatible. Replace it with one approved for use with the SpO ₂ Pod.
cl SpO₂ Batt Low INOP tone	The remaining battery time of the SpO ₂ Pod is below 2 hours.
cl SpO₂ Batt Malf INOP tone	There is a malfunction in the SpO ₂ Pod's battery system. Contact your service personnel.
cl SpO₂ Batt Temp INOP tone	The temperature of the battery in the SpO ₂ Pod is critically high. Check that the Pod is not covered or exposed to a heat source. If the INOP persists, remove the Pod from the patient and contact your service personnel.
cl SpO₂ Check Batt INOP tone	The battery in the SpO ₂ Pod is nearing the end of its useful life. Only 50 charge/discharge cycles remain. Contact your service personnel to replace the battery.
cl SpO₂ Chk ChrgIF	The interface between the SpO ₂ Pod and the Charging Station is not working properly. Try cleaning the contacts and reposition the Pod on the charging station.
cl SpO₂ Chk Sett	The SpO ₂ Pod's settings may have changed or become corrupt. Check the settings.
cl SpO₂ Disconnect INOP tone	The SpO ₂ Pod has lost the connection to the monitor.
cl SpO₂ No Cradle INOP tone	The SpO ₂ Pod is not in its cradle.
cl SpO₂ Remove INOP tone	The temperature of the battery in the SpO ₂ Pod is too high. Remove the SpO ₂ Pod from the patient and contact service personnel.
cl SpO₂ Serv Batt INOP tone	The battery in the SpO ₂ Pod has reached the end of its useful life. It can no longer be charged. Contact your service personnel to replace the battery.
clResp License Req	The Respiration Pod requires a valid software license for operating.
clSpO₂ License Req	The SpO ₂ Pod requires a valid software license for operating.
cmResp NeoPatient?	The Respiration Pod cannot be used with neonatal patients. Check the patient category.
cmResp No Signal	No signal is being detected from the Respiration Pod. Check that the Pod is attached correctly with the adhesive attachment and that it moves with the patient's breathing.
cmRespCan'tAnalyze	The Respiration Pod algorithm cannot reliably analyze the signal. Respiration rate and pulse rate are affected.
cmRespPediPatient?	The Respiration Pod cannot be used with pediatric patients. Check the patient category.

Managing Patients and Equipment

When the monitor is used together with an IntelliVue Information Center, a variety of services are provided to manage the interconnections between patients, equipment, hospital beds, caregivers, and so on.

Many services can be used both at the monitor and at the Information Center, resulting in a more efficient workflow.

Which services are available will depend on which Information Center you have. The **Philips IntelliVue Information Center iX (PIIC iX)** provides more services and functionality than the **Philips IntelliVue Information Center (PIIC)**. In these Instructions for Use, information that is only valid for one of the Information Centers will be marked with a corresponding side heading, for example

PIIC iX For a list of the differences between the two Information Centers, see “Information Center Compatibility” on page 111.

Patient Concepts

For a patient to be part of the system their identification data must be entered into the system. A patient can then be assigned to a bed, have equipment assigned directly to him, and have a location set when he is not currently in the bed.

Equipment Concepts

Depending on how equipment is used in your facility, there are various ways to associate devices with patients, beds or monitors. Equipment usage must be configured appropriately at the Information Center and the monitoring equipment.

PIIC iX By configuration, equipment can be assigned:

- permanently to a bed,
- on demand to a bed or host monitor, or
- directly to a patient.

The foundation for a particular equipment use model is laid in the configuration settings in the monitor and the Information Center. Refer to the corresponding configuration guides for further details.

Additionally there are mechanisms to automatically free up equipment that is no longer used. This prevents unnecessary patient mismatches when the equipment is used for the next patient and avoids data of different patients getting mixed.

PIIC iX When connected to PIIC iX, equipment states are tracked by the system. When the equipment is not assigned to a patient or no patient is admitted at a monitor, the equipment is considered as free equipment in the system. Equipment that is assigned or has a patient admitted is tracked as used (i.e. not free) equipment.

The Information Center uses the equipment state (free/not free) to maintain and support workflow and equipment lists.

Managing Patients

In order to attribute collected measurement data to a specific patient, or assign equipment or a bed to a specific patient, each patient in the system must be identified. By admitting a patient, you identify them for the system.

When equipment is freed up (for example by discharging the patient, removing a monitor from a patient or using End Case) the collection of data is officially ended for this patient and important settings on the monitor are reset to the defaults.

WARNING

With MP5 and MP5T, always perform a discharge or free up the monitor before starting monitoring for a new patient, even if your previous patient was not admitted. Failure to do so can lead to data being attributed to the wrong patient.

Beginning Monitoring

If the monitor already has a patient admitted, or has been used for another patient without admission, select the **New Patient** key to safely begin monitoring of the new patient.

When you select **New Patient**, the monitor is freed. All settings are reset to the defaults, all patient data and trend data are deleted, and monitoring at the Information Center may stop for monitors designated as transport monitors. Depending on your equipment configuration, selecting **New Patient** may transfer the currently admitted patient out of the bed. A message will appear requiring your confirmation of these actions.

After selecting **New Patient**, you can admit your patient as described in “Admitting a Patient” below.

Admitting a Patient

The monitor displays physiological data and stores it in the trends as soon as a patient is connected. This lets you monitor a patient who is not yet admitted. It is however important to admit patients properly so that you can identify your patient on recordings, reports, and networked devices.

During admission you enter data that the monitor needs for safe and accurate operation. For example, the patient category setting determines the algorithm the monitor uses to process and calculate some measurements, the safety limits that apply for some measurements, and the alarm limit ranges.

NOTE

It is strongly recommended that the same patient data fields be configured to be mandatory at the monitor and the Information Center.

To admit a patient:

- 1 Select the patient name field or select the **Patient Demogr.** SmartKey to open the **Patient Demographics** window.
- 2 Select **Admit Patient**.
The **Enter Patient Demographics** window appears. You can enter data as normal, using the keyboard or a barcode scanner, or, with **PIIC iX**, use the **Find Patient** key to search for patient data in connected systems as described in “Using “Find Patient” to Search for Patient Data” on page 89.
- 3 Enter the patient information: select each field and use the keyboard or barcode scanner or choose from the pop-up list of alternatives to input information.
When you enter data, the Information Center will automatically check for corresponding data and will suggest an appropriate action based on what it finds. You can select **Confirm** to accept the suggestion or **Cancel** to reject it.
 - **Last Name:** Enter the patient's last name (family name).
 - **First Name:** Enter the patient's first name.
 - **Middle Name** (if configured to appear): Enter the patient's middle name.
 - **Lifetime ID, Encounter ID:** Whether these fields appear and how they are labeled can be configured for your hospital. One or both fields may be displayed and the labels may read: **MRN, Case ID, Visit Number**, or other alternatives. Enter the appropriate data for the fields displayed.
 - **Patient Cat.:** Choose the patient category, either **Adult, Pedi**, or **Neo**.
 - **Paced Mode:** Choose **On** or **Off** (You must use **On** if your patient has a pacemaker). With **PIIC iX** there is a third choice: **Unconfirmed**. When the paced mode is **Unconfirmed**, the algorithm for paced patients will be used.
 - **Height:** Enter the patient's height.
 - **Weight:** Enter the patient's weight.
 - **BSA:** The monitor calculates the body surface area automatically.
 - **Date of Birth:** Enter the patient's date of birth, in the form dd/mmm/yyyy.
 - **Age:** The monitor calculates the patient age automatically.
 - **Gender:** Choose **Male** or **Female**.
 - **Notes (1) / Notes (2):** Enter any extra information about the patient or treatment.

When admission is complete, the patient's name appears on the monitor info line at the top of the screen together with the symbol indicating the patient category. By clicking on this section of the information line, also when no patient is admitted, you can open the **Patient Demographics** window at any time. There you can change patient data or set patient category and paced mode as described above.

Using “Find Patient” to Search for Patient Data

- PIIC iX** You can use the **Find Patient** key to search for patient data in the Information Center and any connected hospital information systems. The search will look for currently admitted or previously admitted patients matching the search data you enter.

To search for patient data:

- 1 Select the **Find Patient** key.
A window opens with an on-screen keyboard.
- 2 Type in the last name or an ID, or a part of it, and select **Enter** on the keyboard.
The search results will be displayed in a **Select Patient** window. The system provides a list of all matching patients.
- 3 Highlight the patient you want to admit to this bed.
- 4 Depending on their current status, you will be asked whether you want to readmit them, or transfer them to this bed.
- 5 Select **Confirm** to complete the admission or transfer.

Patient Category and Paced Mode

The patient category setting determines the algorithm the monitor uses to process and calculate some measurements, the safety limits that apply for some measurements, and the alarm limit ranges.

The paced mode setting determines whether the monitor shows pacemaker pulses or not. When **Paced Mode** is set to **Off**, pace pulses are filtered and therefore do not show in the ECG wave.

WARNING

Patient Cat. and **Paced Mode** will always contain a value, regardless of whether the patient is fully admitted or not. If you do not specify settings for these fields, the monitor uses the default settings from the current profile, which might not be correct for your patient.

Patient category

Changing the patient category may change the arrhythmia and NBP alarm limits. If possible, always load a suitable profile after changing patient category, and always check alarm limits to make sure that they are appropriate for your patient.

Paced mode

For paced patients, you must set **Paced Mode** to **On**. If it is incorrectly set to **Off**, the monitor could mistake a pace pulse for a QRS and fail to alarm during asystole. With PIIC iX, the paced mode may be **Unconfirmed** which will assume a pacemaker is present. You should still set the **Paced Mode** to **On** for paced patients to make the status clear.

Admitting a Centrally-Monitored Patient

You can admit a patient at either the bedside or the Information Center. When you admit a patient, the patient's name appears on the bedside monitor and the Information Center.

If you do not fill in all patient information required by the Information Center, the Information Center may reject the admission. Complete all the required fields and try again to admit the patient.

Quick Admitting a Patient

Use Quick Admit to quickly admit a patient using only a limited set of demographic data.

- 1 Select the **Quick Admit** SmartKey.
- 2 Enter the required data (ID fields or last name depending on configuration) with the keyboard or a barcode scanner.

- 3 Select **Enter**.
- 4 In the confirmation window, select **Confirm** to stop monitoring for the previous patient or free up the monitor (if confirmation is configured).
- 5 Check that patient category and paced status are correct for the new patient.
- 6 Check the current profile and, if necessary, load an appropriate profile.

If the monitor is connected to an Information Center and only the ID field is entered, the patient name may be set to - - - at the Information Center, depending on the configuration. Complete the rest of the demographic details as soon as possible to fully identify the patient on the network, on the monitor and on printed reports. To complete the details, open the **Patient Demographics** window and complete all required fields.

Using Stat Admit

Stat Admit allows you to admit a patient with a temporary patient identification. It can be used in cases when the patient ID is unknown or when the data is not yet available.

The Stat Admit function generates content for a name or ID field using the current date and time. A random lower case letter is added at the end to reduce the chance of creating the same name or ID simultaneously at two monitors. So a name field would be filled with, for example:

19:32:45-30MAR15a

Depending on your configuration, a name field, an ID field, or all fields defined as mandatory will be filled. The exact format of the date and time data depends on the size of the field being filled and the language of the monitor user interface.

Additionally, if configured, Stat Admit can enter the current bed label or equipment label as a record of the location at admission time.

Admitting with Stat Admit

If Stat Admit is available for use, one of the following two methods will be set up:

- Using the SmartKey - select the **Stat Admit** Smartkey.
- Using a barcode or RFID label - read the special Stat Admit code.

Depending on your configuration, either the temporary ID will appear directly on the monitoring screen or the **Enter Patient Demographics** window will open for you to confirm the temporary ID.

Editing Patient Information

To edit the patient information after a patient has been admitted, select the patient name field on the Main Screen to open the **Patient Demographics** window, and make the required changes.

PIIC iX If data has been provided by a hospital information system, you will not be able to edit it on the monitor.

Admitting a Patient

The monitor displays physiological data and stores it in the trends as soon as a patient is connected. This lets you monitor a patient who is not yet admitted. It is however important to admit patients properly so that you can identify your patient on recordings, reports, and networked devices.

During admission you enter data that the monitor needs for safe and accurate operation. For example, the patient category setting determines the algorithm the monitor uses to process and calculate some measurements, the safety limits that apply for some measurements, and the alarm limit ranges.

NOTE

It is strongly recommended that the same patient data fields be configured to be mandatory at the monitor and the Information Center.

Ending Monitoring for a Patient

There are several ways to end monitoring for a patient, depending on whether there is an Information Center connection, and on the configuration of the Information Center and the monitor. Discharging a patient and removing the monitor from a patient are described here. You can also end monitoring by admitting a new patient, as described in “Beginning Monitoring” on page 88.

Depending on your configuration, monitoring for a patient may end automatically when the monitor has been powered off or in standby mode for a set time, or when no basic measurements have been made for a set time.

WARNING

Always end monitoring for the previous patient (with **Discharge Patient**, **Remove Monitor**, **End Case** or **New Patient**) before starting monitoring for a new patient, even if your previous patient was not admitted. Failure to do so can lead to data being attributed to the wrong patient.

Discharging a Patient

The discharge function is only available when the patient is monitored centrally at an Information Center. A discharge transfers the patient out of the bed and frees all devices used for the patient. The discharge function may be disabled at a monitor designated as a transport monitor, to ensure that a patient cannot be accidentally discharged from the system when the transport monitor is used for another patient.

A discharge:

- clears the patient demographics
- erases all patient measurement data (such as trend, event, and calculation data) from the monitor, measurement modules and Information Center. This ensures that data from a previous patient are not mixed with data from a new patient.
- resets patient category and paced settings to the settings defined in the default Profile
- resets all monitor and measurement settings as well as the active Screen to the settings defined in the default Profile
- discharges the patient from the Information Center.

Make sure that you have printed out any required reports before discharging. Check that a functioning local or central printer is available before you use **End Case**.

To Discharge a Patient

- 1 Select the patient name field or select the **Patient Demogr.** SmartKey to open the **Patient Demographics** window and associated pop-up keys.
- 2 Select the pop-up key for either:

- **End Case** - to print any configured end case reports or vital signs recording, discharge the patient and clear the patient database, then enter standby mode. If an **End Case** SmartKey is configured for your monitor, you can also select this instead and then confirm.

To see which end case reports are set up for your monitor, select **Main Setup, Reports**, then **Auto Reports**. For each auto report, if **End Case Report** is set to **On**, this report will be printed when you select **End Case**. See “Setting Up Auto Reports” on page 289 for information on setting up end case reports.

- **Discharge Patient** - to discharge the patient without printing any reports.

Removing the Monitor

Removing a monitor stops using the monitor for the current patient and frees up the monitor and all devices assigned to that monitor.

Removing the monitor:

- clears the patient demographics in the monitor.
- erases all patient measurement data (such as trend, event, and calculation data) from the monitor and devices assigned to the monitor. This ensures that data from a previous patient are not mixed with data from a new patient.
- resets patient category and paced settings to the settings defined in the default Profile.
- resets all monitor and measurement settings as well as the active Screen to the settings defined in the default Profile.

If the monitor is locked to the bed and is connected to an Information Center, the remove function is not available and you will have to discharge the patient.

To Remove a Monitor

- 1 Open the **Equipment** window - either directly in **Main Setup** or by selecting the bed label in the information line.
- 2 Select the monitor.
- 3 Select the **Remove Monitor** pop-up key.

New Patient Check

The monitor can be configured to ask you whether a new patient is now being monitored in certain situations:

- after a specified power-off period
- after a specified standby period
- when no basic vitals (HR, RR, Pulse, SpO₂, NBP) have been measured for a specified period

The pop-up window is entitled **Is this a New Patient?**. The monitor offers a **Yes** key to stop monitoring for the previous patient and begin monitoring a new patient and a **No** key to continue monitoring with the current patient data and settings.

The time periods for the three conditions can be configured independently.

Transferring Patients

To save you from having to enter the same patient data multiple times and enable patient transfer without loss of data, patient demographic information is shared between patient monitors and Information Centers.

Data Exchange Between Information Centers

You can transfer demographic data and trend data from one IIC to another by selecting **Transfer** on the patient monitor. Trend data is not shared between Information Centers and monitors.

Transferring Patients with IntelliVue Information Center iX

PIIC iX There are several ways to transfer a patient from or to another bed. When a patient is transferred to the destination bed, Information Center monitoring continues in the destination bed and equipment that is not transferred with the patient is freed up.

Using the Transfer Function

- PIIC iX** To transfer a patient using the transfer function provided on the patient monitor by the Information Center:
- 1 Select the patient name or the **Not Admitted** text at the top of the monitor screen to open the **Patient Demographics** window.
 - 2 Select the **Transfer** pop-up key.
The **Transfer** window opens. If a patient is currently admitted, the window offers the possibility to transfer that patient to another bed (**To Other Bed**). If no patient is currently admitted, the window offers the possibility to transfer a patient **from** another bed using the patient search as described in “Using “Find Patient” to Search for Patient Data” on page 89.
 - 3 With **To Other Bed**, if more than one unit is configured, a list of units will appear. When you have selected a unit, or if only one unit is configured, a list of free beds will appear.
 - 4 Select a bed from the list.
You will be asked to confirm the transfer of the patient to this bed.
 - 5 Select **Confirm** to complete the transfer.

WARNING

Before doing a transfer ensure that no other patient is using the destination bed and/or equipment from the destination bed.

When a patient is transferred you need to check that the patient has all the required monitoring equipment at the destination bed.

Using the New Patient Key

- PIIC iX** If the monitor at the destination bed is not free:
- 1 Select the patient name field at the top of the monitor to open the **Patient Demographics** window.
 - 2 Select **New Patient** to free up the monitor.
 - 3 Select **Find Patient** and enter your patient's name to get the patient data from the system.
When you select your patient from the list, you will be asked to confirm that the patient should be transferred into this bed. After confirmation the transfer is complete.

Transferring Patients with IntelliVue Information Center

Transferring a Centrally-Monitored Patient with the Monitor

Scenario: A centrally-monitored patient is moved with the monitor to another monitoring location on the same Information Center database server without interrupting the collection of patient trend information.

- 1 Select the patient name field or select the **Patient Demogr.** SmartKey to open the **Patient Demographics** window, then select the **Transfer** pop-up key. If the patient is not admitted or not monitored by an Information Center, the **Transfer** key is inactive ("grayed-out").
This step preserves the patient's demographic data during the transfer.
- 2 At the new location, connect the monitor to the network (only needed for wired networks). If the monitor detects a patient mismatch, a window will open showing your patient's data and asking **Complete transfer of this patient?**
- 3 Select **Yes** to complete the transfer.
- 4 Verify that the settings for patient category and paced mode are correct.

If you accidentally transfer a patient, use **Re-Admit** to restore this patient's data to the Information Center. If you are not connected to the network, select **Clear Transfer** to leave transfer mode. The patient data remains in the monitor.

Resolving Patient Information Mismatch

- When you connect together devices which store patient demographic data, for example, an MP5 and an Information Center, the system compares patient category, paced status, and unique patient identification in order to synchronize this information. If configured to do so, the monitor indicates a mismatch if the information is not identical.

WARNING

- It is important to resolve the mismatches as soon as they are identified. Failure to do so could result in using incorrect/confusing data to make clinical decisions. Certain settings, for example **Paced Mode** and **Patient Cat.**, may not match between the Information Center and the monitor. If the **Paced Mode** is set incorrectly, the system could mistake a pace pulse for a QRS and fail to alarm in the case of asystole. It is important that the patient category is set correctly so the ECG can be analyzed correctly and initial arrhythmia alarm limits set. A **Check Patient ID INOP** will appear when a mismatch has not been resolved.
 - As long as patient mismatch has not been resolved, data integration in the Information Center and the own patient overview functionality might not work as equipment is not assigned correctly to the patient.
- PIIC** • When a monitor is connected to an Information Center by the wireless IntelliVue Instrument Telemetry interface, the patient data will automatically be merged in the case of a transfer. This means there is no patient discharge at the monitor and settings and trend data will be retained. You will see a message on the monitor and the **Patient Demographics** window will automatically appear so that you can check the data and change it if necessary.
-

Manually Resolving Patient Mismatch

The patient mismatch is indicated by question marks (???) beside the questionable fields in the Monitor Info Line and in the **Select Patient** window. The monitor displays a message such as **Different patients in Central and Monitor**.

The **Select Patient** window automatically opens so you can decide which patient data to use. You do not have to resolve the mismatch immediately, but the indicators remain until you do. After 5 minutes a **Check Patient ID INOP** will appear to remind you to resolve the mismatch.

For some common mismatch situations, the monitor will simplify the resolution by suggesting a solution for the mismatch. For example, when a patient arrives after transport and the **Transfer** key has been selected, the monitor will show this patient's data and ask **Complete transfer of this patient?**. You can then select **Yes** to complete the transfer. If you select **No** you will go to the **Select Patient** window.

After you resolve the mismatch, the monitor displays a confirmation window that shows the patient that has been selected and where data will be erased, if applicable. Confirm your choice. The monitor automatically displays the **Patient Demographics** window after confirmation. Verify that the settings shown are correct for the patient.

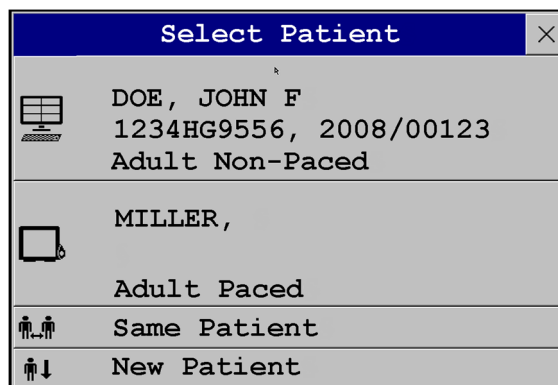
Gender, date of birth, height, weight, and nursing notes do not generate a mismatch. If these fields are different on different devices, the monitor resolves them itself. For example, it may take date of birth from the Information Center, whilst taking gender from the monitor. Always check the Patient Demographics after combining patients, to ensure that you are satisfied with the results. Change them if necessary.

WARNING

After resolving a patient mismatch, check that the monitor settings (especially patient category, paced status and alarm limits) are correct for the patient.

Patient Mismatch - If One Set of Patient Data is Correct

If there is a mismatch between an Information Center and a monitor, choose the data set you want to continue using for this patient by selecting one of the sectors in the **Select Patient** window.



Select Patient	
	DOE, JOHN F 1234HG9556, 2008/00123 Adult Non-Paced
	MILLER, Adult Paced
	Same Patient
	New Patient

After you resolve the mismatch, the monitor displays a confirmation window that shows the patient that has been selected and where data will be erased, if applicable. Confirm your choice. The monitor automatically displays the **Patient Demographics** window after confirmation. Verify that the settings shown are correct for the patient.

Patient Mismatch - If Neither Patient Data Set is Correct

A patient mismatch where neither set of patient data is correct might occur if you connect a new MMS to a monitor in order to prepare for a new patient, before you actually start measuring.

Select **New Patient** if you are sure that none of the information is correct. This uses the bed, monitor and MMS for a new patient, erases all data in both the monitor and MMS, resets all settings to the default Profile, and lets you admit a new patient.

Patient Mismatch - If Both Patient Data Sets Are Correct

A patient mismatch where both sets of patient data are correct might occur if you admit a new patient at a monitor (or Information Center) before the patient arrives at your unit and then connect the MP5 that was used during the patient transport in companion mode to the monitor.

Select **Same Patient** if the patient information is different, but you are sure it is the same patient. This merges the demographics and updates them in all locations.

Managing Equipment

Multiple pieces of monitoring equipment can be used for a patient. The association between a patient and a device can be made by:

- identifying the patient at the device (by entering patient data or using **Find Patient** to get patient data)
- "adding" equipment for an existing patient

The association between a patient and a device can be ended by:

- discharging the patient, or selecting **End Case**.
- "removing" the device from the patient.
- transferring the patient without the device.
- admitting a new patient to the device.
- automatic freeing of the device.

WARNING

In all cases listed above, when equipment is freed, all patient identification and measurement data are deleted, all settings are reset to the defaults, and monitoring at the Information Center (if active) is stopped. Any associated devices, e.g. multi measurement modules connected to a monitor, or cableless measurement devices assigned to a monitor, may also be freed, depending on the configuration.

Adding Equipment (PIIC iX)

By selecting the **Add Equipm.** key you can display a list of all free equipment (not currently assigned to a patient) and select a device for use with this patient. If you add another monitor, you need to confirm this at the selected monitor.

For information on combining equipment when connected to a PIIC, see "Using a Telemetry Device and a Monitor (PIIC only)" on page 235.

Removing Equipment

The association between a monitor and the patient can be ended by selecting **Remove Monitor**. With PIIC iX, the **Remove Monitor** key is not available when the monitor is locked to a bed.

Other equipment such as telemetry devices or IntelliVue Cableless Measurements can be removed by selecting the device then selecting **Remove** in the menu displayed.

Equipment Status Disputes

Equipment can come into situations where its status does not match its location. There are three typical situations where this may occur:

- PIIC iX only - equipment is locked to a bed, but has been removed and used at another bed.
- PIIC iX only - equipment has been configured for use in a specific unit, but is now being used in a different unit.
- Equipment has an equipment label but has not been configured at the Information Center and therefore cannot be managed.

If a monitor or a companion device is in one of these situations, a **Check Equipment INOP** will appear and the equipment status will be shown in the **Equipment** window.

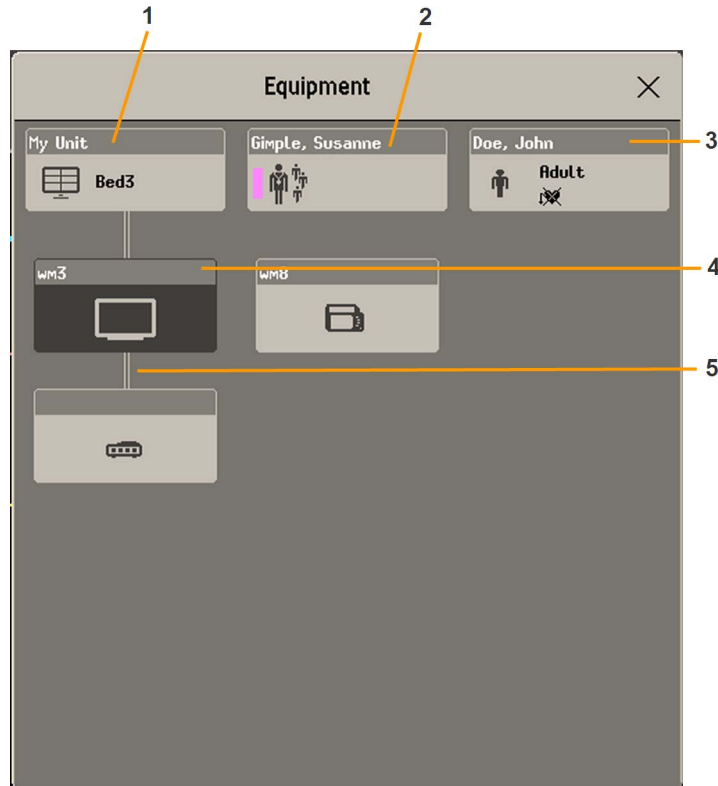
The following symbols (in red) are used to show the status in the **Equipment** window:

	equipment is locked to another bed
	equipment is not configured for use in this unit
	equipment label is not in system configuration, or duplicate equipment labels

Using the Equipment Window

In the **Equipment** window you have access to patient management, workflow functions (set location, transfer), equipment management functions (add/remove equipment) and caregiver-related functions.

You can open the **Equipment** window directly in **Main Setup** or by selecting the bed label in the information line.



- 1 This bed is Bed 3, the connection to the Information Center is active.
- 2 Name of assigned caregiver
- 3 Patient name, category and paced mode
- 4 This monitor is assigned to the patient and is the one on which you are viewing the window.
- 5 Wired connection

The top part of the window contains the patient data, with the assigned caregiver and the status of the connection to the Information Center, and the bed label. In the lower part of the window, all equipment for this patient is shown, with the corresponding assignments and connections.

The device you are currently viewing the window on is shown with a dark background (in the above example, the monitor with the label wm3).

Changing Caregiver Assignment

When a caregiver is assigned, the caregiver name appears above the caregiver symbol in the **Equipment** window. When you select this area of the window, a menu opens offering the following functions:

- PIIC iX**
- **Select Caregiver** - you can select a different caregiver from a list. When a new caregiver is assigned, the patient will be automatically added to that caregiver's Care Group. The availability of the function and the caregiver list depends on the Information Center configuration.
 - **My Patients** - opens the **My Patients** window showing all patients in your Care Group.

Using the Patient Area

The patient name, patient category and paced status are normally shown in the **Equipment** window. When a patient has been prepared for transfer, the transfer symbol will be shown:



When you select this area in the **Equipment** window, a menu opens giving access to the **Enter Patient Demographics** window, the **Transfer** function (see “Transferring Patients” on page 93) and the **End Case** function.

Changing the Location

If the monitor is currently assigned to a bed, but the patient is in another department for treatment or a diagnostic procedure, you can show a temporary location for the patient.

- 1 Select the Information Center area on the **Equipment** window.
- 2 Select the current location from the list.

Or alternatively use the **Select Location** pop-up key.

The temporary location is then shown in the **Equipment** window, on the Standby screen on the monitor, and in the sector at the Information Center. When the patient returns, you can set the location back to the bed number in the same way as described above.

When Multiple Equipment is Used for One Patient

It is possible to assign additional monitoring equipment and a telemetry device to the same patient, resulting in the information from multiple devices being combined in one sector at the Information Center. The measurement data from the other devices will be displayed on the monitor screen in the own patient overview window.

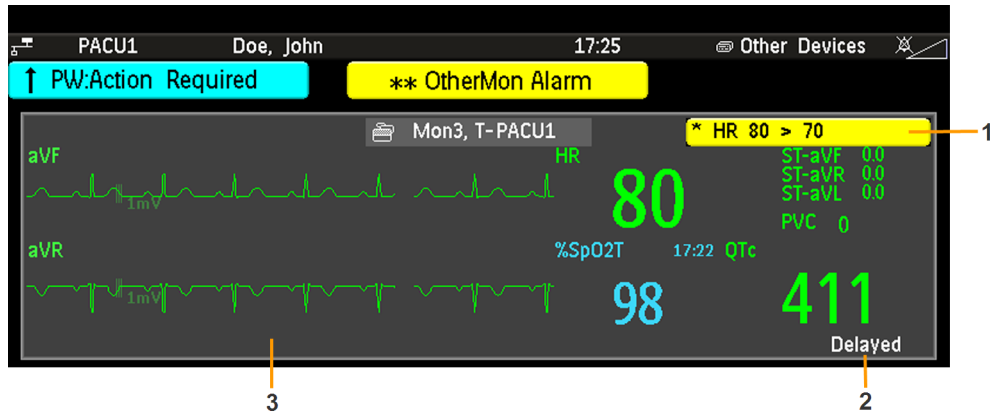
WARNING

When new equipment has been added for a patient, you will be asked to confirm that the device be used for the patient. Always do this as soon as possible to avoid patient data mismatch.

If multiple equipment is assigned to the patient, resolving a patient mismatch at the monitor may resolve other pending patient mismatches or remove other associated equipment.

Own Patient Overview Window

The measurements from other monitoring devices and telemetry devices are shown combined in the own patient overview window on the monitor, together with related information derived by the Information Center, such as alarms.



- 1 A current alarm generated by another device.
- 2 **Delayed** - indication that data in the window is delayed.
- 3 Own patient overview window

WARNING

All data presented in the own patient overview window are delayed for several seconds.

If you need realtime data, for example for defibrillation, always use the host monitor ECG instead of telemetry or ECG from another monitoring device. As long as the ECG is being measured with another device there will be no ECG signal available at the ECG analog output.

Visual Alarm Status Information in the Own Patient Overview Window

- If individual measurement alarms are switched off at any of the devices in use for the patient, an alarms off symbol on a white background is shown beside the measurement numeric
- If all alarms are switched off or paused for one of the devices in use for the patient, an alarms off or alarms paused symbol on a dark gray background is shown beside all affected measurement numerics (if so configured). If all red and yellow alarms are switched off/paused, the symbol is red. If only yellow alarms are switched off/paused, the symbol is yellow.



Assigning a Telemetry Transceiver with an SRR Adapter to a Monitor

A telemetry device with a short range radio adapter can be assigned to a monitor directly.

Monitors which have this capability have a short range radio symbol  on the model label.

NOTE

If the monitor is using the MBAN frequency band (2.360 - 2.400 GHz, for US / FCC regulated countries only), direct assignment of a telemetry device is not possible. If problems occur with the direct assignment, contact your service personnel to check the frequency band used.

To assign a telemetry device to a monitor:

- 1 Press the Check button on the telemetry device.

The measurement selection key on the monitor will change to show the "add cableless" symbol



- 2 Select the symbol.
- 3 In the **Add Cableless** window, select the correct equipment label for the telemetry device.
- 4 Check that the assignment is successful and that transmission has begun:
 - A **Tele Device assigned** message appears on the monitor
 - A tone sounds at the telemetry device and the Leads Off indicators light
 - The ECG wave appears on the monitor

To confirm that the correct telemetry device has been assigned, open the ECG Setup menu. The title of the menu contains the equipment label of the telemetry device; check that this is the correct label.

If a telemetry device is already assigned to a monitor, you cannot assign a further telemetry device to that monitor.

If the telemetry device goes out-of-range or loses the short range radio connection, it will switch over to standard telemetry transmission to the Information Center. In this case, the telemetry data is displayed in the Own Patient Overview Window as described above.

When a telemetry device with a short range radio adapter is assigned to the patient, the short range radio connection to the monitor is made automatically.

If a telemetry device disappears from the list in the **Add Cableless** menu, press the Check button on the telemetry device again. If the monitor is not configured to be used with a telemetry device, the add

cableless symbol will appear crossed out 

If the telemetry device is removed (unassigned), the short range radio connection will be ended.

WARNING

Short range radio connections are subject to interruption due to interference from other radio sources in the vicinity, including microwaves, bluetooth devices and DECT phones. Outside the operating frequency band and 5% above and below, i.e. the exclusion band according IEC 60601-1-2, section 36.202.3a)4), the short range radio connection is immune up to 3V/m in the frequency range from 80 MHz to 2.0 GHz and up to 1V/m in the frequency range from 2.0 to 2.3 GHz. Depending on the strength and duration of the interference, the interruption may occur for an extended period. A loss of connection, due to moving out-of-range, interference, or for other reasons, is indicated with a **Tele Disconnected** INOP.

Correct channel configuration is important, refer to the Configuration Guide for details.

If a **Tele Disconnected** INOP occurs when the telemetry device goes out-of-range, the INOP will disappear (without being silenced) as soon as the ECG signal from the telemetry device is available at the Information Center via standard telemetry transmission.

Controlling Other Devices from the Bedside

You can change ECG settings for the current ECG source from the patient monitor.

- 1 Select the own patient overview window.

- 2 Select the **Setup Equipm.** pop-up key.

A setup menu will appear with the settings available for the current ECG source. If it is a telemetry transmitter or patient monitor connected to the Information Center via LAN or WLAN, the following settings are available: adjust HR alarms, relearn arrhythmia, select primary/secondary ECG lead, select arrhythmia analysis mode, change primary/secondary ECG lead size. PIIC iX only: if the current ECG source is a patient monitor connected to the Information Center via IntelliVue Instrument Telemetry (IIT), only the adjust HR alarms setting is available.

Viewing and Silencing Other Device Alarms at the Bedside

When other devices are assigned to the patient, alarms from those devices will also be indicated on the monitor, in addition to the main indication at the Information Center.

If configured, a generic alarm message will appear in the alarm status area with standard alarm tones. The alarm message will have the color and * or ! coding corresponding to the severity of the alarm. The specific alarm message (for example **** HR Low**) will appear in the own patient overview window.

If configured, alarms generated from another device can be silenced at the bedside. Either the monitor **Silence** key is configured to silence both monitor and other device alarms (must be configured at the Information Center) or the **Silence Bed** pop-up key will be available:

- 1 Select the own patient overview window.
- 2 Select the **Silence Bed** pop-up key.

Depending on your Information Center configuration, the **Silence Bed** key may silence both other device alarms **and** bedside alarms.

WARNING

Even when the other device data is not visible on the screen, you may be silencing monitor alarms **and** other device alarms, if the Information Center and monitor are so configured.

Switching Off or Pausing Alarms From Other Devices

When you select **Pause Alarms** or **Alarms Off** at the monitor, the alarms are off or paused for the bedside measurements. When you switch alarms off or pause alarms at the Information Center, both monitor alarms and alarms from other assigned devices are affected.

Refer to the Information Center Instructions for Use for more details on the Suspend/Pause alarms behavior of the Information Center.

Using Standby

When you select Standby mode at the monitor, the bedside goes into Standby mode but other assigned devices may continue monitoring.

Refer to the Information Center Instructions for Use for details on how selecting Standby at the Information Center affects the monitor and other devices.

ECG Source Tracking at the Information Center

The Information Center continuously checks whether a valid ECG signal is coming from the monitor or from another assigned device. If you unplug the ECG patient cable from the monitor and plug it into another device, the Information Center will automatically switch to monitoring the ECG from the other device. At the monitor, its own ECG measurement will be deactivated and the **Setup ECG** menu will no longer be accessible.

When you unplug the patient cable from the other device and plug it back into the monitor again, the Information Center will switch back to monitoring the ECG from the monitor. The ECG measurement will be activated again at the monitor. [Note that in this case, as the screen switches back to the monitor's own measurements, the SpO₂T measurement (if present) will no longer be displayed].

In the same way the source is tracked when a telemetry device is directly connected to a monitor, then disconnected and vice versa.

In case of ambiguity, a yellow INOP message **!!Check ECG Source** indicates that more than one valid ECG source is active.

Synchronized Settings

For some measurements, settings can be synchronized between the monitor and another measurement device. For example, if ECG is measured at the monitor, and then the patient is connected to a telemetry device for monitoring, the Information Center will use the monitor settings for the telemetry device. In general, the following settings will be synchronized:

Heart Rate	HR/Pulse Alarm On/Off, Heart Rate High/Low Limit
ECG	ECG On/Off ¹ , Primary Lead, Secondary Lead, Va Lead, Vb Lead, Lead Placement
Arrhythmia	Analysis Mode, Arrhythmia On/Off, Asystole Threshold, Pause Threshold, VTach HR, VTach Run, PVCs/min, Vent. Rhythm, SVT HR, SVT Run, PVCs/min On/Off, Pacer not capture On/Off, Pacer not pace On/Off, Non-Sustain On/Off, Vent. Rhythm On/Off, Run PVCs On/Off, Pair PVCs On/Off, Missed Beat On/Off, Pause On/Off, R-on-T PVCs On/Off, Vent. Bigeminy On/Off, Vent. Trigeminy On/Off, Multiform PVCs On/Off, Irregular HR On/Off, SVT On/Off, Afib On/Off, Afib/IrrHR End Threshold, All ECG Alarm INOP mode.
ST	ST Analysis On/Off, ST Alarm On/Off, ISO Point, J point, ST point, ST Alarm Limits, ST-Index On/Off, ISO/J-Point Detection, ST Lead On/Off, ST Baseline
QT	QT analysis On/Off, QT Lead, QTc High Alarm On/Off, ΔQTc Alarm On/Off, QTc High Limit, ΔQTc High Limit, QT Baseline ²
SpO ₂ T	SpO ₂ Alarms on/off, SpO ₂ Alarm limits, SpO ₂ Low Alarm Delay, SpO ₂ High Alarm Limit, Desat Alarm Limit NBP Alarm Suppression On/Off, Pulse(SpO ₂) On/Off
¹ ECG On/Off setting is forced to ON by the monitor, if the local setting is ON.	
² With PIIC, QT baseline is synchronized, but not QT snippets.	

PIIC iX With the IntelliVue Information Center iX, the following additional measurement settings can be synchronized:

ECG/Arrhythmia	Some ECG Alarms INOP On/Off, Hexad Reconstruction Mode
ST	STE On/Off, STE Alarm On/Off
NBP	Sys/Dia/Mean Alarm Limits, Alarms On/ Off, Alarm Source
Resp	Apnea Time, Alarm Limits, Alarm On/Off, Resp On/Off
SpO ₂	SpO ₂ Alarms on/off, SpO ₂ Alarm limits, Desat Alarm Limit, NBP Alarm Suppression On/Off, Pulse(SpO ₂) On/Off, Measurement Mode ¹ , Repetition Time ¹
¹ Measurement Mode and Repetition Time can only be synchronized if SpO ₂ comes from a Cableless SpO ₂ Pod or a telemetry device.	

WARNING

- Not all settings are synchronized; after changing the measurement source, always check that the settings are appropriate.

If later the patient is disconnected from the other device, and reconnected to the monitor again, any changes in the settings made in the meantime will be passed on to the monitor. In this way, settings continuity is preserved when the measurement source changes.

NOTE

Settings synchronization can be switched off at the monitor in Configuration mode.

In certain situations, you will be asked to confirm that synchronization of settings is appropriate.

Settings synchronization can only take place when there is no patient information mismatch between the monitor and the Information Center.

PIIC If a **Check ECG Settings** or **!! Check Pairing** INOP appears always check that the ECG settings, especially the paced setting, are appropriate for your patient.

PIIC iX If a **Check ECG Settings**, **Chk SpO₂T Settings**, or another check settings INOP appears, always check that the settings, especially the paced setting for ECG, are appropriate for your patient.

Care Groups

If your monitor is connected to an Information Center, you can group bedside monitors into Care Groups to facilitate caregiver assignment. This lets you:

- view information on the monitor screen from another bed in the same or in a different Care Group.
- be notified of yellow or red alarm conditions at the other beds in the Care Group.
- see the alarm status of all the beds in the Care Group on each monitor screen.

The functions available with Care Groups depend on the Information Center revision your monitors are connected to. See your Information Center Instructions for Use for further details.

Care Groups in PIIC iX

Units and Care Groups can be configured at the Information Center. The available sizes for units and Care Groups are defined by the Information Center. Monitors can be added to or removed from an existing care group at the monitor by assigning a new caregiver.

Care Groups in PIIC

There are two main types of Care Groups:

- standard care group (**Bed-based Care Group**) - up to 12 patients monitored by up to 4 Information Centers
- unit group (**Unit-based Care Group**) - for a complete unit with up to 64 patients monitored by up to 4 Information Centers

Care Groups are configured at the Information Center. Monitors can be added to or removed from an existing care group at the monitor. There is a third care group which can be assigned locally at the bedside. This is the **My Central** care group which includes all beds (up to 16) from the Information Center your bed is connected to. This care group setting is typically used in facilities with only one Information center. The selection of beds is automatic and cannot be changed.

Understanding the Alarm Status Overview Bar

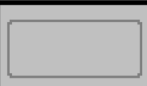
The Care Group monitors' and equipment status is shown in symbol form in the Alarm Status overview bar. Flashing symbols indicate active alarms, symbols that are not flashing indicate alarms that have been acknowledged. Selecting a bed symbol calls up the window for that bed or a setup window to select it. Because multiple equipment can be used for one patient, it can occur that the alarm status is different at different devices. The alarm status will then be consolidated and the highest priority alarm information will be displayed.

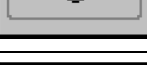
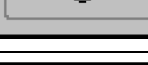
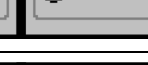
The Alarm Status overview bar must be configured to display on the monitor Screen. If it is not visible on your monitor, select a Screen which has been configured to show the bar. Some screens may show the Care Group monitors grouped together in a tabular format on the right hand side of the screen.

PIIC iX Depending on the Information Center configuration, the Alarm Status overview bar may contain My Patients (your own care group), My Unit (all beds from the unit) or it may not display at all.

WARNING

With PIIC iX, the alarm status overview bar is independent from the configured alarm pop-up behavior.

Alarm Status Symbols (four alternative display possibilities depending on space available)				
				No data from this bed
		Bed 8	Bed 8	The alarms are on but there are no currently active alarms from this bed

Alarm Status Symbols (four alternative display possibilities depending on space available)				
		Bed 5	Bed 5	The highest priority alarm from this bed is a standard INOP
	*	Bed 14	* Bed 14	The highest priority alarm from this bed is a short yellow alarm
	**	Bed 11	** Bed 11	The highest priority alarm from this bed is a yellow alarm
	***	Bed 9	*** Bed 9	The highest priority alarm from this bed is a red alarm
	!!	Bed 7	!! Bed 7	The highest priority alarm from this bed is a yellow INOP
	!!!	Bed 6	!!! Bed 6	The highest priority alarm from this bed is a red INOP
			 Bed 4	The alarms at this bed are suspended. The same symbols in yellow indicate that yellow alarms are suspended (PIIC iX only).
			 Bed 12	Equipment at this bed is in standby mode
	DEMO	DEMO	DEMO	Equipment at this bed is in Demonstration mode
		Bed 3	Bed 3	The current bed

Connection Symbols (used in the Alarm Status overview bar and the My Patients window)		
		This is a telemetry bed.
		This bed is on a wireless network.
		This bed is on a wired network.

Connection Symbols (used in the Alarm Status overview bar and the My Patients window)	
	PIIC iX only: Patient has multiple devices assigned.
	PIIC only: This is a "paired" bed, with a bedside monitor and a telemetry transmitter assigned.

Viewing the My Patients Window

This window shows the alarm status, bed name, and patient name for every bed in the Care Group.

The window for the Unit group shows first the beds of the Information Center this bed is connected to. By selecting the Information Center name at the top of the list, you can display a list of all Information Centers associated with the Unit group, and select another Information Center to view.

To enter the window for your own care group,

- select the **My Patients** SmartKey, if configured, or
- in the **Main Setup** menu, select **My Patients**.

Use the pop-up keys to navigate through the Care Groups:

My Unit lets you view a list of all the Information Centers in your Care Unit. Select an Information Center to see a list of the monitors connected to it. Select any monitor to see the Other Bed window for that bed.

Alarming Beds lets you view a list of all beds in your care group with an unacknowledged alarm. The beds are listed in order of alarm severity.

PIIC

Other Units lets you view a list of all the Care Units in your Care Domain. Select any Care Unit to view a list of the Information Centers connected to it. Select an Information Center to see a list of the monitors connected to it. Select any monitor to see the Other Bed window for that bed.

PIIC iX

Other Patients lets you search for a patient or step through lists by unit and bed label to select another patient.

Viewing the Other Bed Window

The Other Bed window lets you view a subset of the waveform and numeric information from another bed on the same network. Waves and numeric information from another bed are delayed. If configured, Other Bed information is displayed in color, using the colors defined by the Information Center.

The Other Bed window can be configured to pop-up automatically when an alarm occurs at another bed. To avoid too many windows appearing (for example, in large care groups) and covering the monitor's own bed data on the screen, you can temporarily disable this automatic pop-up:

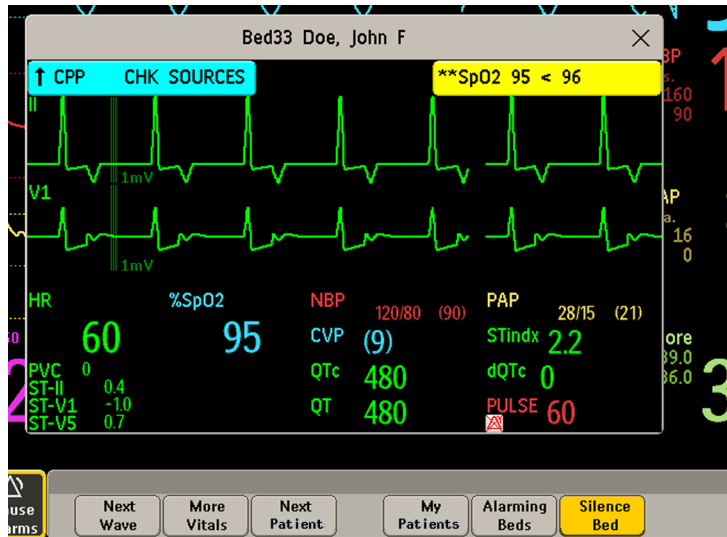
- 1 Select **Main Setup** then **Network** followed by **Auto Window**
- 2 Select **Disabled**

When automatic pop-up is disabled in this way, an icon will appear as a reminder in the Care Group

Overview Bar next to the monitor's own bed label . Depending on the configuration, the automatic pop-up is disabled for five minutes or until you set it to **Enabled** again.

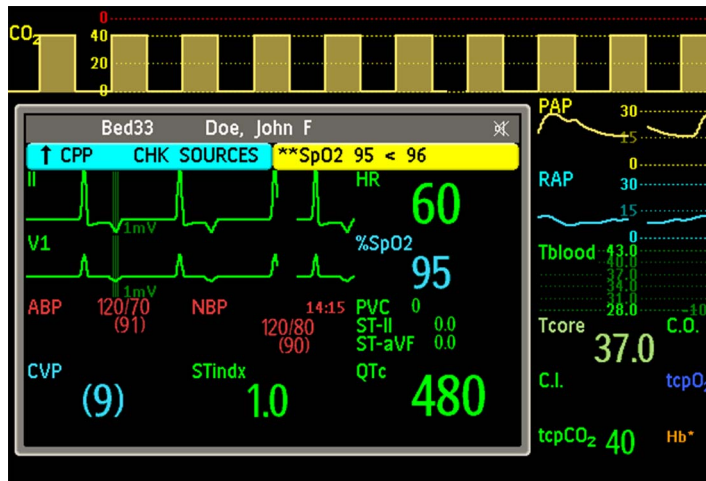
Automatic pop-up is also disabled when the visitor Screen is selected at the monitor.

- To open the Other Bed window, select the required bed label or patient name in the Alarm Status Overview Bar. If you are in a Unit Group with many beds, the **My Patients** window may open for you to select the bed.



The Other Bed window may be configured to display embedded in a specially designed Screen.

- To display the embedded Other Bed screen element, in the **Change Screen** menu, select a Screen designed to show the Other Bed information permanently.



Changing the Screen may automatically change the bed shown in the other bed window. If you switch to a different Screen, you should check that the correct other bed is displayed.

Other Bed Pop-Up Keys

Select the **Other Patients** SmartKey or the Other Bed window or embedded screen element to access the associated pop-up keys:

Next Wave lets you view waveforms not currently shown in the other bed window.

More Vitals lets you view more numerics not currently shown in the other bed window.

Next Patient lets you view waveforms and numerics from the next available patient in the Care Group.

My Patients lets you call up the **Care Group** window to select another patient.

Alarming Beds lets you view a list of all beds in your care group with an unacknowledged alarm. The beds are listed in order of alarm severity. With PIIC iX, the **Alarming Beds** window may also contain beds that are not in your Care Group that have been escalated for higher attention.

Silence Bed lets you silence active alarms at the other bed. (Whether you see this key depends on the revision and configuration of the Information Center your monitors are connected to.)

WARNING

The **Silence Bed** pop-up key in the Other Bed window silences alarms at a remote bed. Be aware that accidental use of this key could silence alarms for the wrong patient.

To silence own bed alarms use the Silence permanent key on screen.

Visual Alarm Status Information in the Other Bed Window

- If individual measurement alarms are switched off at any of the devices in use at the other bed, a crossed alarm symbol in red on a white background is shown beside the measurement numeric. 
- If all alarms are switched off or paused for one of the devices in use at the other bed, a crossed alarm symbol on a black background is shown beside all affected measurement numerics (if so configured). If all red and yellow alarms are switched off/paused, the crossed alarm symbol is red. If only yellow alarms are switched off/paused, the crossed alarm symbol is yellow. 
- In the embedded Other Bed window, the crossed speaker symbol in the upper right hand corner indicates that the volume of the audible alarm status change notification for the other beds in the care group is set to zero at the overview monitor. 

Other Patient Alarms

Changes in the alarm status of beds in a Care Group are announced visually and audibly at all other beds in the same Care Group. The visual and audible indicators used depend on the monitor and Information Center configuration.

When an alarm is detected at another bed in the Care Group,

- the alarm status is shown in the Alarm Status overview bar as an icon.
- a message informing you about the other patient alarm is shown in the monitor status line.
- if configured, the Other Bed window, the **Alarming Beds** window or the **My Patients** window may pop up on the Screen (if automatic alarm notification is enabled at the bedside monitor and at the

Information Center). The automatic alarm notification is suppressed when a window, menu or pop-up keys are active.

- if configured, an audible status change notification is issued. The tone type and volume can be configured.

PIIC iX Automatic alarm notification can also cause a window to pop-up when a patient from outside the Care Group has been escalated to a higher attention status. Check that the detailed configuration at the PIIC iX meets your unit's requirements.

Automatic alarm notification can be switched off permanently in the monitor's Configuration Mode or at the Information Center.

Information Center Compatibility

The functionality available for managing patients and equipment depends on the IntelliVue Information Center being used. In the following table the main differences between the PIIC and PIIC iX are shown.

PIIC	PIIC iX
Not available	Find Patient - searching for a patient in the Information Center or other connected hospital systems. (With LAN and WLAN connection only)
Transfer Patient - patient is moved to transfer list.	Transfer Patient - can transfer patient directly to another bed/unit and from another bed/unit. (With LAN and WLAN connection only)
Not available	A unique patient list provides information about the current status of a patient allowing intelligent prompts and preventing the same patient being admitted twice.
Add Equipment - allows only assignment of telemetry devices via manual pairing.	Add Equipment - allows assignment of other monitors, telemetry devices and X2 MMS. (With LAN and WLAN connection only)
Remove equipment - allows only removal of telemetry devices via Unpair To Mon. and Unpair To Tele.	Remove equipment - allows removal of other monitors, telemetry devices and X2 MMS.
Not available	Select Location - allows a temporary location to be shown when a patient is not in the unit. (With LAN and WLAN connection only)
Not available	Select Caregiver - allows a Caregiver to be assigned to a patient
Not available	Paced status Unconfirmed is the initial setting before a paced status has been entered. Unconfirmed will switch pace pulse rejection on but makes the user aware that no paced status has been selected.

ECG, Arrhythmia, ST and QT Monitoring

The electrocardiogram (ECG) measures the electrical activity of the heart and displays it on the monitor as a waveform and a numeric. This section also tells you about arrhythmia monitoring (see “About Arrhythmia Monitoring” on page 136), ST monitoring (see “About ST Monitoring” on page 147) and QT monitoring (see “About QT/QTc Interval Monitoring” on page 159).

Skin Preparation for Electrode Placement

Good electrode-to-skin contact is important for a good, noise-free ECG signal, as the skin is a poor conductor of electricity.

- 1 Select sites with intact skin, without impairment of any kind.
- 2 Clip or shave hair from sites as necessary.
- 3 Wash sites thoroughly with soap and water, leaving no soap residue.
We do not recommend using ether or pure alcohol, because this dries the skin and increases the resistance.
- 4 Dry skin thoroughly.

Connecting ECG Cables

- 1 Attach the clips or snaps to the electrodes before placing them. If you are not using pre-gelled electrodes, apply electrode gel to the electrodes before placement.
- 2 Place the electrodes on the patient according to the lead placement you have chosen.
- 3 Attach the electrode cable to the patient cable.
- 4 Plug the patient cable into the white ECG connector. An ECG waveform and numeric appears on the monitor display.

CAUTION

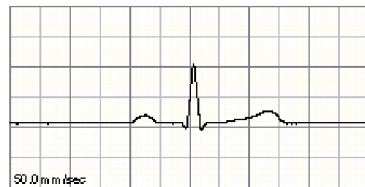
To protect the monitor from damage during defibrillation, for accurate ECG information and to protect against noise and other interference, use only ECG electrodes and cables specified by Philips. Some non-authorized electrodes may be subject to large offset potentials due to polarization.

Selecting the Primary and Secondary ECG Leads

The monitor uses the primary and secondary lead to compute HR and to analyze and detect cardiac arrhythmias. They are also available for recordings and for display on the Information Center.

The secondary lead is only used if your monitor is configured for multi-lead (instead of single-lead) arrhythmia analysis.

You should choose a lead as primary or secondary lead that has the following characteristics:



- the QRS complex should be either completely above or below the baseline and it should not be bi-phasic
- the QRS complex should be tall and narrow
- the P-waves and T-waves should be less than 0.2 mV

To select a lead as primary or secondary lead:

- In the **Setup ECG** menu, select **Primary** or **Secondary**, then select the appropriate lead. You can assign any available lead whether it is currently displayed or not.

Checking Paced Mode

It is important to set the paced mode correctly when you start monitoring ECG.

- To change the paced mode in the **Setup ECG** menu, select **Paced Mode** to switch between **On**, **Off** or **Unconfirmed**.

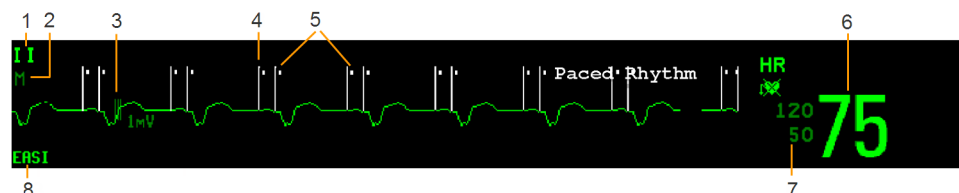
WARNING

Pace pulse rejection must be switched on for paced patients by setting **Paced Mode** to **On**. Switching pace pulse rejection off for paced patients may result in pace pulses being counted as regular QRS complexes, which could prevent an asystole event from being detected. When changing profiles, and at admission/discharge, always check that paced mode is correct for the patient.

Some pace pulses can be difficult to reject. When this happens, the pulses are counted as a QRS complex, and could result in an incorrect HR and failure to detect cardiac arrest or some arrhythmias. Make sure that pace pulses are detected correctly by checking the pace pulse markers on the display. Keep pacemaker patients under close observation.

Understanding the ECG Display

Your display may be configured to look slightly different.



- 1 Lead label of the displayed wave
- 2 ECG Filter label
- 3 1 mV calibration bar
- 4 Pacer spikes
- 5 Pace pulse markers
- 6 Current heart rate
- 7 Current heart rate alarm limits and paced mode symbol
- 8 EASI or Hexad lead placement label

ECG HR numeric: This is the heart rate derived from the monitored ECG.

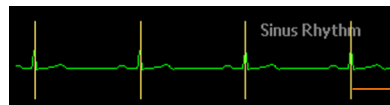
Pace pulse markers: These are shown if the **Paced Mode** status has been set to **On**, the pacer spikes are not configured to have a fixed size, and the patient has a paced signal.

Pacer Spikes: The pacer spikes are shown in white, unless the ECG wave is white, then they will be green. If the pacer spikes have been configured to have a fixed size, they will be displayed in the background as a dotted line.



1 Pacer spikes configured to have a fixed size

Synchronization marks: If an HP/Agilent/Philips defibrillator is connected, the synchronization marks (vertical lines on the ECG wave) are shown on the ECG wave. The monitor can also supply its own synchronization marks, if configured to do so; in this case the synchronization marks from a defibrillator will not be shown. The synchronization marks will be shown in yellow, unless the ECG wave is yellow, then they will be green.



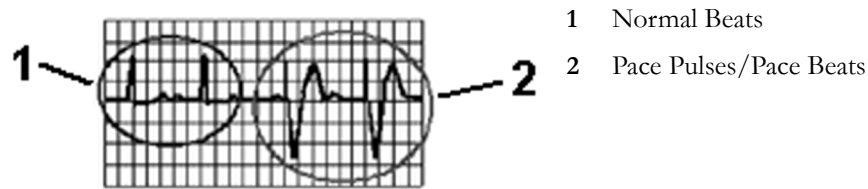
1 Synchronization marks in yellow

ST numerics in ECG wave: ST numerics can be configured to show underneath the ECG wave on the left side.

Hexad lead placement label: When 6-lead placement for a Hexad derived 12-lead ECG is used, the **Hexad** lead placement label is displayed and all derived leads are marked with a "d" in front of the lead label, for example dV1.

Monitoring Paced Patients

An ECG optimized for monitoring a paced patient should look like this:



You should choose a lead as primary or secondary lead that has these characteristics:

- the normal QRS complex should be either completely above or below the baseline and it should not be bi-phasic. For paced patients, the QRS complexes should be at least twice the height of pace pulses.
- the QRS complex should be tall and narrow
- the P-waves and the T-waves should be less than 0.2 mV.

For ease of identification on the screen, the pacer spikes can be configured to have a fixed size. They are then shown in the background as dotted lines. The length of the dotted line is fixed to the wave channel height and is independent of the actual pacer amplitude.

Setting the Paced Mode (Pace Pulse Rejection)

In the **Setup ECG** menu, select **Paced Mode** to switch between **On**, **Off** or **Unconfirmed**.

You can also change the paced mode in the **Patient Demographics** window.

When **Paced Mode** is set to **On**:

- Pace Pulse Rejection is switched on. This means that pacemaker pulses are not counted as extra QRS complexes.
- pace pulse marks are shown on the ECG wave as a small dash (only when the pacer spikes are not configured to have a fixed size).
- The paced symbol is displayed next to the HR numeric.

When **Paced Mode** is set to **Off**, pacer spikes are not shown in the ECG wave. Be aware that switching pace pulse rejection off for paced patients may result in pace pulses being counted as regular QRS complexes, which could prevent an asystole event from being detected.

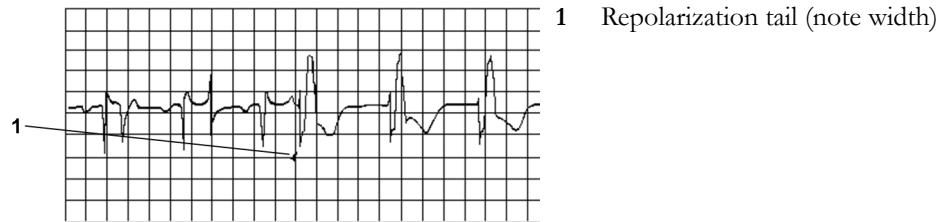
When the paced mode has not yet been set for a patient, the paced symbol will have a question mark indicating the **Unconfirmed** mode. When the paced mode is **Unconfirmed**, pace pulse rejection is switched on.

Paced Mode On	
Paced Mode Off	
Paced Mode Unconfirmed	

Avoiding Pace Pulse Repolarization Tails

Some unipolar pacemakers display pace pulses with repolarization tails. These tails may be counted as QRSs in the event of cardiac arrest or other arrhythmias.

If you note a visible repolarization tail, choose a lead that decreases the size of the repolarization tail.



Changing the Size of the ECG Wave

If any of the displayed ECG waves is too small or clipped, you can change the size of one or all of the ECG waves on the screen.

Changing the adjustment factor only changes the visual appearance of the ECG wave on the screen. It does not affect the ECG signal analyzed by the monitor.

Comparing the wave size to the 1 mV calibration bar on the ECG wave segment can help you to get an idea of the true ECG signal strength. If you choose a fixed adjustment factor, the 1 mV calibration bar will be the same size for all the displayed ECG waves. If you choose **Auto Size**, or an individual size using the **Size Up/Size Down** keys, the calibration bar may be a different size for each wave.

To Change the Size of an Individual ECG Wave

- 1 Select the wave segment you want to change. This calls up the lead menu for this segment.
- 2 In the lead menu, select **Size Up** to increase wave size or **Size Down** to decrease the size. Selecting **Auto Size** lets the monitor choose the optimal adjustment factor for all available ECG waves.

To Change the Size of all the ECG Waves

To change the size of all the ECG waves on the screen by a fixed adjustment factor,

- 1 In the **Setup ECG** menu, select **Adjust Size**.
- 2 Select the required adjustment factor from the line of pop-up keys.
 - **Size x0.5** to halve the wave size
 - **Size x1** to display the wave without zoom
 - **Size x2** to double the wave size
 - **Size x4** to multiply the wave size by four
 - **Previous Size:** to return one step to the previous size
 - **Auto Size:** to let the monitor choose the optimal adjustment factor for all the ECG waves.

Changing the Volume of the QRS Tone

The QRS tone is derived from either the HR or Pulse, depending on which is currently selected as the alarm source. The QRS volume can be set from 0 to 10 (0 means off).

To change the QRS volume, in the **Setup ECG** menu select **QRS Volume** and then select the appropriate volume from the pop-up list.

Changing the ECG Filter Settings

The ECG filter setting defines how ECG waves are smoothed. An abbreviation indicating the filter type is shown underneath the lead label on the monitor display. Filter settings do not affect ST measurement.

To change the filter setting, in the **Setup ECG** menu, select **Filter** and then select the appropriate setting.

- **Monitor:** Use under normal measurement conditions.
- **Ext. Monitor:** Use when diagnostic quality is required but low frequency interference or a wandering baseline may be expected. The upper edge frequency is the same as the **Diag** setting and the lower edge frequency is the same as the **Monitor** setting.
- **Filter:** The filter reduces interference to the signal. It should be used if the signal is distorted by high frequency or low frequency interference. High frequency interference usually results in large amplitude spikes making the ECG signal look irregular. Low frequency interference usually leads to a wandering or rough baseline. In the operating room, the Filter reduces artifacts and interference from electrosurgical units. Under normal measurement conditions, selecting **Filter** may suppress the QRS complexes too much and thus interfere with the clinical evaluation of the ECG displayed on the monitor. This does not affect the ECG analysis performed by the monitor.

If **AutoFilter** is set to **On** in Configuration Mode, the filter setting will automatically be set to **Filter** if electromagnetic interference is detected.

- **Diag:** Use when diagnostic quality is required. The unfiltered ECG wave is displayed so that changes such as R-wave notching or discrete elevation or depression of the ST segments are visible.

The setting **Diag** selects the highest available ECG bandwidth which is 0.05 to 150 Hz for the Adult, Pedi and Neo patient category. The term "diagnostic" relates only to the ECG bandwidth requirements for diagnostic electrocardiographic devices as outlined in the ANSI/AAMI standard EC11-1991.

When you are using a telemetry transmitter connected via short range radio to the monitor, the upper bandwidth for all filter settings is limited to 40 Hz.

Choosing EASI or Standard Lead Placement

You must enable either standard lead placement or EASI lead placement.

- In the **Setup ECG** menu, select **Lead Placement** and then **Standard** or **EASI**.

EASI is shown beside the 1 mV calibration bar on the ECG wave on the display, and **EASI** is marked on any recorder strips and printouts.

See the section on "EASI ECG Lead Placement" on page 126 for electrode placement diagrams.

If you are using the Hexad derived 12-lead, you need to select **Standard** lead placement here.

Selecting Positions of Va and Vb Chest Leads (for 6-lead placement)

6-lead Placement

The two chest leads for the 6-lead placement can be positioned at any two of the V1 to V9 and V3R to V6R positions. Select the positions you have used in the **Setup ECG** menu, so that the chest leads will be correctly labeled.

- 1 In the **Setup ECG** menu, select **Va Lead**.
- 2 Select the position used from the list.
- 3 Select **Vb Lead** and select the position used from the list.

6-Lead Placement for Hexad Derived 12-lead

The Hexad ECG lead system uses a 6-lead set connected to four limb electrodes (using Mason-Likar placement) and two chest electrodes. The algorithm derives the four remaining V-leads to provide a non-diagnostic 12-lead view, including ECG waves and ST/QT measurements.

The two chest leads for the 6-lead placement for Hexad must be positioned at two of the V1 to V6 positions. The following combinations of positions can be used:

- V1 and V3
- V2 and V5
- V1 and V4
- V3 and V5
- V1 and V5
- V3 and V6
- V2 and V4

Select the two leads you have used in the **Setup ECG** menu:

- 1 In the **Setup ECG** menu, select **Hexad (Va,Vb)**.
- 2 Select the correct combination of V-lead positions from the list.

Making the selection switches the Hexad derived 12-lead ECG on.

The Hexad derived 12-lead ECG is intended for use with adult patients only. For this reason, the **Hexad (Va,Vb)** selection will not be available in neonatal and pediatric modes.

About ECG Leads

To make it possible to compare measured ECG signals, the electrodes (or lead sets) are placed in standardized positions, forming so-called "leads". To obtain ECG signals optimized for use in diagnosis and patient management in different care environments, different lead sets in varying lead placements can be used. You can use either standard lead placements or EASI lead placements with this monitor.

When placing electrodes, choose a flat, non-muscular site where the signal will not be interfered with by either movement or bones. Correct lead placement is always important for accurate diagnosis. Especially in the precordial leads, which are close to the heart, QRS morphology can be greatly altered if an electrode is moved away from its correct location.

ECG Leads Monitored

If you are using	these leads are available:
a 3-electrode set	I, II, III
a 5-electrode set	I, II, III, aVR, aVL, aVF, V, MCL, Va
a 6-electrode set	I, II, III, aVR, aVL, aVF, Va, Vb
a 6-electrode set with the Hexad algorithm	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6 Two V leads are directly measured and four are derived.
a 10-electrode set	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6
an EASI 5-electrode set	I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6

Changing Lead Sets

To change the ECG lead set,

- **When adding leads:** place the additional electrodes as required - the monitor automatically recognizes the new lead placement.
- **When removing leads:** there are two possibilities - removing the complete chest leads block or removing individual leads. If you unplug the chest lead block from the trunk cable connector, the monitor will automatically recognize the new lead placement. Remove individual leads by removing the electrodes. The monitor will issue a **Lead Off INOP** message; select **New Lead Setup** in the **Setup ECG** menu and the INOP message will disappear.

ECG Lead Fallback

If fallback is configured on and there is a leads off INOP in the primary lead (and in the secondary lead, if you are using multi-lead monitoring) for longer than 10 seconds, and if another lead is available, this available lead automatically becomes the primary lead. This is known as lead fallback. When the Leads Off condition is corrected, the leads are automatically switched back.

This setting can only be changed in Configuration Mode.

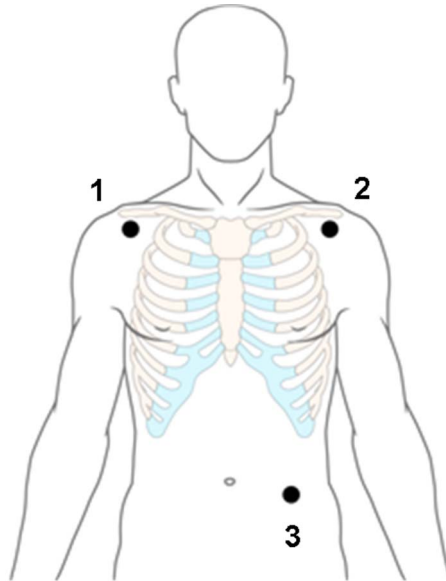
ECG Lead Placements

The labels and colors of the ECG electrodes differ according to the standards that apply for your hospital. The electrode placement illustrations in this chapter use the AAMI labels and colors.

Electrode labels			Electrode colors	
AAMI	EASI	IEC	AAMI	IEC
RA	I	R	White	Red
LA	S	L	Black	Yellow
LL	A	F	Red	Green
RL	N	N	Green	Black
V	E	C	Brown	White
V1/Va		C1/Ca	Brown/Red	White/Red
V2/Vb		C2/Cb	Brown/Yellow	White/Yellow
V3		C3	Brown/Green	White/Green

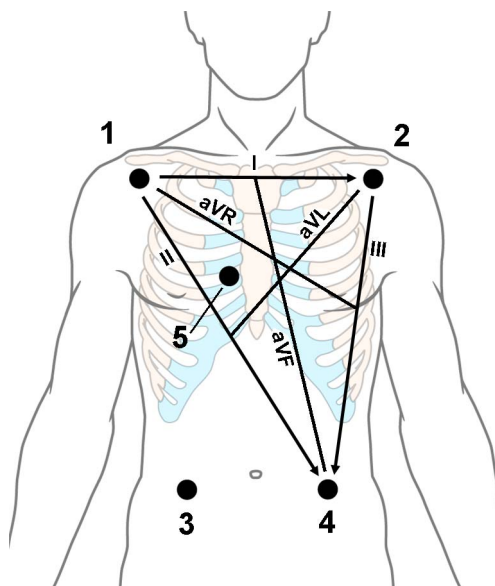
Electrode labels			Electrode colors	
AAMI	EASI	IEC	AAMI	IEC
V4		C4	Brown/Blue	White/Brown
V5		C5	Brown/Orange	White/Black
V6		C6	Brown/Violet	White/Violet

Standard 3-Lead Placement



- 1 RA placement: directly below the clavicle and near the right shoulder
- 2 LA placement: directly below the clavicle and near the left shoulder
- 3 LL placement: on the left lower abdomen

Standard 5-Lead Placement



- 1 RA placement: directly below the clavicle and near the right shoulder
- 2 LA placement: directly below the clavicle and near the left shoulder
- 3 RL placement: on the right lower abdomen
- 4 LL placement: on the left lower abdomen
- 5 V placement: on the chest, the position depends on your required lead selection. If configured, the label of the chest lead will be displayed with its exact position (V1 to V6R)

Standard 6-Lead Placement

Use the positions from the 5-lead diagram above but with two chest leads. The two chest leads, Va and Vb, can be positioned at any two of the V1 to V9 or V3R to V6R positions shown in the chest electrode diagram below (see “Chest Electrode Placement” on page 123).

The Va and Vb lead positions chosen must be selected in the **Setup ECG** Menu.

Hexad 6-Lead Placement

Use the positions from the 5-lead diagram above but with two chest leads. For Hexad derived 12-lead, the two chest leads, Va and Vb, must be positioned at two of the V1 to V6 positions shown in the chest electrode diagram below (see “Chest Electrode Placement” on page 123). The following combinations of positions can be used:

- V1 and V3
- V2 and V5
- V1 and V4
- V3 and V5
- V1 and V5
- V3 and V6
- V2 and V4

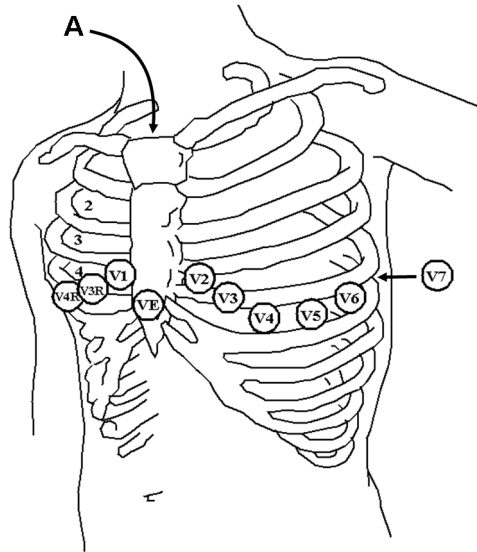
The Va and Vb lead positions chosen must be selected in the **Setup ECG** Menu.

When Hexad lead placement is selected, **Hexad** is shown beside the 1 mV calibration bar on the ECG wave and all derived leads are marked with a "d" in front of the lead label, for example dV1.

WARNING

Hexad derived 12-lead ECGs and their measurements are approximations to conventional 12-lead ECGs. They should not be used for diagnostic interpretations.

Chest Electrode Placement



A - Angle of Louis

V1 on the fourth intercostal space at the right sternal border

V2 on the fourth intercostal space at the left sternal border

V3 midway between the V2 and V4 electrode positions

V4 on the fifth intercostal space at the left midclavicular line

V5 on the left anterior axillary line, horizontal with the V4 electrode position

V6 on the left midaxillary line, horizontal with the V4 electrode position

V3R -V6R on the right side of the chest in positions corresponding to those on the left

VE over the xiphoid process

V7 on posterior chest at the left posterior axillary line in the fifth intercostal space

V7R on posterior chest at the right posterior axillary line in the fifth intercostal space

V8 posterior lead, level with V7 at the left midscapular line

V9 posterior lead, level with V7 at the left spinal border.

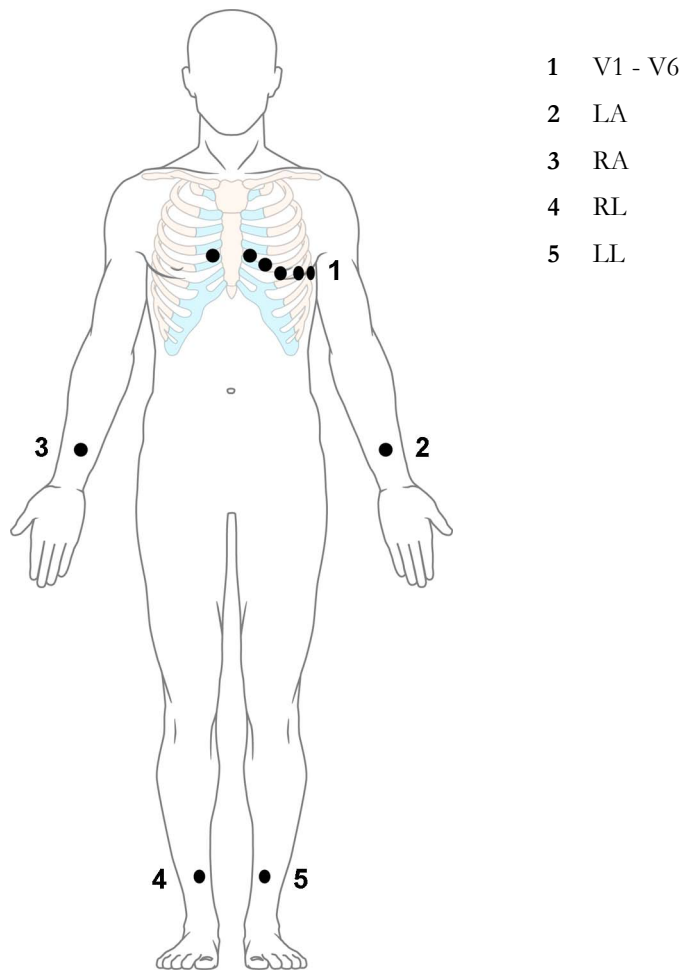
For accurate chest electrode placement and measurement, it is important to locate the fourth intercostal space.

- 1 Locate the second intercostal space by first palpating the Angle of Louis (the little bony protuberance where the body of the sternum joins the manubrium). This rise in the sternum is where the second rib is attached, and the space just below this is the second intercostal space.
- 2 Palpate and count down the chest until you locate the fourth intercostal space.

10-Lead Placement

When monitoring 12-leads of ECG, using a 10-Electrode Lead Placement, it is important to correctly place electrodes and to label all 12-lead ECG reports with the correct lead placement.

Conventional 12-Lead ECG



In conventional 12-Lead ECG using 10 electrodes, an electrode is placed on the right arm, left arm, right leg, and left leg. Six V- electrodes are placed on the chest. The right leg electrode is the reference electrode.

Limb electrodes:

- Place arm electrodes on the inside of each arm, between the wrist and the elbow.
- Place leg electrodes inside of each calf, between the knee and the ankle.

Chest electrodes:

V1 - on the 4th intercostal space at the right sternal border

V2 - on the 4th intercostal space at the left sternal border

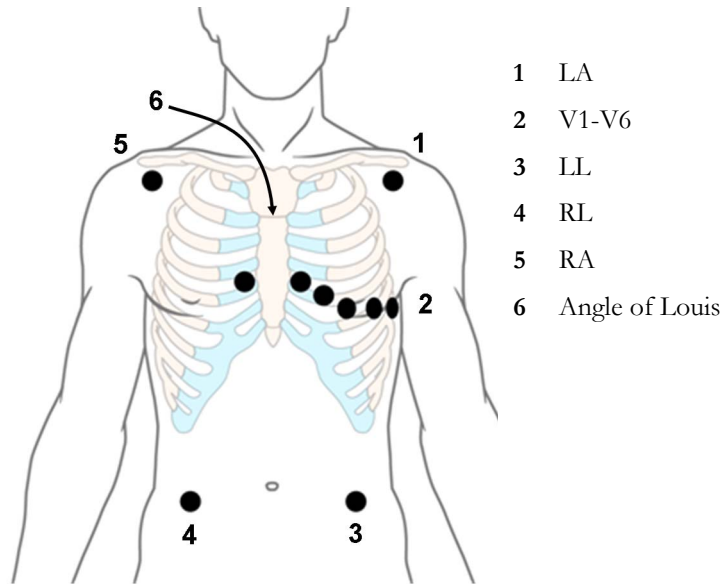
V3 - midway between the V2 and V4 electrode positions

V4 - on the 5th intercostal space at the left midclavicular line

V5 - on the left anterior axillary line, horizontal with the V4 electrode position

V6 - on the left midaxillary line, horizontal with the V4 electrode position

Modified 12-Lead ECG



If your institution uses modified 10-lead ECG electrode placement (the Mason-Likar Lead System), place the four limb electrodes close to the shoulders and lower abdomen.

The six V electrodes are placed on the chest in the same position as the conventional 12-lead placement.

Choosing Standard or Modified Electrode Placement

If your institution uses modified 10 Lead ECG electrode placement (the Mason-Likar Lead System), you must set **Limb Leads** to **on Trunk** in the monitor. To do this,

- in the **Setup ECG** menu, select **Limb Leads** and select **on Trunk**.
 - When **Limb Leads** is set to **on Trunk**, 12 Lead ECG Reports will be labeled **12 Lead ECG Report (Mason-Likar)**, and captured 12-lead ECGs will be labeled **Mason-Likar** to the right of the bandwidth annotation at the Information Center.
 - When **Limb Leads** is set to **on Limbs**, 12 Lead ECG Reports will be labeled **12 Lead ECG Report (Standard)**, and captured 12-lead ECGs will not be annotated at the Information Center.

WARNING

Do not use ECG analysis interpretation statements and measurements for 12-lead ECGs obtained using the modified (Mason-Likar) limb electrode placement. This may lead to misdiagnosis since the modified (Mason-Likar) limb electrode placement does not look the same as the conventional 12-lead ECG and may mask inferior infarction due to calculated axis, R, P and T wave magnitudes shifts and ST slope.

Do not export 12-lead ECGs obtained using the modified (Mason-Likar) limb electrode placement. Captured 12-Lead ECGs using the modified (Mason-Likar) limb electrode placement exported from the Information Center are not annotated with the Mason-Likar label.

EASI ECG Lead Placement

Using a standard 5-electrode set in EASI lead placement you can monitor up to 12 standard ECG leads simultaneously and continuously at the bedside. EASI provides a monitoring method for trending ST segment changes that can provide an early indication of ischemia.

WARNING

EASI-derived 12-lead ECGs and their measurements are approximations to conventional 12-lead ECGs. As the 12-lead ECG derived with EASI is not exactly identical to the 12-lead conventional ECG obtained from an electrocardiograph, it should not be used for diagnostic interpretations.

Respiratory monitoring is also possible with the EASI placement; respiration is measured between the I and A electrodes.

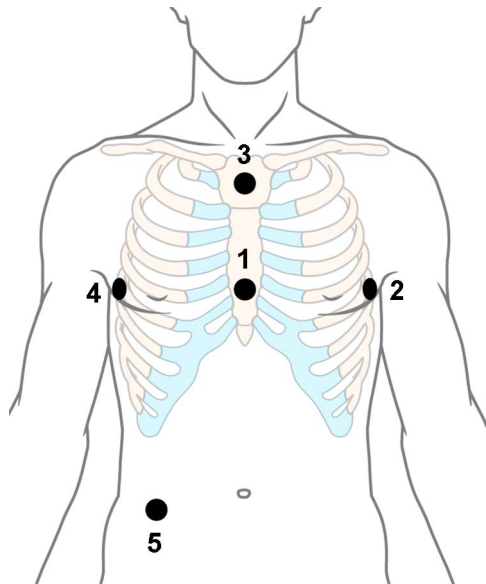
Place the electrodes as accurately as possible to obtain the best quality EASI measurements.

When EASI lead placement is selected, **EASI** is shown beside the 1 mV calibration bar on the ECG wave on the display, and **EASI** is marked on any recorder strips and printouts.

EASI Monitoring During INOP Conditions

If one of the derived EASI leads has an INOP condition (for example, **Lead Off**), a flat line is displayed. After 10 seconds, the directly acquired EASI AI, AS, or ES lead (depending on which is available) is displayed with the corresponding lead label. This causes an arrhythmia relearn.

EASI Electrode Placement



- 1 E (V) - on the lower sternum at the level of the fifth intercostal space
- 2 A (LL) - on the left midaxillary line at the same level as the E electrode
- 3 S (LA) - on the upper sternum
- 4 I (RA) - on the right midaxillary line at the same level as the E electrode
- 5 N - reference electrode - can be anywhere, usually below the sixth rib on the right hip

Capture 12-Lead

You can view a 12-Lead ECG on the screen, capture a 12-Lead ECG episode, preview the captured ECG data and then store it and send it to a connected Information Center for analysis.

You can download the resulting analysis from the Information Center and also other 12-Lead captures for review at the monitor. A 12-Lead report can be printed that also includes the downloaded analysis results and an ST Map. You can operate the 12-Lead Export function and the 12-Lead Lock/Unlock function at the Information Center remotely from the monitor.

The monitor can store one 12-Lead ECG episode at any time.

Viewing the Realtime 12-Lead ECG

To open the 12-Lead ECG window and view the realtime ECG waves,

- Select the **Capture 12 Lead** SmartKey, or
- Select **Main Setup**, then **Capture 12 Lead**.

If a previously viewed 12-Lead ECG was not stored, a window will pop up asking whether you want to keep it or not. The title bar of the window shows the date and time when this 12-Lead ECG was captured. If you do not need the ECG, select **No** to discard it, otherwise, select **Yes** and then select **Store & Send** to store that 12-Lead ECG and send it to an Information Center (if one is connected).

If your patient is not admitted, you will be prompted to enter at least the age and gender of the patient. This information is needed for analysis of the 12-Lead ECG at the Information Center but is not essential if you only want to capture the 12-Lead ECG without sending it for analysis. To enter this information:

- 1 Select the **Admit Patient** pop-up key, then
- 2 Enter the information in the **Patient Demographics** window.
- 3 Open the 12-Lead ECG window again as described above.

The age and gender will now be displayed in the title bar of the pop-up keys.

To change the way the realtime waves are displayed, select the **Change View** pop-up key or select the wave area. You can switch between a one or two column display. The two column display lets you see a larger representation of the waves.

If you are using the Hexad lead placement, you can select the **Setup Leads** pop-up key to select the positions of the chest leads (Va and Vb or Ca and Cb).

While the realtime 12-Lead waves are being viewed in the window, the ECG filter mode (see “Changing the ECG Filter Settings” on page 118) is changed to the 12-Lead filter setting (see “Changing Settings for a Captured 12-Lead ECG” on page 128).

Capturing the 12-Lead ECG

To capture the last 10 seconds of ECG data, select the **Capture Waves** pop-up key. The pop-up key is active as soon as enough wave data is available; until then a progress bar is displayed in the title bar of the pop-up keys. A preview of the captured data appears on the screen (unless your monitor is connected to an Information Center with software release earlier than Revision M — then the captured data is automatically stored and sent to the Information Center).

The title bar of the pop-up keys will now show the current filter setting and, if you are using EASI or Hexad lead placement, an **EASI** or **Hexad** indicator will appear at the bottom of the captured data.

You can at any time return to the realtime 12-Lead ECG view by selecting the **Show Waves** pop-up key. From there, you return to the preview window by selecting the **Review 12 Lead** pop-up key and then selecting the 12-Lead marked with * from the list.

Changing Settings for a Captured 12-Lead ECG

Select the **Setup 12 Lead** pop-up key to choose settings for filter, gain, etc., if changes are needed. All changes apply to both the display and the printed 12-Lead report. The changes are only applied temporarily and will not be stored. If you want to change the default settings, see “Setting Up the 12-Lead ECG” on page 130.

High Pass Filter	Sets the high pass filter for the waveforms. Choices are 0.05 Hz , 0.15 Hz and 0.5 Hz .
Low Pass Filter	Sets the low pass filter for the waveforms. Choices are 40 Hz , 100 Hz and 150 Hz .
AC Filter	Switches the AC (line frequency) filter On or Off .
Gain	Defines the gain used for the waveforms. Choices are 2.5 mm/mV , 5 mm/mV , 10 mm/mV and 20 mm/mV .
Chest Gain	Defines the gain for the chest leads relative to the standard gain setting. Choices are Full and Half .
Paper Speed	Defines the waveform speed. Choices are 25 mm/sec and 50 mm/sec .
Limb Leads	Sets the position of the limb leads. Choices are on Limbs and on Trunk .
Format	Defines the page layout. Choices are 12x1 , 6x2 , 3x4 , 3x4 1R , 3x4 3R , 3x4 ST and 3x4 1R ST . 1R and 3R refer to 1 or 3 rhythm leads, ST formats contain an ST map.
Time	Defines whether all leads show simultaneous or sequential intervals of time, when displaying or printing 2 or more columns. Choices are Sequential and Simultaneous .
Rhythm Lead 1 Rhythm Lead 2 Rhythm Lead 3	Defines which lead will be used as rhythm lead 1, 2 or 3. Choices are Primary , Secondary , I , II , III , aVR , aVL , aVF , V1 , V2 , V3 , V4 , V5 , V6 , V7 , V8 , V9 , V3R , V4R , V5R , V6R , and MCL . This setting is only relevant when 3x4 1R , 3x4 1R ST or 3x4 3R is selected as Format .
Lead Sequence	Defines the sequence in which the leads are presented. Choices are Cabrera and Internat .

Storing and Sending the 12-Lead ECG

You can assign an order number that will then be associated and stored with the 12-Lead ECG.

If you have an Information Center connected, it may provide order management, in which case an **Order (xx)** pop-up key is displayed. This opens the order window from the Information Center, showing a list of any pending 12-lead orders for the patient. In this window you can assign and remove orders, in the same way as you would do directly at the Information Center.

If no Information Center is connected, you can enter an order number manually. Select the **Enter Order #** pop-up key and type in the number. The order number will be stored with the capture and displayed in the title bar of the pop-up keys.

To store the previewed data on the monitor and send it to a connected Information Center for storage and analysis, select the **Store & Send** pop-up key.

If the monitor is connected to an Information Center, use the **Store & Send** function before patient transport to store the 12-Lead ECG centrally, as the 12-Lead ECG data will not be uploaded from the MMS to another monitor after transport.

If the connection to the Information Center is not active while storing, the 12-Lead ECG will be automatically sent as soon as the connection is established or restored. If a previously stored 12-Lead ECG is waiting to be sent to the Information Center, it will be overwritten when a new 12-Lead ECG is stored and can then not be sent to the Information Center.

Printing the 12-Lead ECG

Print a dedicated 12-Lead ECG report by selecting the **Print Report** pop-up key.

When you are working with a PIIC iX that provides 12-Lead analysis data to the monitor, the report contains the 12-Lead analysis results as well as measurement values (e.g. ST values, QT values, HR) that are also downloaded from the PIIC iX.

If you work with a PIIC, or a PIIC iX without the necessary license, no 12-Lead analysis data is provided to the monitor. In this case, the report only contains the real-time measurement values from the bedside.

Consequently, the measurement values in the report might differ in the two cases, due to the slightly different algorithm approaches of the patient monitor (real-time measurement) and the PIIC iX (diagnostic interpretation of 12-Lead capture).

Downloading Analysis Results (PIIC iX only)

Download analysis results from the IntelliVue Information Center by selecting **Show Analysis**. Return to the previous screen by selecting **Hide Analysis**.

Reviewing Previewed or Stored 12-Lead Captures

To view 12-Lead captures previewed or stored on the monitor or 12-Lead captures stored at the IntelliVue Information Center (PIIC iX only), select **Review 12 Lead**. You can then select from a list of 12-Lead captures available for the current patient.

The 12-Lead captures in the list may be marked with a symbol, for example an open or closed padlock to indicate unlocked or locked status or a * to indicate preview status.

Information Center Remote Export (PIIC iX only)

Use the **Export** key to remotely start the 12-Lead export functionality of the IntelliVue Information Center.

Information Center Remote Lock/Unlock (PIIC iX only)

Use the **Lock** key to remotely lock the 12-Lead capture at the IntelliVue Information Center. If it is already locked, the **Unlock** key will be displayed.

Capture 12-Lead Pop-up Keys

Here is a summary of all the pop-up keys available during the 12-Lead ECG procedure:

Pop-up Keys	Selecting this pop-up key lets you
Admit Patient	enter the age and gender for the patient, to allow analysis of the 12-Lead ECG.
Change View	switch between the single column and two-column display of the realtime wave data.
Capture Waves	capture the current ECG waves and open the preview window.
Show Waves	return to the realtime 12-Lead ECG view.
Setup 12 Lead	choose settings for filter, gain, display layout, etc.
Order (xx)	open the order window from the Information Center (if available) and assign order numbers to 12-Lead captures.
Enter Order #	enter an order number that is stored with the capture and displayed in the title bar of the pop-up keys.
Print Report	print a 12-Lead report.
Store & Send	store the captured 12-Lead ECG in the monitor and send it to the Information Center.
Review 12 Lead	view a list of 12-Lead captures available at the monitor or at the IntelliVue Information Center, and select one for review.
Show Analysis	download analysis results from the IntelliVue Information Center.
Export	remotely export 12-Lead ECG data from the IntelliVue Information Center to an ECG management system (see the Information Center Instructions for Use for details).
Lock / Unlock	remotely lock/unlock the 12-Lead capture at the IntelliVue Information Center.
Setup Leads	switch between Standard and EASI lead placement and select the positions of the chest leads (Va and Vb or Ca and Cb), when using Hexad lead placement.

Setting Up the 12-Lead ECG

You can make settings that will be stored and used in future as default settings for each 12-Lead ECG capture made.

- 1 Select the HR numerics on the screen to enter **Setup ECG**.
- 2 Select **12Lead**.
- 3 The **Setup 12 Lead** window opens for you to make the default settings.

For a description of the available settings, see “Changing Settings for a Captured 12-Lead ECG” on page 128.

ECG and Arrhythmia Alarm Overview

The ECG and arrhythmia alarms available depend on which measurements are switched on, and the arrhythmia option enabled for your monitor.

- Cardiotach alarms are available when HR is on and the active alarm source is ECG, but Arrhythmia is switched off
- Basic arrhythmia alarms are available when Arrhythmia is switched on
- Enhanced arrhythmia alarms are available when Arrhythmia is switched on and the Enhanced Arrhythmia option has been enabled for your monitor

Alarm	Description	Arrhythmia Configuration		
		Arrhythmia Off	Basic Arrhythmia	Enhanced Arrhythmia
*** Asystole	No beat detected for a period > the asystole threshold (2.5 to 4.0 seconds)	x	x	x
*** Vent Fib/Tach	Fibrillatory wave (sinusoidal wave between 2 - 10 Hz) for 4 consecutive seconds	x	x	x
*** VTach	A run of consecutive beats labeled as V with run length $\geq$ the V-Tach Run limit and ventricular HR > V-Tach HR limit		x	x
*** Extreme Tachy	Heart Rate > the Extreme Tachy limit	x	x	x
*** Extreme Brady	Heart Rate < the Extreme Brady limit	x	x	x
** HR High	Heart rate > the high HR limit	x	x (see note)	x (see note)
** HR Low	Heart rate < the low HR limit	x	x (see note)	x (see note)
** Non-Sustain VT	A run of consecutive beats labeled as V with run length < the V-Tach Run Limit and ventricular HR > the V-Tach HR limit			x
** Vent Rhythm	A run of consecutive beats labeled as V with run length > the Vent rhythm limit and ventricular HR $\leq$ the V-Tach HR limit			x
** Run PVCs High	A run of > 2 consecutive beats labeled as V with run length < Vent rhythm run limit and ventricular HR $\leq$ V-Tach HR limit			x
** Pair PVCs	Two ventricular beats labeled as V between two beats not labeled as V			x

Alarm	Description	Arrhythmia Configuration		
		Arrhythmia Off	Basic Arrhythmia	Enhanced Arrhythmia
** R-on-T PVCs	For HR < 100, a beat labeled as V with R-R interval < 1/3 of the average R-R interval followed by a compensatory pause > 1.25 times the average R-R interval or 2 such beats labeled as V without a compensatory pause occurring within 5 minutes of each other (Note: When HR > 100, 1/3 of the R-R interval is too short for detection)			x
** Vent Bigeminy	A dominant rhythm of beats labeled as N, V, N, V, N			x
** Vent Trigeminy	A dominant rhythm of beats labeled as N, N, V, N, N, V, N, N			x
** PVCs/min High	Within 1 minute, the number of beats labeled as V > the PVCs/min limit		x	x
** Multiform PVCs	The occurrence of two differently shaped beats labeled as V within the last 60 beats and each occurring at least twice within the last 300 beats			x
** Pause	No beat detected for a period > the pause alarm threshold (1.5 to 2.5 seconds)			x
** Missed Beat	No beat detected for a period > 1.75 times the average R-R interval for HR < 120, or no beat detected for > 1 second with HR > 120 (Paced mode off)			x
** Pacer Not Capt	No beat detected for a period > 1.75 times the average R-R interval and pace pulse(s) detected. (Paced mode on)		x	x
**Pacer Not Pacing	No beat detected for a period > 1.75 times the average R-R interval and no pace pulse(s) detected (Paced mode on)		x	x
** SVT	A run of consecutive beats labeled as S with run length ≥ SVT run limit and ventricular HR > SVT HR limit			x
* HR High	Heart rate > the high HR limit		x (see note)	x (see note)
* HR Low	Heart rate < the low HR limit		x (see note)	x (see note)

Alarm	Description	Arrhythmia Configuration		
		Arrhythmia Off	Basic Arrhythmia	Enhanced Arrhythmia
* AFIB	An irregular rhythm of beats labeled as N and variability in P-R intervals and P-wave variability (For adult patient category only)			x
* End AFIB	Atrial Fibrillation no longer detected for the Afib end delay time (For adult patient category only)			x
** Irregular HR	An irregular rhythm of beats labeled as N (irregular R-R intervals changes greater than 12.5%)			x
* End Irregular HR	Irregular HR rhythm no longer detected for the irregular HR end delay time			x

Note: ** HR Low and ** HR High are available only if HR alarms are configured as yellow alarms, and ** HR Low and * HR High are available only if HR alarms are configured as short yellow alarms.

Using ECG Alarms

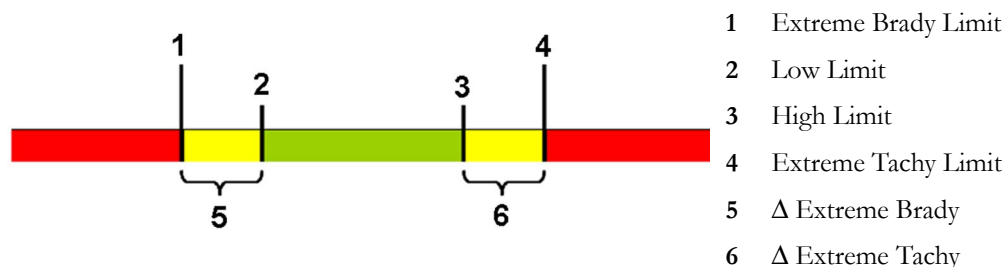
ECG alarms can be switched on and off and the high and low alarm limits changed just like other measurement alarms, as described in the “Alarms” chapter. Special alarm features which apply only to ECG are described here.

Extreme Alarm Limits for Heart Rate

The extreme rate alarms, extreme tachycardia and extreme bradycardia, are generated by the active alarm source, either HR or Pulse.

The difference between the low HR alarm limit and the extreme bradycardia limit is unit configured. For example, if the low alarm limit is 60 bpm and the extreme bradycardia limit difference is configured to be 20 bpm, then the extreme bradycardia limit is 40 bpm. If the difference is configured to be 0, there will always be an extreme bradycardia alarm when the HR falls below the HR low limit.

The same is true for the difference between the high HR alarm limit and the extreme tachycardia limit. In the same way, the extreme tachycardia limit is determined by adding a difference to the high HR limit.



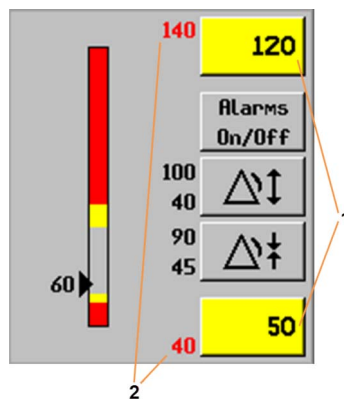
The difference is set in Configuration Mode. You need to know which value has been configured for your monitor. To see the difference value for the extreme rate alarms on your monitor, in the **Setup ECG** menu, see the menu items **Δ ExtrTachy** and **Δ ExtrBrady**.

For safety, the extreme bradycardia and extreme tachycardia limits clamp at a configured value. For example, the extreme bradycardia limit for neonates has a default limit clamp at 70 bpm. Thus if the HR low alarm limit is moved to 80 bpm and the extreme bradycardia limit difference is 20 bpm, the extreme bradycardia limit will be 70 bpm. However, if you move the HR low alarm limit below the clamp to 65 bpm, the extreme bradycardia limit will also be 65 bpm and only the extreme bradycardia alarm will occur if the HR falls below this limit.

You can view the current limits for the extreme rate alarms, Extreme Tachy and Extreme Brady, in the measurement's alarm limits window:

- 1 Select one of the alarm fields.
- 2 Select the **Alarm Limits** pop-up key.
- 3 Select **HR**.

The alarm limit window for HR is shown, with the high and low limits and the Extreme Tachy and Extreme Brady limits.



- 1 High and low alarm limits
- 2 Extreme Tachy and Extreme Brady limits

ECG Alarms Off Disabled

Be aware that your hospital department may have decided to disable the **Alarms Off** setting for ECG in the monitor's Configuration Mode. In this case, HR alarms cannot be switched off in Monitoring Mode. If you try to switch off the HR alarms, you will see the message **To activate enter Config and enable Alarms Off**.

HR Alarms When Arrhythmia Analysis is Switched Off

When arrhythmia analysis is switched off, only these HR-related alarms will be detected:

- the asystole alarm
- the ventricular fibrillation/tachycardia alarm
- the extreme tachycardia and extreme bradycardia alarms
- the high heart rate and low heart rate alarms.

Enhanced Asystole Detection

In order to improve alarming on asystole under certain conditions, you can set **Asystole Detect.** in Configuration Mode to **Enhanced**. In enhanced mode an asystole alarm will be suppressed for up to five seconds if a valid beat-to-beat Pulse is detected from an arterial Pressure.

ECG Safety Information

CAUTION

Interference from instruments near the patient and ESU interference can cause problems with the ECG wave. See the monitor specifications for more information.

WARNING

Defibrillation and Electrosurgery:

Do not touch the patient, or table, or instruments, during defibrillation.

After defibrillation, the screen display recovers within 10 seconds if the correct electrodes are used and applied in accordance with the manufacturers instructions.

ECG cables can be damaged when connected to a patient during defibrillation. Check cables for functionality before using them again.

According to AAMI specifications the peak of the synchronized defibrillator discharge should be delivered within 60 ms of the peak of the R wave. The signal at the ECG output on the IntelliVue patient monitors is delayed by a maximum of 30 ms. Your biomedical engineer should verify that your ECG/Defibrillator combination does not exceed the recommended maximum delay of 60 ms.

When using electrosurgical (ES) equipment, never place ECG electrodes near to the grounding plate of the ES device, as this can cause a lot of interference on the ECG signal.

General:

When you are connecting the electrodes or the patient cable, make sure that the connectors never come into contact with other conductive parts, or with earth. In particular, make sure that all of the ECG electrodes are attached to the patient, to prevent them from contacting conductive parts or earth.

During surgery:

Use the appropriate orange electrode ECG safety cable, or lead cable with an orange connector, for measuring ECG in the operating room. These cables have extra circuitry to protect the patient from burns during cautery, and they decrease electrical interference. This also reduces the hazard of burns in case of a defective neutral electrode at the HF device. These cables cannot be used for measuring respiration.

Pacemaker failure:

During complete heart block or pacemaker failure to pace/capture, tall P-waves (greater than 1/5 of the average R-wave height) may be erroneously counted by the monitor, resulting in missed detection of cardiac arrest.

Patients exhibiting intrinsic rhythm:

When monitoring paced patients who exhibit only intrinsic rhythm, the monitor may erroneously count pace pulses as QRS complexes when the algorithm first encounters them, resulting in missed detection of cardiac arrest.

The risk of missing cardiac arrest may be reduced by monitoring these patients with low heart rate limit at or slightly above the basic/demand pacemaker rate. A low heart rate alarm alerts you when the patient's heart rate drops to a level where pacing is needed. Proper detection and classification of the paced rhythm can then be determined.

Filtered ECG signal from external instruments:

Instruments such as defibrillators or telemetry units produce a filtered ECG signal. When this signal is used as an input to the bedside monitor, it is filtered again. If this twice-filtered signal is passed to the arrhythmia algorithm, it may cause the algorithm to fail to detect pace pulses, pacemaker non-capture, or asystole, thus compromising paced patient monitoring performance.

External pacing electrodes:

When a pacemaker with external pacing electrodes is being used on a patient, arrhythmia monitoring is severely compromised due to the high energy level in the pacer pulse. This may result in the arrhythmia algorithm's failure to detect pacemaker noncapture or asystole.

Fusion beat pacemakers:

Fusion beats, beats with pace pulse on top of the QRS complex, may not be detected by the monitor's QRS detector.

Rate adaptive pacemakers:

Implanted pacemakers which can adapt to the Minute Ventilation rate may occasionally react on the Impedance measurement used by patient monitors for the determination of the Resp value and execute pacing with the maximum programmed rate. Switching off the Resp measurement can prevent this.

Line isolation monitor transients:

When electrodes or lead wires are loose or detached, the monitor becomes susceptible to switching transients from some types of line isolation monitors. Line isolation monitor transients may resemble actual cardiac waveforms and thus inhibit heart rate alarms. To minimize the chance of this occurring, always adhere to the instructions for skin preparation and electrode placement given in this chapter.

About Arrhythmia Monitoring

Arrhythmia analysis provides information on your patient's condition, including heart rate, PVC rate, rhythm, and ectopics. The monitor uses the user-selected primary and secondary ECG leads for single-lead or multi-lead arrhythmia analysis. During arrhythmia analysis, the monitor continuously:

- optimizes ECG signal quality. This is important for arrhythmia analysis. The monitor continuously filters the ECG signal to remove baseline wander, muscle artifact, and signal irregularities. Also, if the Patient Paced status is set to **Yes**, pace pulses are filtered out to avoid processing them as QRS beats.
- detects beats, for example, QRS complexes, identifying them for further analysis.
- measures signal features such as R-wave height, width, and timing.
- creates beat templates, and classifies and labels beats to aid in rhythm analysis and alarm detection.
- examines the ECG signal for ventricular fibrillation, asystole, and noise.

Arrhythmia Options

Your monitor has either the basic or the enhanced arrhythmia option. Both options provide rhythm and ectopic status messages and beat labeling. The number of rhythms being classified, events being detected, and alarms generated differs according to the option. The alarms available with the different options are listed in the section “ECG and Arrhythmia Alarm Overview” on page 131, the rhythm and ectopic messages detected are listed in “Arrhythmia Status Messages” on page 140.

Where Can I Find More Information?

See the Application Notes on ST and Arrhythmia supplied on your documentation DVD for detailed information on the arrhythmia algorithm and its clinical application.

Switching Arrhythmia Analysis On and Off

- 1 In the **Setup Arrhy** menu, select **Arrhythmia** to switch between **On** and **Cardiotach**.
- 2 Select the **Confirm** pop-up key which appears at the bottom of the screen.

Be aware that when arrhythmia analysis is switched to **Cardiotach** mode,

- the message **Cardiotach Mode** appears beside the ECG wave, if configured to do so
- only the HR-related alarms are detected (the asystole alarm, the ventricular fibrillation/tachycardia alarm, the extreme tachycardia and extreme bradycardia alarms, the high heart rate and low heart rate alarms)
- HR High and HR Low alarms behave like normal yellow alarms, no timeout periods are active.

Choosing an ECG Lead for Arrhythmia Monitoring

It is important to select a suitable lead for arrhythmia monitoring.

Guidelines for non-paced patients are:

- QRS complex should be tall and narrow (recommended amplitude > 0.5 mV)
- R-Wave should be above or below the baseline (but not bi-phasic)
- T-wave should be smaller than $1/3$ R-wave height
- the P-wave should be smaller than $1/5$ R-wave height.

For paced patients, in addition to the above, the pace pulse should be:

- not wider than the normal QRS
- the QRS complexes should be at least twice the height of pace pulses
- large enough to be detected, with no repolarization.

To prevent detection of P-waves or baseline noises as QRS complexes, the minimum detection level for QRS complexes is set at 0.15 mV, according to IEC 60601-2-27 and AAMI-EC 13 specifications. Adjusting the ECG wave size on the monitor display (gain adjustment) does not affect the ECG signal which is used for arrhythmia analysis. If the ECG signal is too small, you may get false alarms for pause or asystole.

Aberrantly-Conducted Beats

As P-waves are not analyzed, it is difficult and sometimes impossible for the monitor to distinguish between an aberrantly-conducted supraventricular beat and a ventricular beat. If the aberrant beat resembles a ventricular beat, it is classified as ventricular.

You should always select a lead where the aberrantly-conducted beats have an R-wave that is as narrow as possible to minimize incorrect calls. Ventricular beats should look different from these 'normal beats'. Instead of trying to select two leads with a narrow R-wave, it may be easier to just select one lead and use single lead arrhythmia monitoring. Extra vigilance is required by the clinician for this type of patient.

Atrial Fibrillation Alarm

The monitor performs atrial fibrillation analysis using information about the R-R irregularity, P-R interval variability and P wave variability.

In order to generate an Afib alarm the following criteria must be detected for 1 minute:

- normal beat R-R intervals must be irregular
- P-R interval deviation must be large
- P-wave region must not match well

Atrial fibrillation analysis is only available for adult patients and atrial fibrillation detection cannot be performed on PVCs or Paced beats.

An *** End AFIB** alarm will occur when no atrial fibrillation waveform was detected for a configured delay time.

Since most atrial flutters have regular R-R intervals, they cannot be detected by the atrial fibrillation algorithm.

An *** AFIB** can be falsely detected in the presence of:

- sinus arrhythmia,
- muscle noise, or
- electrode motion artifact.

If you also have monitors with earlier software revisions, the *** AFIB** and *** End AFIB** alarms will not be generated after a transfer to one of these monitors. Always leave the Irregular HR alarm switched on, so that this alarm can be generated in such situations.

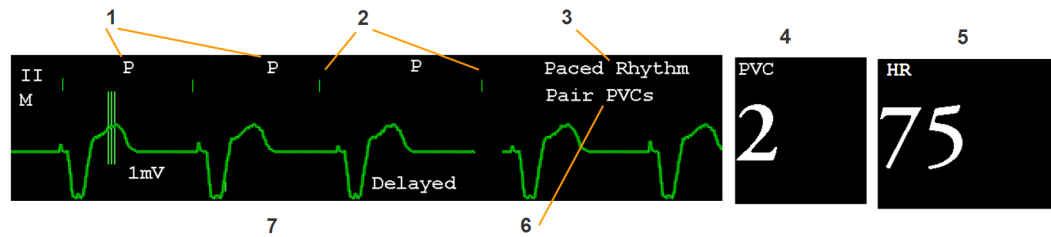
See the Application Note on Arrhythmia/ST supplied on your documentation DVD for detailed information on the arrhythmia algorithm and ECG analysis.

Intermittent Bundle Branch Block

Bundle branch and the other fascicular blocks create a challenge for the arrhythmia algorithm. If the QRS during the block changes considerably from the learned normal, the blocked beat may be incorrectly classified as ventricular, causing false PVC alarms. You should always select a lead where the bundle branch block beats have an R-wave that is as narrow as possible to minimize incorrect calls. Ventricular beats should look different from these 'normal beats'. Instead of trying to select two leads with a narrow R-wave, it may be easier to just select one lead and use single lead arrhythmia monitoring. Extra vigilance is required by the clinician for this type of patient.

Understanding the Arrhythmia Display

Your monitor screen may look slightly different from the illustration.



- 1 Beat label
- 2 Pace pulse marks
- 3 Rhythm status message
- 4 PVC Numeric
- 5 HR Numeric
- 6 Ectopic status message
- 7 Delayed arrhythmia wave

Viewing Arrhythmia Waves

To review arrhythmia beat labels, in the **Setup Arrhy** menu, select **Annotate Arrhy**.

The wave showing the primary ECG lead will be delayed by six seconds and shown on a gray background. Beat labels will be annotated above the ECG wave and **Delayed** will be written beside it.

To return to the normal ECG primary lead display, select **Annotate Arrhy** again.

Arrhythmia Beat Labels

Arrhythmia beat labels tell you how the monitor is classifying beats.

Beat Label Arrhythmia On	Beat Classification	Beat Label Cardiotach Mode
N	Normal	B
V	Ventricular Ectopic	B
S	Supra-ventricular Premature	B
P	Paced	B
'	Pacer Spike	'
"	Biventricular Pacer Spike	"
L	Learning patient's ECG	L
A	Artifact (noisy episode)	A
?	Insufficient information to classify beats	?
I	Inoperative condition (e.g., Leads Off)	I
M	Pause or missed beat	Not applicable

Arrhythmia Status Messages

The monitor displays two types of status messages:

- Rhythm Status Messages -- to indicate the patient's rhythm.
- Ectopic Status Messages -- to indicate the presence of ectopic beats.

These status messages are shown on the right hand side of the primary ECG wave. They are updated every second, with the exception of the Sinus and Supraventricular (SV) rhythm messages.

The Sinus and SV rhythm messages are updated based on the current heart rate, taking into account the patient category (adult, pediatric, or neonatal). For the message to change from one rhythm status to another, the HR must be in the new range for five beats.

If you have basic arrhythmia capability, you will get only messages for the alarms provided with this level.

Rhythm Status Messages

The label B or E indicates basic (B) or enhanced (E) arrhythmia capability.

Rhythm Status Message	Description	B or E
Asystole	No beat detected for a period > the asystole threshold (2.5 - 4.0 seconds)	B, E
Vent Fib/Tach	Fibrillatory wave (sinusoidal wave between 2 - 10 Hz) for 4 consecutive seconds	B, E
VTach	A run of consecutive beats labeled as V with run length $\geq$ the V-Tach Run limit and ventricular HR > V-Tach HR limit	B, E
Sustained VT	Ventricular tachycardia rhythm for more than 15 seconds	E
Vent Rhythm	A run of consecutive beats labeled as V with run length > the Vent rhythm limit and ventricular HR $\leq$ the V-Tach HR limit	E
Vent Bigeminy	A dominant rhythm of beats labeled as N, V, N, V, N	E
Vent Trigeminy	A dominant rhythm of beats labeled as N, N, V, N, N, V, N, N	E
Paced Rhythm	A dominant rhythm of beats labeled as P	B, E
Irregular HR	Consistently irregular rhythm	E
Sinus Brady Sinus Rhythm Sinus Tach	A dominant rhythm of beats labeled as N or S preceded by P-waves	B, E
SV Brady SV Rhythm SV Tach	A dominant rhythm of beats labeled as N or S not preceded by P-waves	B, E
Unknown ECG Rhythm	Rhythm cannot be determined	B, E
Learning ECG	Algorithm is learning the ECG beat morphology	B, E
Learning Rhythm	Algorithm is learning the rhythm of the classified beats	B, E
Cannot Analyze ECG	ECG signal is predominantly invalid or too noisy and therefore cannot be analyzed	B, E

Ectopic Status Messages

The label B or E indicates basic (B) or enhanced (E) arrhythmia capability.

Ectopic Status Message	Explanation	B or E
(No message displayed)	No ectopic activity within the last minute	
Run PVCs	More than 2 consecutive beats labeled as V within the last minute	E
Pair PVCs	Two beats labeled as V between two beats not labeled as V	E
Pacer Not Capt	No beat detected for a period > 1.75 times the average R-R interval and pace pulse(s) detected. (Paced mode on)	B, E
PacerNotPacing	No beat detected for a period > 1.75 times the average R-R interval and no pace pulse(s) detected (Paced mode on)	B, E
Pause	No beat detected for a period > 1.75 times the average R-R interval for HR <120, or No beat for 1 second with HR >120 (non-paced patient only), or No beat detected for more than the set pause threshold.	E
R-on-T PVCs	R-ON-T detected within the last minute	E
Multiform PVCs	Within the last minute, the occurrence of two differently shaped beats labeled as V within the last 60 beats and each occurring at least twice within the last 300 beats	E
Frequent SVPBs	Count of beats labeled as S within last minute is greater than 5	E
SVPBs	1-5 beats labeled as S in the last minute	E
SV Beats	Count of beats labeled as N or S within last minute and rhythm status is paced	B, E
Paced Beats	Count of beats labeled as P within last minute and rhythm status is not paced	B, E

Arrhythmia Relearning

During a learning phase:

- Alarm timeout periods are cleared
- Stored arrhythmia templates are cleared
- Asystole, Vfib, and HR alarms (when there are enough beats to compute the HR) are active. No other alarms are active.

Initiating Arrhythmia Relearning Manually

To initiate relearning manually, in the **Setup Arrhy** menu, select **Relearn Arrhy**.

- While the monitor is learning, the delayed arrhythmia wave displays the beat label **L** and the rhythm status message **Learning ECG**.
- Next, the monitor determines the dominant rhythm. The beats are labeled **N**, and the rhythm status message changes to **Learning Rhythm**.

After relearning is complete, you should check the delayed arrhythmia wave to ensure that the algorithm is labeling the beats correctly.

If beats are still not classified correctly, check that the ECG is optimized for arrhythmia monitoring. You may need to select a different lead or change the electrodes or electrode positions if there is excessive noise, unstable voltage, low amplitude, or large P- or T-waves.

Automatic Arrhythmia Relearn

Arrhythmia relearning is initiated automatically whenever:

- ECG monitoring is switched on
- The ECG Lead or Lead Label of the primary/secondary lead is changed manually, or when fallback occurs
- A Leads Off INOP condition (that has been active for > 60 seconds) ends.
- A telemetry device is directly connected to the monitor, or disconnected.

If you are monitoring multi-lead arrhythmia and there is a change in one lead only, relearning happens only in the affected lead. During this learning phase, the system will continue monitoring using the other lead. Therefore, the delayed arrhythmia wave is not labeled **L** and there is no **Learning ECG** rhythm status message. In addition, alarm timeout periods are maintained, stored arrhythmia templates are maintained for the operative lead, and all alarms switched on are active.

Arrhythmia Relearn and Lead Fallback

Lead fallback triggers an automatic arrhythmia relearn.

WARNING

If arrhythmia learning takes place during ventricular rhythm, the ectopics may be incorrectly learned as the normal QRS complex. This may result in missed detection of subsequent events of V-Tach and V-Fib.

For this reason you should:

- take care to initiate arrhythmia relearning only during periods of predominantly normal rhythm and when the ECG signal is relatively noise-free
 - be aware that arrhythmia relearning can happen automatically
 - respond to any INOP messages (for example, if you are prompted to reconnect electrodes)
 - be aware that a disconnected EASI electrode triggers an arrhythmia relearn on all leads
 - always ensure that the arrhythmia algorithm is labeling beats correctly.
-

Arrhythmia Alarms

Arrhythmia alarms can be switched on and off and the alarm settings changed just like other measurement alarms, as described in the Alarms section. Special alarm features which apply only to arrhythmia are described here.

The different alarms detected and generated by the monitor depend on the level of arrhythmia analysis that is enabled. For a complete list of arrhythmia alarms and INOPs, see the “Alarms” chapter.

The monitor detects arrhythmia alarm conditions by comparing ECG data to a set of pre-defined criteria. An alarm can be triggered by a rate exceeding a threshold (for example, HR >xx), an abnormal rhythm (for example, Ventricular Bigeminy), or an ectopic event (for example, Pair PVCs).

Yellow Arrhythmia Alarms

Yellow arrhythmia alarms are short yellow alarms specific to arrhythmia-related patient conditions. The heart rate alarms (High HR and Low HR) can be configured as short yellow or standard yellow alarms. When they are standard yellow alarms they exist independently of the other arrhythmia alarms and no timeout periods apply.

WARNING

When arrhythmia analysis is on, all yellow ECG and arrhythmia alarms are short yellow alarms (one-star). This means that the yellow alarm lamp and the tones are active for six seconds only, after which the blinking numeric and the alarm message remain for up to three minutes. The only exception to this are the HR High and Low alarms which can be configured as standard yellow alarms. Red alarms behave as usual.

Arrhythmia Alarms and Latching

When using arrhythmia analysis, **Visual Latching** and **Audible Latching** should be on for red alarms, or at least **Visual Latching** should be on. Because of the transient nature of arrhythmia alarms, many arrhythmia conditions may go unnoticed if alarm latching is off. This setting can only be changed in Configuration Mode.

Switching Individual Arrhythmia Alarms On and Off

Some arrhythmia alarms can be individually switched on or off:

Non-Sustain, Vent Rhythm, Run PVCs, Pair PVCs, R-on-T PVCs, V.Bigeminy, V.Trigeminy, Multif.PVCs, Pacer n.Cap, Pacer n.Pac, Pause, SVT, IrregularHR, Missed Beat, PVCs/min and Afib.

To switch individual alarms on or off, in the **Setup Arrhy** menu, select the alarm from the list to switch between **On** and **Off**. Depending on your configuration, some alarms may not be available in the list and cannot be switched on or off here.

The monitor displays the INOP message **Some ECG AlarmsOff**, if configured, when more alarms are switched off than configured in your active profile.

Switching All Yellow Arrhythmia Alarms On or Off

All yellow arrhythmia alarms can be switched on and off together. To do this,

- In the **Setup Arrhy** menu, select **All Yellow Off** or **All Yellow On**.

Adjusting the Arrhythmia Alarm Limits

Some arrhythmia alarms have limits which can be individually adjusted:

VTach HR, VTach Run, PVCs/min, Vent Rhythm, SVT HR, SVT Run, Asystole Thresh., Pause Threshold, Afib/IHR End Dly.

- 1 To adjust alarm limits, in the **Setup Arrhy** menu, select the alarm to be adjusted.
- 2 Select the appropriate setting from the pop-up list.

Arrhythmia Alarm Timeout Periods

Normally, an arrhythmia alarm is announced when an alarm condition is detected. However, there are certain situations that can inhibit the audible and visible indications of the alarm even though the alarm condition was detected. These include:

- if a more serious alarm condition is active in the same chain
- if a timeout period is in effect for a particular alarm
- if a timeout period is in effect for a higher alarm in that chain.

See “Arrhythmia Alarm Chaining” on page 145 for more details on alarm chains.

What is a Timeout Period?

Timeout periods are automatically started when a yellow arrhythmia alarm is detected. During this period, the same alarm condition will not generate another alarm. Alarm conditions further down the same arrhythmia alarm chain will also not generate an alarm, but alarms further up the chain will: see “Arrhythmia Alarm Chaining” on page 145.

To view the timeout period configured for your monitor, in the **Setup Arrhy** menu, see the menu items **TimeOut 1st** and **TimeOut 2nd**.

This setting can only be changed in Configuration Mode.

**** AFIB** and **** Irregular HR** alarms do not have a timeout period. These alarms can be generated immediately after the corresponding end alarm was generated.

When **** HR High** and **** HR Low** alarms are configured as standard yellow alarms, they do not have a timeout period.

Resetting the Timeout Period

To reset the timeout period, either

- select the **Alarms Off** or **Pause Alarms** permanent key and then reselect it, or
- select **Reset Alarming** in the **Review Alarms** window or the **Alarm Messages** window.

How are Yellow Arrhythmia Alarms Indicated?

When a yellow arrhythmia alarm is generated, it triggers visual and audible indicators. Yellow arrhythmia alarms are always set to latch visually for three minutes except HR High/Low alarms, if configured to standard yellow. Depending on the alarm condition, audible and visual alarm indicators will appear as follows:

Alarm Condition	Example	Short yellow alarm tone sounds	Alarm message displayed
Single alarm instance	Non-Sustained V-tach	when alarm condition is initially detected	for 3 minutes (latching time)

Alarm Condition	Example	Short yellow alarm tone sounds	Alarm message displayed
Continuous alarm condition	PVCs/min HIGH	when alarm condition is initially detected and - as an alarm reminder - every time the configured timeout period has expired	until the alarm condition stops, plus a maximum of three minutes latching time
Same intermittent alarm condition	Pair of PVCs	each time the alarm condition is detected, provided that the configured timeout period has expired	

If you silence a yellow arrhythmia alarm and the alarm condition still exists, the visual indicators continue until the condition stops. You will get an alarm reminder every time the configured timeout period has expired.

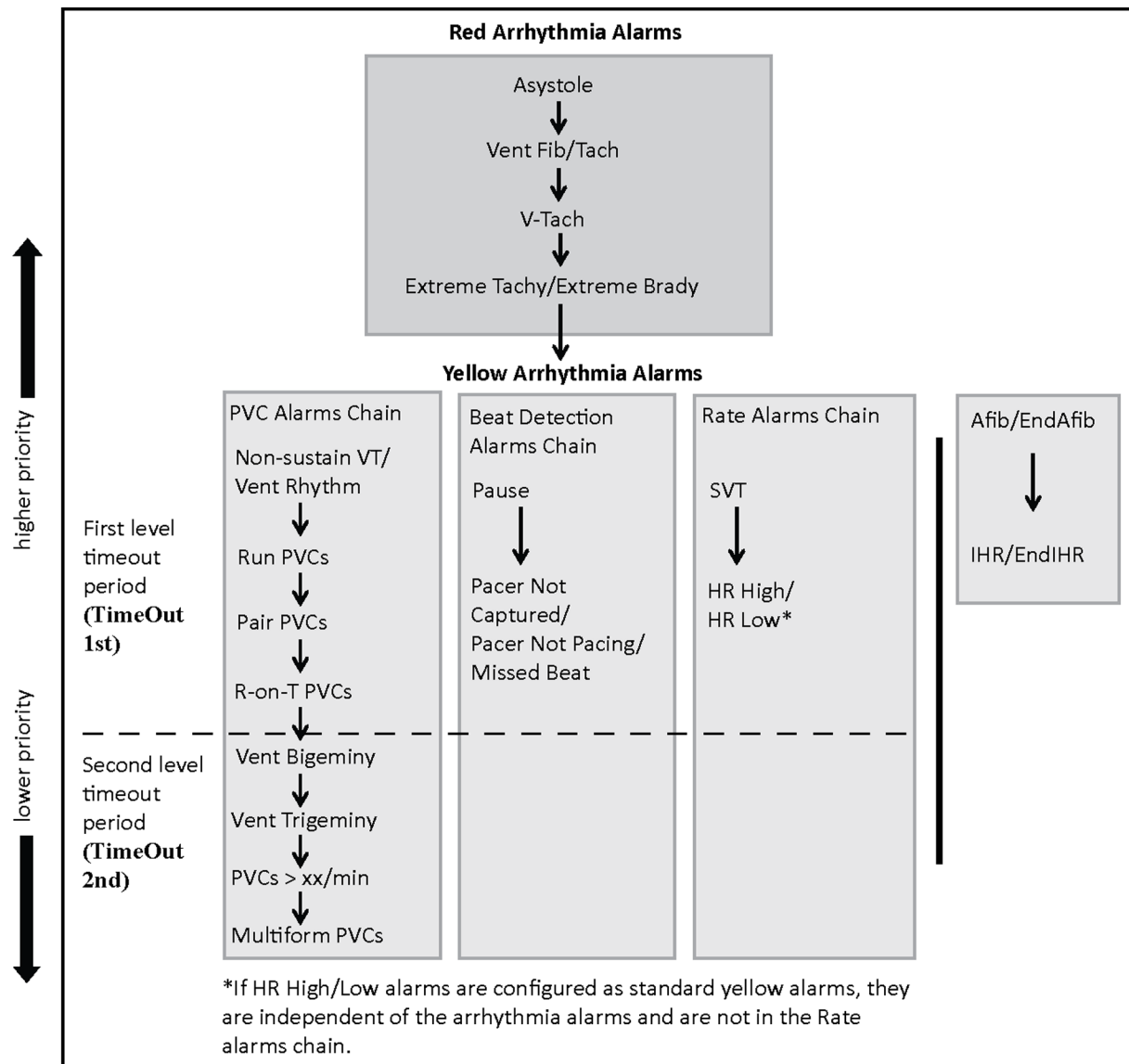
If you silence a yellow arrhythmia alarm and the alarm condition has stopped, the visual indicators are immediately cleared. Silencing an alarm does not reset its timeout period, so you will not get a realarm for the same condition or lower on the chain until the timeout expires.

Arrhythmia Alarm Chaining

When arrhythmia analysis is switched on, multiple alarm conditions may be present. Announcing all of the detected alarm conditions would be confusing, and might hide a more serious condition. For this reason, arrhythmia alarms are prioritized in three alarm "chains": PVC Alarms; Beat Detection Alarms, and Rate Alarms.

Only the highest priority alarm condition in each chain is announced. Lower priority alarms in the same chain will not be announced while an alarm is active or during the configured timeout period. If alarm conditions of equal severity from different chains are detected, the alarm condition that occurred most recently is announced.

See "ECG and Arrhythmia Alarm Overview" on page 131 for information on which alarms are included in the different arrhythmia options. See "Arrhythmia Alarm Timeout Periods" on page 144 for an explanation of how alarm timeouts work.



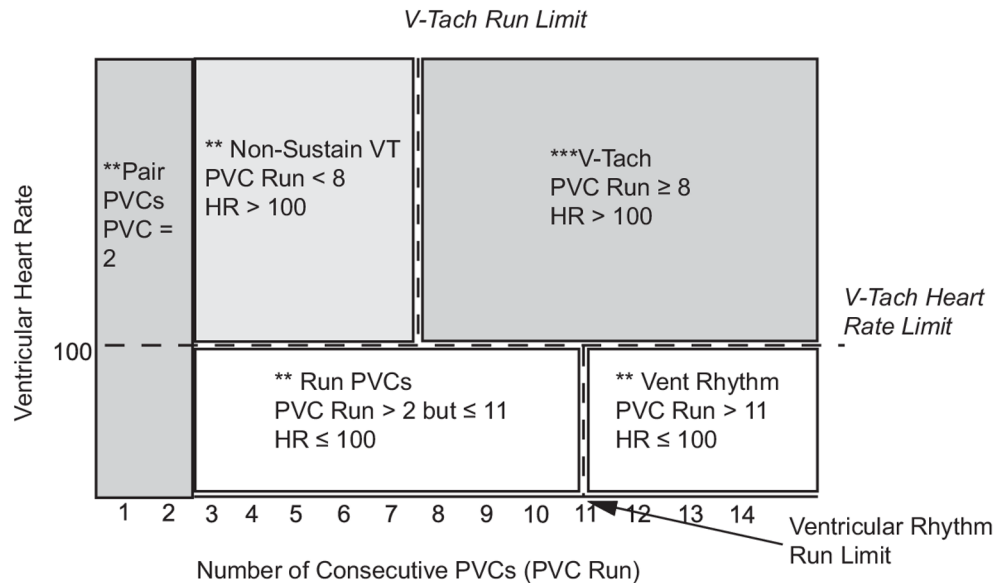
Examples of Alarm Chaining Logic

- If there is an active Vent Bigeminy alarm, a PVCs > xx/min will not be triggered because it is lower on the same chain. However, a high HR alarm will become active because it is on a different chain.
- Higher priority alarms supersede previous alarms. For example, if a Vent Trigeminy alarm is active and a Pair PVCs occurs, the Pair alarm will be activated.

Understanding PVC-Related Alarms

PVC-related alarms are detected on the basis of the current ventricular heart rate and the number of consecutive PVCs counted (referred to as PVC Runs).

As an example, this diagram illustrates the conditions under which PVC alarms would be generated if the Vent Rhythm Run limit is set to 11, the V-Tach Run Limit is set to 8, and the V-Tach HR Limit is set to 100.



You will see that

- if both the V-Tach Heart Rate Limit and the V-Tach Run Limit are exceeded, a red V-Tach alarm is generated
- if the ventricular heart rate exceeds the V-Tach Heart Rate Limit but not the V-Tach Run Limit, a yellow Non-Sustain VT alarm is generated.

About ST Monitoring

The monitor performs ST segment analysis on normal and atrially paced beats and calculates ST segment elevations and depressions. This information can be displayed in the form of ST numerics and snippets on the monitor.

The monitor also performs ST Elevation (STE) analysis using automated ISO and J point determination and measuring the ST segment directly at the J point (J +0). This is based on the recommendations for measuring ST Elevation published by the American Heart Association, the American College of Cardiology and the European Society of Cardiology.

All available leads can be monitored continuously. The ECG waveform does not need to be displayed on the monitor for ST Segment analysis.

ST analysis is always performed using a dedicated filter which ensures diagnostic quality. If you are monitoring ECG using an ECG filter mode other than Diagnostic, the ST segment of the ECG wave may look different from the ST segment of the ST snippet for the same wave. For diagnostic evaluation of the ST segment, always switch to Diagnostic filter mode or use the ST snippet.

WARNING

Some clinical conditions may make it difficult to achieve reliable ST monitoring, for example:

- if you are unable to get a lead that is not noisy
- if arrhythmias such as atrial fib/flutter are present, which may cause an irregular baseline

- if the patient is continuously ventricularly paced
- if the patient has left bundle branch block.

You should consider switching ST monitoring off if these conditions are present.

This monitor provides ST level change information; the clinical significance of the ST level change information should be determined by a physician.

ST segment monitoring is intended for use with adult patients only and is not clinically validated for use with neonatal and pediatric patients. For this reason, the recommended - and default - setting for ST monitoring in neonatal and pediatric modes is **ST Analysis: Off**.

Switching ST or STE On and Off

ST and STE analysis can be switched on and off independently.

To switch all ST monitoring on or off, in the **Setup ST Analysis** menu, select **ST Analysis** to switch between **On** and **Off**.

To switch all STE monitoring on or off, in the **Setup ST Elevation** menu, select **STE** to switch between **On** and **Off**.

Selecting Leads for ST Analysis

You select which leads to use for ST analysis in the **Setup ST Analysis** menu.

To see the current list of leads selected for ST analysis:

- 1 Enter the **Setup ST Analysis** menu.
- 2 Select **Setup ST Leads**. This opens the **Setup ST Leads** pop-up window. Leads chosen for ST monitoring are listed here. There are two pop-up keys at the bottom of the screen, **Add** and **Delete**. If all leads are already selected, the **Add** pop-up key is disabled.

To choose a lead for ST monitoring:

- 1 Select the **Add** key at the bottom of the **Setup ST Leads** window. This opens the **Choices** pop-up window.
- 2 Choose a lead from the list for ST monitoring. This closes the **Choices** window and adds the selected lead to the list of chosen leads.

To disable ST monitoring for a lead:

- 1 Choose a lead from the list in the **Setup ST Leads** window.
- 2 Select the **Delete** key. This removes this lead from the list.

NOTE

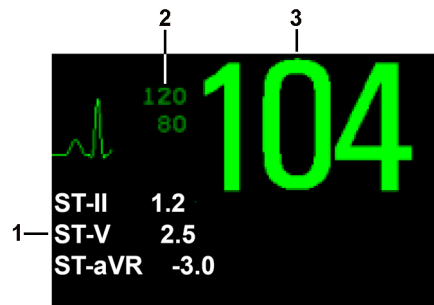
The order in which ST leads are listed in the **Setup ST Leads** menu determines the order in which ST leads are displayed on the monitor screen.

To change the order in which ST leads are displayed,

- 1 In the **Setup ST Leads** menu, choose a lead from the list.
- 2 Select the **Sort Up** or **Sort Down** key to move the lead up or down in the list.

Understanding the ST Display

Your monitor screen may be configured to look slightly different from the illustrations.



- 1 ST numerics
- 2 Current HR alarm limits
- 3 Current heart rate

ST Numerics

Up to 12 ST numerics plus the ST index can be displayed on the monitor screen. They can be configured to show beside the measurement numerics, beside the ECG wave, or beside the ST snippet.

A positive ST value indicates ST segment elevation; a negative value indicates depression.

ST numerics are displayed in the order in which you select ST leads for analysis. If there is additional space in the field assigned to ST numerics, the monitor will display extra numerics in the order in which they appear in the list in **Setup ST Leads**, in the **Setup ST Analysis** menu. Any ST leads switched on for analysis that do not fit in the assigned numerics field are shown in succession in place of the last ST numeric.

ST Index

The ST index numeric (**STindx**) is the sum of the absolute values for the ST leads V2, V5, aVF. Because it is based on absolute values, it is always a positive number. If you haven't selected one of the leads V2, V5, and aVF for ST analysis, the ST index numeric will display a question mark "?".

To switch the ST index numeric on or off for display, in the **Setup ST Analysis** menu, select **ST-Index** to toggle between **On** and **Off**.

ST Snippets

ST snippets show a one second wave segment for each measured ST lead. The most recent snippet is drawn in the same color as the ECG wave, usually green, superimposed over the stored baseline snippet, drawn in a different color. The comparison shows any deviation in the measurement since the baseline snippet was stored, for example as a result of a procedure carried out on the patient. The information is updated once per minute.

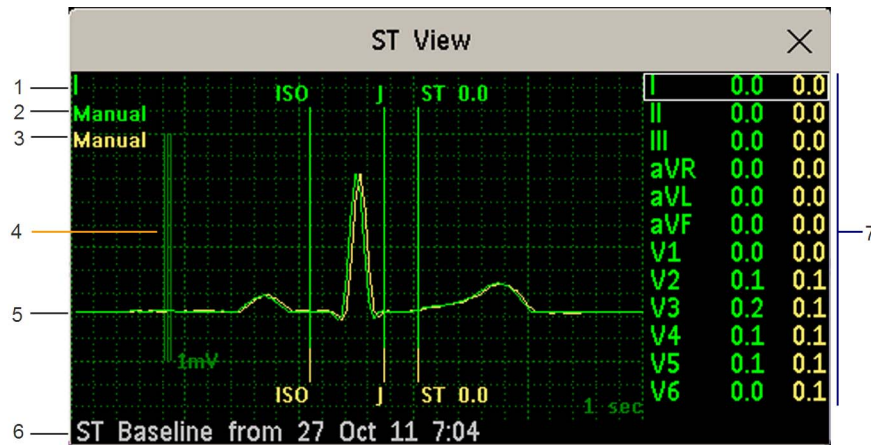
If you do not see ST snippets on the Screen, select the Screen name in the Monitor Info Line and select a Screen configured to show snippets from the pop-up list of available Screens.

ST View Window

The **ST View** Window shows a current ST snippet and numeric with a baseline snippet and numeric. The two snippets are in different colors, so that you can differentiate between them easily and see at a glance which numerics belong to which snippet. In the upper left corner the current lead and the ISO/J-Point mode for the current snippet and the baseline snippet is shown. On the right side all available ST numerics are shown. The date and time of the baseline snippet is shown at the bottom of the window.

The **ST View** Window opens with the ST pop-up keys **Current** / **Baseline** / **Overlap** (to select viewing mode), **Show Points** / **Hide Points**, **Update Baseline**, **Record ST**, **STE View**, **Adjust ST Points**, **ST Map**, **Setup ST** and arrow keys for scrolling through the available leads.

To view the **ST View** window, select any snippet on the Screen.

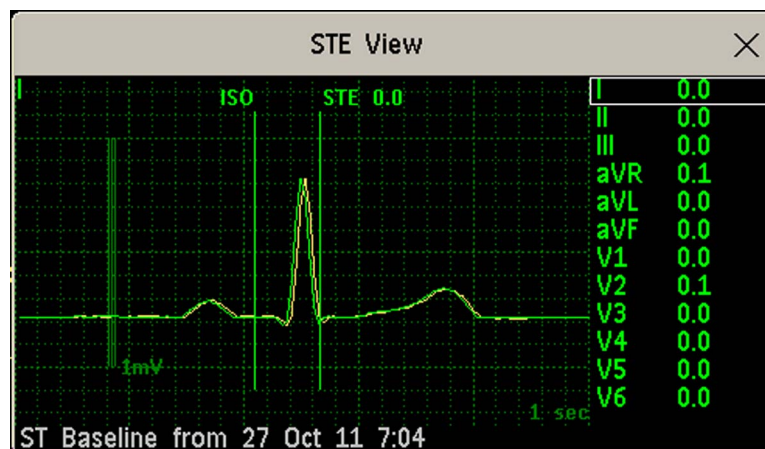


- 1 Current Lead
- 2 ISO/J-point mode for current snippet
- 3 ISO/J-point mode for baseline snippet
- 4 1 mV calibration bar
- 5 Current ST snippet and ST baseline snippet overlapped
- 6 Timestamp of most recently stored baseline snippet
- 7 All available ST numerics for current snippet and baseline snippet

The ST point, J-point and ISO point can be hidden using the **Hide Points** pop-up key.

STE View Window

The **STE View** window shows a current ST snippet and STE numeric with an ST baseline snippet. The two snippets are in different colors, so that you can differentiate between them easily. In the upper left corner the current lead is shown. On the right side all available STE numerics are shown. The date and time of the ST baseline snippet is shown at the bottom of the window.



The **STE View** window opens with the pop-up keys **Current** / **Baseline** / **Overlap** (to select viewing mode), **Show Points**/**Hide Points**, **Record STE**, **ST View**, **ST Map**, **Setup ST** and arrow keys for scrolling through the available leads.

The ST point, J-point and ISO point can be hidden using the **Hide Points** pop-up key.

Updating ST Baseline Snippets

ST analysis requires valid samples to measure and store a snippet. ST Snippets and ST values are updated every minute. If there is artifact in the signal, it may take longer for an ST snippet and an ST value to appear.

The first baseline is stored automatically after ST monitoring is started, or when a new patient is admitted.

To update ST baselines,

- 1 Select an ST snippet to open the **ST View** window.
- 2 In the **ST View** window, select **Update Baseline** to store all current snippets as baselines. This deletes all previously-stored baselines.

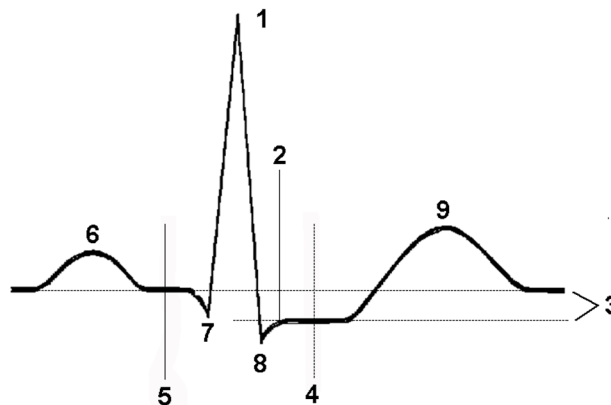
An ST baseline copy is also stored in the MMS, for transport purposes.

Recording ST Segments

To record all currently available ST snippets and baselines, in the **ST View** window, select the pop-up key **Record ST**.

About the ST Measurement Points

The ST value for each beat complex is the vertical difference between the ISO point and the ST point, as shown in the diagram below. The isoelectric (ISO) point provides the baseline, the ST point is at the midpoint of the ST segment. The J point is where the QRS complex changes its slope; as it is a fixed distance away from the ST point, it can be useful to help you position the ST point correctly.



- 1 R-wave peak at 0 msec
- 2 J point, for example, 48 msec
- 3 Difference = ST value

- 4 ST measurement point, for example, J + 60 msec
- 5 Isoelectric point set to -80 msec
- 6 P
- 7 Q
- 8 S
- 9 T

CAUTION

If using ST analysis, the ST measurement points need to be adjusted when you start monitoring, and if the patient's heart rate or ECG morphology changes significantly, as this may affect the size of the QT interval and thus the placement of the ST point. Artifactual ST segment depression or elevation may occur if the isoelectric point or the ST point is incorrectly set.

Always ensure that ST measurement points are appropriate for your patient.

Setting ISO and J-Point Detection Mode

There are two modes for ISO and J-point detection: **Auto** and **Manual**. In **Manual** mode you can set the measurement points yourself. In **Auto** mode the measurement points will be determined automatically.

To set the detection mode, in the **Setup ST Analysis** window,

- 1 Select **ISO/J Point**.
- 2 Select **Auto** or **Manual** mode.

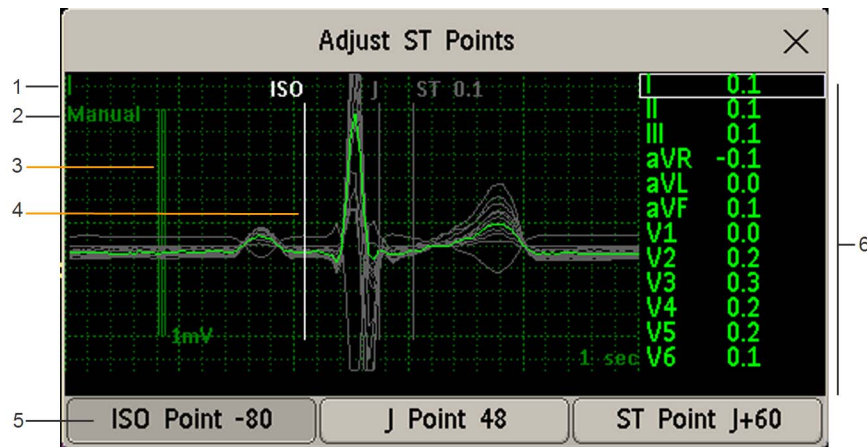
Adjusting ST Measurement Points

If the ISO and J-point detection mode is set to **Manual**, all three measurement points can be set. In **Auto** mode, only the ST point can be changed.

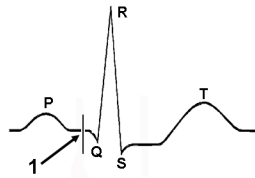
To adjust the ST measurement points, in the **Setup ST Analysis** menu,

- 1 Select **Adjust ST Points** to open the **Adjust ST Points** window.
Alternatively, you can use the **Adjust ST points** pop-up key in the **ST View** window.
- 2 Select a suitable ECG lead for ST measurement, with a visible J-point and a visible P wave. Use the up and down arrow keys to scroll through the ST snippets for the other ECG leads.

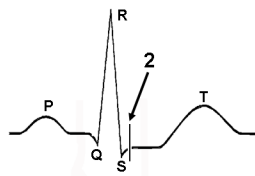
- 3 Use the **Select Point** pop-up key to scroll through the points and activate the point you need to adjust, then use the left and right arrow keys to move the measurement point. Each point is highlighted while active.



- 1 ST label
- 2 Current ISO/J-point detection mode
- 3 1 mV calibration bar
- 4 Cursor for adjusting ISO points
- 5 Highlighted ISO point
- 6 All available ST numerics for current snippet

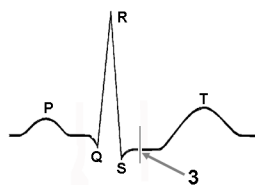


The ISO-point cursor (1) positions the isoelectric point relative to the R-wave peak. The relation is shown beside the ISO-point in milliseconds. Position the ISO-point in the middle of the flattest part of the baseline (between the P and Q waves or in front of the P wave).



The J-point cursor (2) positions the J-point relative to the R-wave peak. It helps you to correctly position the ST-point. Position the J-point at the end of the QRS complex and the beginning of the ST segment.

The J-point cursor is not available if your monitor is configured to let you set the ST point directly.



To position the ST-point (3) relative to the J-point:

select either **J+60** or **J+80**. Select **J Point** and use the arrow keys to move the J-Point and position the ST-point at the midpoint of the ST segment.

To position the ST-point directly:

select **ST Point** and use the left and right arrow keys to position the ST point at the midpoint of the ST segment.

- 4 Select the **Apply Changes** pop-up key to activate the new ST measurement points and recalculate all ST values.

The most recent ST Points adjustment time is displayed in the **Adjust ST Points** window. This information is cleared when a patient is discharged or when a new Profile is loaded into the monitor.

- 5 To update the ST snippet shown in the **Adjust ST Points** window, select the **Update** pop-up key.

ST Alarms

ST alarms are yellow alarms. Each ST lead has its own alarm limit. ST alarms are triggered when an ST value exceeds its alarm limit for more than one minute. Switching ST alarms off switches off alarms for all ST leads.

If more than one ST measurement is in alarm, the monitor only displays the alarm message of the ST lead which is currently furthest from its set alarm limits.

Changing ST Alarm Limits

The monitor can detect alarms on each ST lead separately, so you can set high and low ST alarm limits individually for each ST lead. When two contiguous leads are available, ST alarms will be generated when ST values of the two contiguous leads are outside the limit. When no contiguous lead is available an ST alarm is generated when the ST value of the single lead is outside the limit.

Set the high and low alarm limits based on your assessment of the patient's clinical condition, unit protocols, physician orders or medication-specified limits. A good guideline is + 1.0 mm or - 1.0 mm from the patients's ST, or follow your hospital protocol.

- 1 In the **Setup ST Analysis** menu, select the alarm to be adjusted.
- 2 Select the appropriate setting.

STE Alarms

The STE alarm is a yellow alarm. It can be switched on and off in the **Setup ST Elevation** menu but the limits can only be changed in Configuration mode. The STE alarm limits are gender specific and can be set individually for limb leads, V2/V3 leads, V1/V4/V5/V6 leads, V7/V8/V9 leads and V3R, V4R, V5R, V6R leads. The default values, for example on V2 and V3 1.5 mm for females and 2.0 mm for males, are based on the recommendations from the American Heart Association and American College of Cardiology.

The ST Elevation measurements with automated J-point determination generate ST Elevation alarms, in addition to the ST measurements at the user-defined ST point (J+offset), which may be useful for ST depression alarms. When ST and STE analysis are both in use, this may result in redundant alarms for ST elevations. Because of the different measurement points, there may be different values obtained. Thus there could be an ST alarm and an STE alarm but the STE alarm may announce sooner based upon the values obtained.

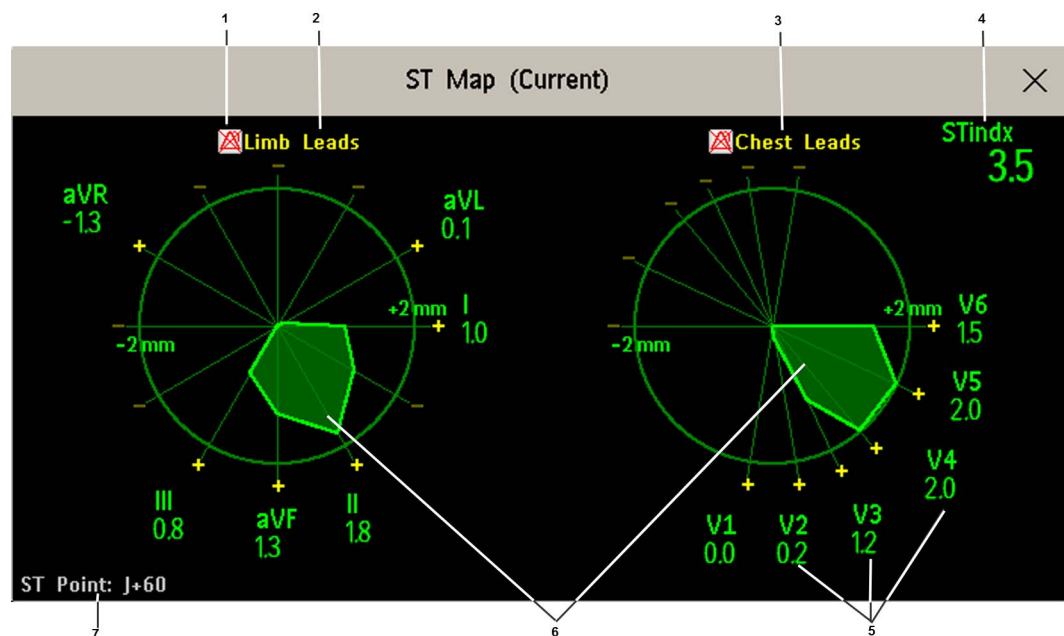
Viewing ST Maps

The monitor can derive a multi-axis portrait (map) from the ST analysis to help you detect changes in ST values. Two planes obtained from a multi-lead ECG are displayed in a multi-axis diagram, where each axis represents a lead. The value at the ST point is given. The position of the axes within the diagram correspond to the placement of the ECG leads. Each ST value is assigned to either a limb lead, or to a chest lead. Every axis shows the polarity of the lead it represents. By joining adjacent ST values, the monitor obtains an ST map. The contour line and the map shading are shown in the same color as the ECG parameter.

Current View

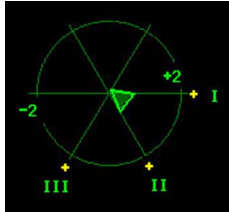
In current view, the monitor displays an ST map that corresponds to the current ST values.

The left of the following diagrams shows leads I, II, III, aVR, aVL, and aVF on the limb leads plane. On the right, the V-leads V1, V2, V3, V4, V5, V6 (and V7, V8, V9, V3R, V4R, V5R, V6R, if configured) are on the chest leads plane.

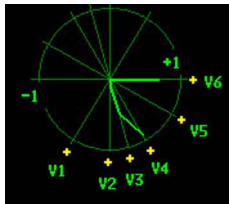


- 1 ST Alarm status indicator
- 2 Limb Leads
- 3 Chest Leads
- 4 ST index
- 5 Label, value and polarity of corresponding lead
- 6 ST map
- 7 The position of the current ST measurement point

If an ST lead is switched off, its axis is not shown in the map.



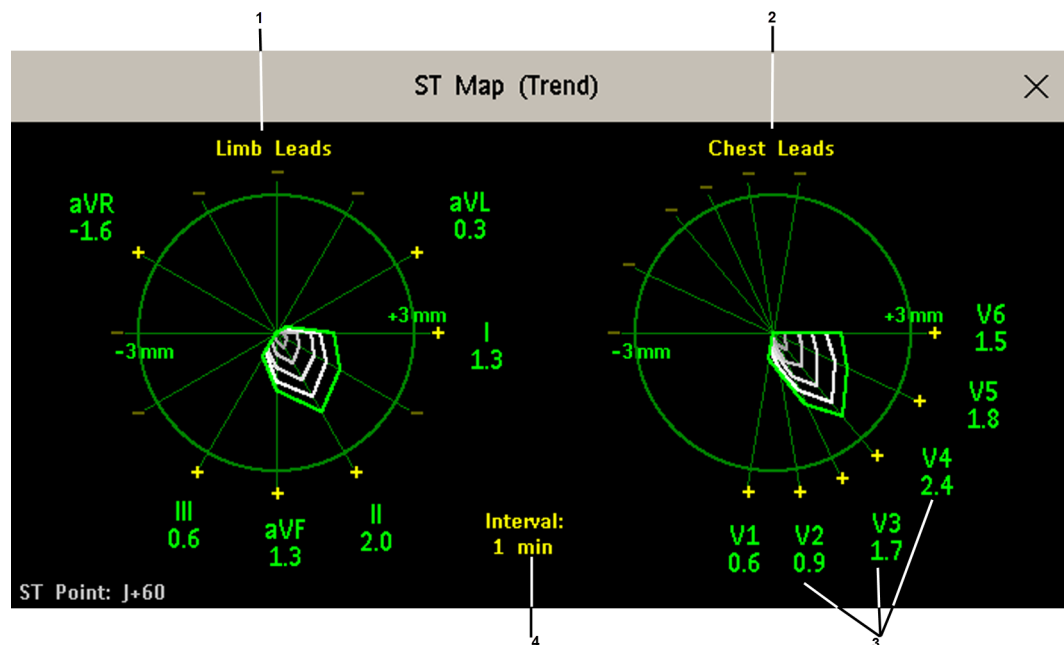
If a lead is in INOP (the value is being measured but is invalid or unavailable because, for example, the corresponding ECG electrode is off), the area formed by the remaining ST leads is left open.



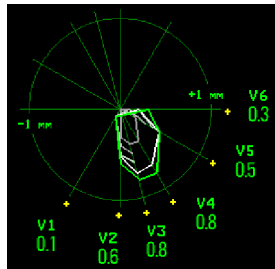
Trend View

In trend view, you can see up to four trended ST maps, and the current ST map, simultaneously. You can configure the time interval between trended samples. The most recent map is shown in the same color as the parameter itself. Past values change from white through dark gray. In the diagram below, the time interval between trends is one minute. The first trended sample is white and is one minute old. The second trended sample corresponds to the ST values two minutes ago and so forth. The ST values on the diagrams show the current ST values.

If a lead is turned off, its axis is no longer shown. This has no impact on the presentation of trended values that were recorded while the lead was still on.



- 1 Limb Leads
- 2 Chest Leads
- 3 current ST values
- 4 trending interval



In this diagram, V4 was either temporarily switched off, or in INOP, for around 30 seconds. No data was recorded. Consequently, the affected maps are not closed.

Viewing an ST Map

To display an ST map,

- In the **Main Setup** menu, select **ST Map**.

Working in the ST Map Task Window

You may need to activate the ST map task window to see all the data, and to access the pop-up keys. Select the map view on screen to activate its task window. Once you activate it, you can perform the tasks detailed here.

Switching Between ST Map Views

To switch between views,

- Select **Current View** or **Trend View** to toggle between views.

If your trend view is empty, you need to adjust the priority of this measurement in the trending priority list. See “Trend Priority” on page 255.

Displaying an ST Reference Baseline

You can display an ST reference baseline for the current view, or for the trended view. The baseline is shown in yellow. However, if the ECG color is yellow, the baseline is shown in green. Use this baseline to detect ST changes. The baseline is derived automatically whenever the monitor relearns arrhythmia and also on user request.

Select **Show Baseline/Hide Baseline** to toggle between baseline display on and off.

Updating an ST Map Reference Baseline

To update the baseline,

- In the **Setup ST Analysis** menu, select **ST View** then select **Update Baseline**.

Changing the Scale of the ST Map

To change scale,

- Select **Size Up** or **Size Down** to alter the size at which monitor displays the map.

Changing the Trending Interval

To determine how frequently the monitor displays a trended sample,

- 1 In Trend view, select **Select Interval**.
- 2 Select the required interval from the menu. The interval ranges between 12 seconds to 30 minutes.

Printing an ST Map Report

To print the most recently viewed (current or trend) window,

- 1 Select **Main Setup** then select **Reports**.
- 2 Select **ST Map**.
- 3 Press **Print**.

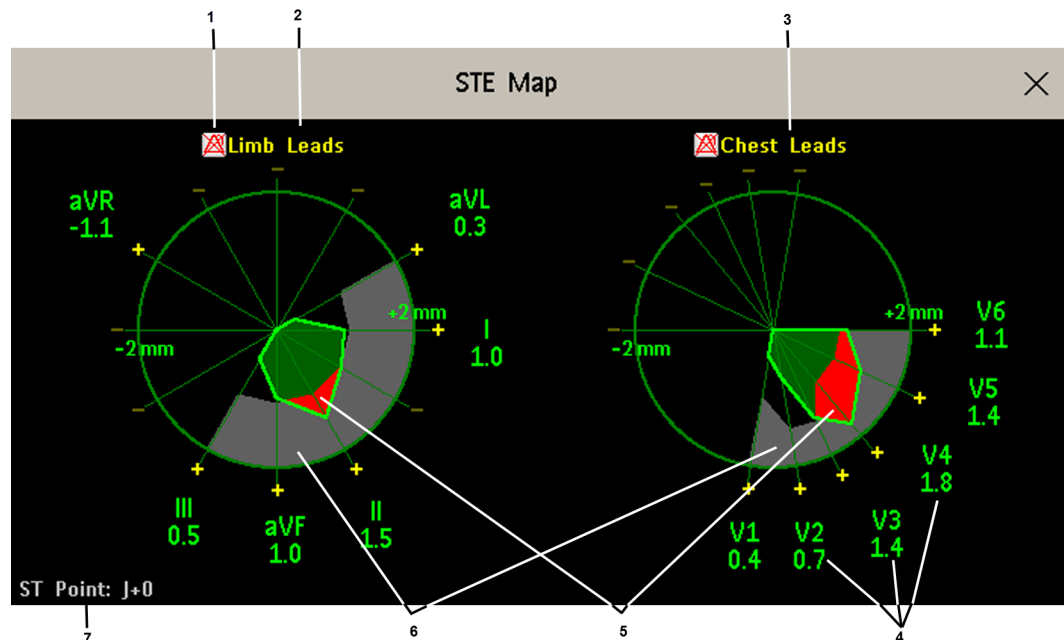
Viewing STE Maps

The STE Map displays STE values, ST values measured at the J point, together with the STE Limits as configured in the **Setup ST Elevation** menu for the gender of the current patient. Just like ST Map, it displays two planes obtained from a multi-lead ECG in a multi-axis diagram, where each axis represents a lead. The position of the axes within the diagram correspond to the placement of the ECG leads. Each STE value is assigned to either a limb lead, or to a chest lead. Every axis shows the polarity of the lead it represents. The STE limits are indicated by a gray colored area which contains all values that lie above those limits. If the ECG parameter color is white, shades of green are used instead.

If two contiguous leads exceed the corresponding STE limits, the violation area between the two STE values and two corresponding limit values is colored in red. If the ECG parameter color is red, green is used instead.

If the gender of the patient is not specified, the STE Map does not show any limits and does not indicate any limit violations.

The STE Map does not provide Trend View or the ST baseline.



- 1 STE Alarm status indicator
- 2 **Limb Leads**
- 3 **Chest Leads**
- 4 Label, value and polarity of corresponding lead
- 5 STE Limit Violations
- 6 STE Limit Area
- 7 The position of the current ST measurement point (always J + 0)

Viewing an STE Map

To display an STE map,

- In the **Main Setup** menu, select **STE Map**.

Working in the STE Map Task Window

You may need to activate the STE map task window to see all the data, and to access the pop-up keys. Select the map view on screen to activate its task window. Once you activate it, you can perform the tasks detailed here.

Changing the Scale of the STE Map

To change scale,

- Select **Size Up** or **Size Down** to alter the size at which monitor displays the map.

Printing an STE Map Report

To print the most recently viewed window,

- 1 Select **Main Setup** then select **Reports**.
- 2 Select **STE Map**.
- 3 Press **Print**.

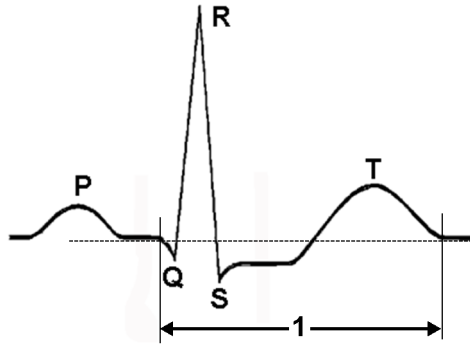
Switching between STE Map and ST Map

If you are running ST Map or STE Map as an embedded screen application, you can switch back and forth between STE Map and ST Map by selecting the **Change Map** pop-up key.

Note that changes made here will be saved in the current screen.

About QT/QTc Interval Monitoring

The QT interval is defined as the time between the beginning of the Q-wave and the end of the T-wave. It measures the total duration of the depolarization (QRS duration) and repolarization (ST-T) phases of the ventricular action potential. QT interval monitoring can assist in the detection of prolonged QT interval syndrome.



The QT interval (1) has an inverse relationship to heart rate. Faster heart rates shorten the QT interval and slower heart rates prolong the QT interval. Therefore there are several formulas used to correct the QT interval for heart rate. The heart rate corrected QT interval is abbreviated as QTc. The monitor uses as a default the Bazett correction formula and the alternative Fridericia formula can be selected in Configuration Mode.

For QT interval monitoring to be effective, basic or enhanced arrhythmia monitoring should be turned on.

QT Measurement Algorithm

The QT values are updated every five minutes except in the initial phase (first five minutes) where they are updated once per minute. Normal or atrial paced beats and beats with a similar morphology are averaged to form a representative waveform for further processing. Normal beats followed by a premature QRS will be excluded from the measurements to prevent the premature beat from obscuring the end of the T-wave. If the algorithm cannot form a representative waveform, for example because the morphology of the beats is too varied, a **Cannot Analyze QT** INOP will be generated after 10 minutes. This is also the case if normal beats have been falsely labeled so that the algorithm does not have enough valid beats to make QT measurements. No QT value is calculated if the QT-HR is >150 bpm (Adult) or >180 bpm (Pedi/Neo).

Because of the different algorithm approaches, a QT/QTc measurement from a diagnostic 12-lead program may differ from the realtime measurement on the monitor.

Where Can I Find More Information?

See the Application Note on QT/QTc Interval Monitoring and the QT Interval Monitoring Quick Guide supplied on your documentation DVD for detailed information on the QT algorithm and performance.

Indications For Use Of QT Interval Monitoring

Of special concern for QT monitoring is the administration of QT prolonging drugs to patients identified with risk factors for Torsade de Pointe. Females, older patients and patients with bradycardia, impaired left ventricular function (ischemia, left ventricular hypertrophy), hypokalemia and hypomagnesemia are in this increased risk category.

Limitations For Use Of QT Interval Monitoring

Some conditions may make it difficult to achieve reliable QT monitoring, for example:

- the T-wave is very flat
- T-waves are not well defined due to atrial flutter or atrial fibrillation

- the end of the T-wave is difficult to define because of the presence of U-waves
- a high heart rate causes the P-wave to encroach on the end of the previous T-wave
- noise or high QRS morphology variation

For these cases you should select a lead with a good T-wave amplitude and no visible flutter activity, and without a predominant U-wave or P-wave.

Some conditions such as left or right bundle branch block or hypertrophy can lead to a widened QRS complex. If a long QTc is observed you should verify it to ensure that it is not caused by QRS widening.

Because normal beats followed by ventricular beats are not included in the analysis, no QT measurement will be generated in the presence of a bigeminy rhythm.

If the heart rate is extremely high (over 150 bpm for adults and over 180 bpm for pediatrics and neonates) QT will not be measured.

When the heart rate changes, it can take several minutes for the QT interval to stabilize. For reliable QTc calculation it is important to avoid a region where the heart rate is changing.

WARNING

QT/QTc measurements should always be verified by a qualified clinician.

Selecting the QT Leads

For QT Monitoring you can select one of the following three modes:

- All Leads mode - all available leads (I, II, III, V, MCL, V1 - V9, V3R to V6R) are used to produce a global QT measurement. For EASI lead placement, directly acquired AI, AS and ES leads are used.
- Primary-Lead mode - the primary lead will be used for QT measurement. If the original primary lead becomes unavailable or is changed, QT measurement will continue with the new primary lead.
- Single-Lead mode - a single lead selected from all available leads (except the augmented leads) will be used for QT measurement. QT measurement will stop if the selected lead becomes unavailable.

To select the mode,

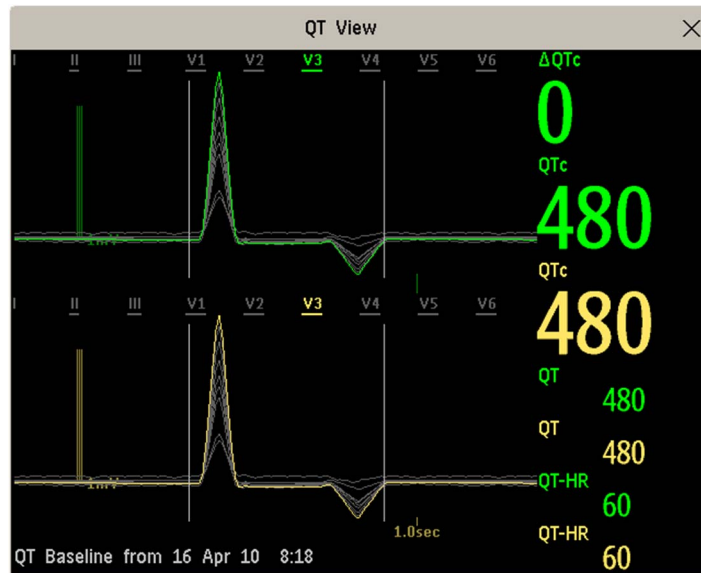
- 1 Select the QT numeric to enter the **Setup QT Analysis** window.
- 2 Select QT Lead and select **All**, **Primary Lead** or one of the available single leads.

When using the All Leads mode, make sure when you compare QT values that they are based on the same set of leads.

Changing the lead(s) used for QT measurements will not cause the baseline to be reset.

QT View

In the **QT View** window you can verify that the QT algorithm detects correct Q and T points.



The current waves are shown in the upper half of the window and the baseline waves in a different color below. The Q and T points are marked with a vertical line. By selecting one of the lead labels at the top of the window you can highlight the corresponding wave; the other waves are shown in gray. The underlined lead labels are the leads used for the QT calculation. By selecting the numeric area you can highlight all underlined leads.

If EASI or Hexad lead placement is in use, the corresponding lead placement label will be shown.

Changing The View To A Single Wave Set

To view one set of waves in a larger scale, you can cycle through the different views,

- 1 Select **Current** view to see the set of current waves.
- 2 Select **Baseline** view to see the set of baseline waves.
- 3 Select **Split** view to return to the combined view with current and baseline waves.

Setting The QT Baseline

In order to quantify changes in the QTc value, you can set a QTc baseline. For example to assess the effect of medication on the QT interval you can set the current value as the baseline before you begin medication. This baseline will then be used to calculate the ΔQTc value.

To set the baseline,

- Select **Set Baseline** and set the value.

If no baseline has been set for this patient, the first five minute value after the start of monitoring is automatically set as baseline. If you set a new baseline the previous baseline is discarded. As the ΔQTc alarm is based on the difference between the baseline and the current value, setting an inappropriate new baseline may prevent a ΔQTc alarm from being generated. Discharging a patient clears the baseline.

Printing The QT Waves

To start a printout,

- Select **Print QT**.

Recording The QT Waves

To start a recording,

- Select **Record QT**.

QT Alarms

There are two QT alarms, QTc high limit alarm and Δ QTc high alarm. The QTc high limit alarm is generated when the QTc value exceeds the set limit for more than 5 minutes. The Δ QTc alarm is generated when the difference between the current value and the baseline value exceeds the set limit for more than 5 minutes.

The **Cannot Analyze QT INOP** and the --? will be displayed when no QT measurement could be calculated for 10 minutes. Up to this time the previous valid value will be displayed. The following additional messages on the cause of the invalid measurements may also be displayed.

Additional Message	Cause of Invalid QT Measurement
QT Startup	QT monitoring was just turned on or has been reset
Asystole or Leads Off	1 Not all specified leads needed to perform QT analysis are available, or 2 Asystole condition is detected
Too few N labeled beats	Not enough valid QRS complexes to generate a QT measurement
Invalid Rhythm for QTc	Not enough valid R-R intervals to generate QT-HR, the averaged HR used for QTc calculation
High QT-HR	QT-HR exceeds the specified upper limit of 150 bpm (for adults) or 180 bpm (for neonates and pediatrics)
Small R Wave	R-wave of the signal is too small
Small T Wave	T-wave of the signal is too small
End of T not Detected	End of the T-Wave cannot be accurately detected
QT out of Range	QT measurement is outside the specified range of valid QT values (200-800 msec)
QTc out of Range	QTc measurement is outside the specified range of valid QTc values (200-800 msec)
QTc Erratic	QTc measurements are not stable

Switching Individual QTc Alarms On and Off

Each QTc alarm can be switched off individually.

To switch an alarm on or off, in the **Setup QT Analysis** menu, select **QTc High Alarm** or **Δ QTc High Alarm** to toggle between **On** and **Off**.

Changing QTc Alarm Limits

Set the high alarm limits based on your assessment of the patient's clinical condition, unit protocols, physician orders or medication specified limits.

- 1 In the **Setup QT Analysis** menu, select **QTc High Limit**.
- 2 Select the appropriate setting.
- 3 Select **Δ QTc High Limit**.
- 4 Select the appropriate setting.

Switching QT Monitoring On and Off

To switch all QT monitoring on or off, in the **Setup QT Analysis** menu, select **QT Analysis** to switch between **On** and **Off**.

Monitoring Pulse Rate

The pulse numeric counts the arterial pulsations that result from the mechanical activity of the heart in beats per minute (bpm). You can display a pulse from any measured SpO₂ signal (pleth wave), from the CL Respiration Pod, or any arterial pressure (P, ABP, ART, Ao, PAP, UAP, FAP, BAP: see the “Monitoring Invasive Pressure” chapter for an explanation of the pressure labels). The displayed pulse numeric is labeled and color-coded to match its source wave. If the pulse numeric is not displayed, see the **Setup Pulse** menu to check whether it is switched on.

Entering the Setup Pulse Menu

If a pulse numeric is displayed on the screen, select it to enter the setup menu for that pulse source. If no pulse numeric is visible, in the setup menu from the measurement, select pulse with the correct source, e.g. **Pulse (HR)**.

System Pulse Source

The currently selected system pulse source is shown in the setup menus of the pulse source measurements. The pulse rate chosen as system pulse:

- is monitored as system pulse and generates alarms when you select pulse as the active alarm source
- is sent via the network to the Information Center, if available
- is trended in the HighRes Trends and stored in the monitor's databases.

To define which pulse rate is used as system pulse,

- 1 In the **Setup Pulse** menu, select **System Pulse**.
- 2 Select one of the SpO₂, cmResp or arterial pressure labels from the pop-up list, or select **Auto**.
If you select **Auto**, the monitor automatically chooses a pulse rate to be used as system pulse. It looks through the list from top to bottom and activates the first pulse rate that is switched on and available.

If your selected pulse source measurement becomes unavailable or is switched off, the monitor will use the next measurement from the list as system pulse until the selected pulse source measurement becomes available again.

Switching Pulse On and Off

To switch a particular pulse numeric on or off, enter the **Setup Pulse** menu via the measurement setup menu or wave menu of the pulse source. For example, to switch an SpO₂ pulse numeric on or off,

- 1 Enter the **Setup Pulse** menu by selecting the Pulse numeric or by selecting **Pulse** in the **Setup SpO₂** menu.
- 2 In the **Setup Pulse** menu, select the correct pulse label, e.g. **Pulse (SpO₂)**, to toggle between **On** and **Off**.

Using Pulse Alarms

You can change pulse rate alarm limits in the **ECG/Pulse Alarms** menu which can be accessed from the **Setup Pulse** menu or the **Setup ECG** menu by selecting **Alarm Source**. Changing the alarm limits for a specific Pulse numeric changes the alarm limits for all pulse rate alarms and heart rate alarms.

Pulse alarms are only generated when the active alarm source is set to **Pulse**, a pulse source is set as system pulse and pulse alarms are switched on.

Selecting the Active Alarm Source: ECG or Pulse?

In most cases the HR and Pulse numerics are identical. In order to avoid simultaneous alarms on HR and Pulse, the monitor uses either ECG or Pulse as its active alarm source. To change the alarm source, select **Alarm Source** in the **ECG/Pulse Alarms** menu, then select

- **ECG/Arrhythm**: if you want the HR to be the alarm source for HR/Pulse.
- **Pulse**: If you select Pulse as the active alarm source, the monitor will prompt you to confirm your choice. Be aware that if you select Pulse as the alarm source, all arrhythmia and ECG HR alarms are switched off.
- **Auto**: If the alarm source is set to **Auto**, the monitor will use the heart rate from the ECG measurement as the alarm source whenever the ECG measurement is switched on and at least one ECG lead can be measured without an INOP condition.

The monitor will automatically switch to Pulse as the alarm source if:

- a valid ECG lead can no longer be measured
- and
- a Pulse source is switched on and available,

The monitor then uses the pulse rate from the measurement currently active as system pulse.

While Pulse is the alarm source, all arrhythmia and ECG HR alarms are switched off. If an ECG lead becomes available again, the monitor automatically uses HR as alarm source.

NOTE

If ECG is switched off, the monitor will always change to Pulse as alarm source, if a Pulse is available. One exception to this rule can arise when you have a telemetry device paired with your monitor. The monitor ECG is then deactivated but the monitor may be configured to allow only ECG as the active alarm source. In this case the monitor will not switch to Pulse as alarm source and Pulse will not be available as a selection in the **ECG/Pulse Alarms** menu.

WARNING

Selecting Pulse as the active alarm source for HR/Pulse switches off the arrhythmia alarms listed in the section “ECG and Arrhythmia Alarm Overview” on page 131, including **Asystole**, **Vfib** and **Vtach** alarms, and the heart rate alarms. This is indicated by the message **ECG/Arrh AlarmsOff** (unless this has been configured off for your monitor), and the crossed-out alarm symbol beside the ECG heart rate numeric. The message **ECG/Arrh AlarmsOff** can be configured off, or to switch to a yellow (medium severity) INOP after a fixed number of hours.

High and low pulse rate and extreme bradycardia and extreme tachycardia alarms from pulse are active.

Alarm Source Selection Disabled

If you cannot change the alarm source, selection of the alarm source may be disabled. If you try to change the source, the monitor displays the message **To activate enter Config and enable Alarm Source Selection**. This setting can only be changed in Configuration Mode.

Changing HR/Pulse Alarm Limits

As Pulse and HR share the same high and low alarm limits, if you change the alarm limit in the **Setup Pulse** menu, the high or low alarm limits for HR in the **Setup ECG** menu change automatically, and vice versa. The only exceptions are caused by a low limit clamp for each measurement: the lowest value for Pulse when derived from SpO₂ is 30 bpm; from HR 15 bpm, and from Pressure 25 bpm.

Extreme Alarm Limits for Heart Rate

The extreme rate alarms, ***** Extreme Tachy** and ***** Extreme Brady**, are generated by the active alarm source, either HR or Pulse. The limits are set automatically by adding a set value (the Δ value) to the high and low alarm limits. So, changing the high and low alarm limits automatically changes the extreme alarm limits (within an allowed range, see “Extreme Alarm Limits for Heart Rate” on page 133 for details).

You need to know which value has been configured for your monitor.

- To see the values added to the high and low limit alarms to create the extreme rate alarms for your monitor, in the **Setup ECG** menu, see the menu items **Δ ExtrTachy** and **Δ ExtrBrady**.

QRS Tone

The active alarm source is also used as a source for the QRS tone. You can change the tone volume in the **Setup SpO₂** and **Setup ECG** menus and the QRS tone modulation in the **Setup SpO₂** menu.

WARNING

The audible QRS tone might be influenced by external interference and is not intended to be used as a substitute for ECG based arrhythmia analysis.

If arrhythmia detection is needed, do not rely on the audible QRS tone.

Monitoring Respiration Rate (Resp)

For the respiratory measurement (Resp), the monitor measures the thoracic impedance between two ECG electrodes on the patient's chest. Changes in the impedance due to thoracic movement produce the Resp waveform on the monitor screen. The monitor counts the waveform cycles to calculate the respiration rate (RR).

Lead Placement for Monitoring Resp

Correct patient skin preparation techniques for electrode placement are important for Resp measurement: you will find this information in the chapter on ECG.

The Resp measurement uses the standard ECG cable sets and lead placements. You can use any of the different types of ECG cable sets - 3-lead, 5-lead, 6-lead or 10-lead, using either standard or EASI™ placement - to measure Resp, as long as you use ICU ECG cables.

The Resp signal is always measured between two of the ECG electrodes. Note that at least a standard 3-lead placement is required to measure Resp. The Resp measurement cannot be performed with only two electrodes.

Selecting the Resp Lead for Measurement

To choose the leads for the Resp measurement:

In the **Setup Resp** menu, select **Resp Lead** and choose one of the following vectors:

- **I (RA-LA)** or
- **II (RA-LL).**

Note that if EASI is configured, Respiration will be measured between the I and A electrodes.

Optimizing Lead Placement for Resp

If you want to measure Resp and you are already measuring ECG, you may need to optimize placement of the two electrodes between which Resp will be measured for some patients.

Repositioning ECG electrodes from standard positions, especially when you are using EASI™ ECG electrode placement, results in changes in the ECG waveform and may influence ST and arrhythmia interpretation.

Cardiac Overlay

Cardiac activity that affects the Resp waveform is called cardiac overlay. It happens when the Resp electrodes pick up impedance changes caused by the rhythmic blood flow. Correct electrode placement can help to reduce cardiac overlay: avoid the liver area and the ventricles of the heart in the line between the respiratory electrodes. This is particularly important for neonates.

Lateral Chest Expansion



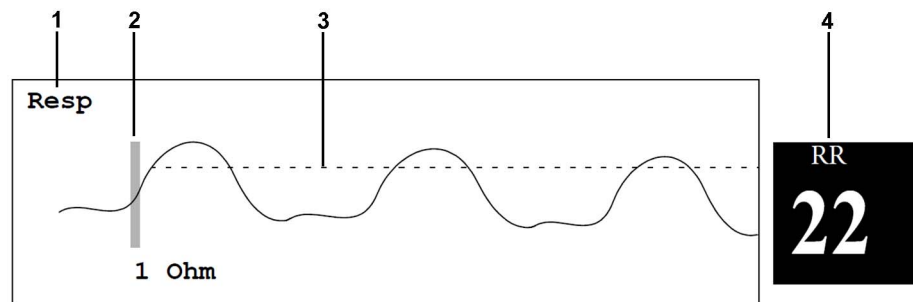
Some patients, especially neonates, expand their chests laterally. In these cases it is best to place the two respiratory electrodes in the right midaxillary and left lateral chest areas at the patient's maximum point of breathing movement to optimize the respiratory wave.

Abdominal Breathing

Some patients with restricted chest movement breathe mainly abdominally. In these cases, you may need to place the left leg electrode on the left abdomen at the point of maximum abdominal expansion to optimize the respiratory wave.

Understanding the Resp Display

The Resp measurement is displayed on the monitor as a continuous wave and a numeric respiration rate. If the detected respiration rate is close to the heart rate, this is indicated by the text **HR = RR** next to the respiration wave if you are in manual monitoring mode. Your monitor screen may look slightly different from the illustration.



- 1 Resp wave label
- 2 One Ohm calibration bar
- 3 Manually-set Resp detection level
- 4 Resp numeric and label

Changing Resp Detection Modes

The Resp detection level can be set either automatically or manually.

- To change the resp detection mode, in the **Setup Resp** menu, select **Detection** to toggle between the settings.

Auto Detection Mode

In Auto Detection Mode, the monitor adjusts the detection level automatically, depending on the wave height and the presence of cardiac artifact.

Note that in Auto Detection Mode,

- the detection level (a dotted line) is not displayed on the waveform,
- the algorithm expects a heart rate and therefore needs at least 3 electrodes attached to the patient.

Use Auto Detection Mode for situations where:

- the respiration rate is not close to the heart rate
- breathing is spontaneous, with or without continuous positive airway pressure (CPAP)
- patients are ventilated, except patients with Intermittent Mandatory Ventilation (IMV).

Manual Detection Mode

In Manual Detection Mode you must set the Resp detection level.

- In the **Setup Resp** menu, select **Manual Up** or **Manual Down**. Use the dotted detection level line in the Resp waveform to determine when the desired level is reached.

Once set, the detection level will not adapt automatically to different respiration depths. It is important to remember that if the depth of breathing changes, you may need to change the detection level.

Use Manual Detection Mode for situations where:

- the respiration rate and the heart rate are close.
- patients have Intermittent Mandatory Ventilation.
- respiration is weak. Try repositioning the electrodes to improve the signal.

Resp Detection Modes and Cardiac Overlay

In Auto Detection Mode:

If you are monitoring Resp and the ECG is switched off, the monitor cannot compare the ECG and Resp rates to detect cardiac overlay. The respiration detection level is automatically set higher to prevent the detection of cardiac overlay as respiration.

In Manual Detection Mode:

Cardiac overlay can in certain situations trigger the respiration counter. This may lead to a false indication of a high respiration rate or an undetected apnea condition. If you suspect that cardiac overlay is being registered as breathing activity, raise the detection level above the zone of cardiac overlay. If the Resp wave is so small that raising the detection level is not possible, you may need to optimize the electrode placement as described in the section “Lateral Chest Expansion” on page 170.

Changing the Size of the Respiration Wave

WARNING

When monitoring in Manual Detection Mode, make sure to check the respiration detection level after you have increased or decreased the size of the respiration wave.

- In the **Setup Resp** menu, select **Size Up** to increase the size of the wave or **Size Down** to decrease it.

Changing the Speed of the Respiration Wave

Resp waveforms are usually viewed at a slower speed than other waveforms. For this reason, the Resp measurement has its own speed control and is not affected by the wave speed settings of the other measurements.

- Select the Resp wave to enter the **Resp Wave** menu, then select **Change Speed**. Choose the required speed from the pop-up list. This defines the speed at which the wave is drawn across the screen in millimeters per second (mm/s).

Using Resp Alarms

Resp alarms can be switched on and off and the high and low alarm limits can be changed just like other measurement alarms, as described in the Alarms chapter.

Changing the Apnea Alarm Delay

The apnea alarm is a high priority red alarm used to detect apneas. The apnea alarm delay time defines the time period between the point where the monitor cannot detect any respiration activity and the indication of the apnea alarm.

- 1 In the **Setup Resp** menu, select **Apnea Time**.
- 2 Select the appropriate setting.

Resp Safety Information

WARNING

Respiration detection level

If you do not set the detection level for the respiration correctly in manual detection mode, it may not be possible for the monitor to detect apnea. If you set the detection level too low, the monitor is more likely to detect cardiac activity, and to falsely interpret cardiac activity as respiratory activity in the case of apnea.

Apnea

The respiration measurement does not recognize obstructive and mixed apneas - it only indicates an alarm when a pre-adjusted time has elapsed since the last detected breath.

The safety and effectiveness of the respiration measurement method in the detection of apnea, particularly the apnea of prematurity and apnea of infancy, has not been established.

Interference

If operating under conditions according to the EMC Standard EN 60601-1-2 (Radiated Immunity 3V/m), field strengths above 1V/m may cause erroneous measurements at various frequencies. Therefore it is recommended to avoid the use of electrically radiating equipment in close proximity to the respiration measurement unit.

Resp Accessories

To monitor respiration, use only the non-OR ECG accessories listed in the Resp section of the accessories chapter. You cannot measure respiration if you are using an orange OR ECG cable set. This is because of the higher internal impedance of the OR cable set, required for use if electrosurgery is being performed.

Rate adaptive pacemakers

Implanted pacemakers which can adapt to the Minute Ventilation rate may occasionally react on the Impedance measurement used by patient monitors for the determination of the Resp value and execute pacing with the maximum programmed rate. Switching off the Resp measurement can prevent this.

Monitoring with the CL Respiration Pod (cmResp)

The CL Respiration Pod is one of the IntelliVue Cableless measurements and can be used together with the monitor. For information on the general use and application of the pod, refer to “Using the IntelliVue Cableless Measurements” on page 231 and the IntelliVue Cableless Measurements Instructions for Use.

As the Respiration Pod does not have a display, the measurement results are only presented on the monitor display, and the settings for the measurement can also only be made at the monitor. Information relating to these aspects is contained in this chapter.

Measurement Principles

The CL Respiration Pod derives a respiration and pulse signal from the chest and abdomen movements measured with a built-in acceleration sensor. The CL Respiration Pod is attached to the left costal arch on the patient's chest with an adhesive attachment.

With the appropriate configuration, the measurement provides:

- a respiration waveform (cmResp)
- a respiration rate (cmRR)
- a pulse numeric (optional)
- a posture status - various different postures such as supine, upright and lying on left/right side are detected and updated after a posture change has occurred and posture is stable again.
- an activity level numeric - patient activity is determined once per second, and an activity level between 0 and 10 is reported to the monitor and updated once per minute.

The activity status information provides only an approximate indication of the actual patient activity.

WARNING

The CL Respiration Pod does not provide apnea alarming.

Excessive patient movement and vibration can cause interference with the measured signals. When the patient is mobile, motion artifacts could be interpreted as breathing movements.

Measurement Modes

There are three different modes available for making respiration/pulse measurements:

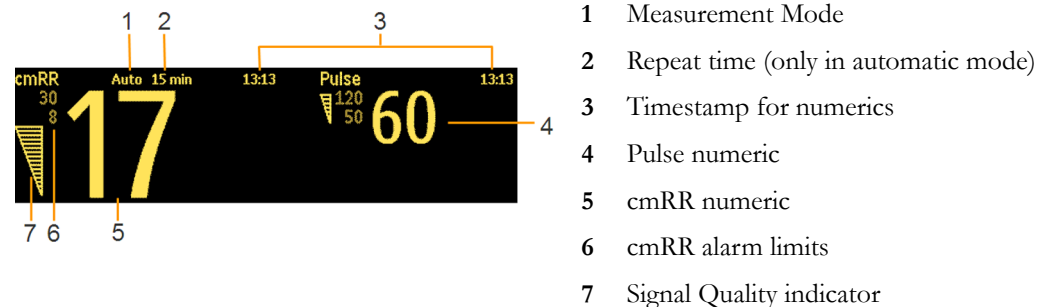
- **Manual Mode** - a single respiration measurement is made when **Start cmResp** is selected at the monitor or when the key on the Respiration Pod is pressed.
- **Automatic Mode** - continually repeated respiration measurements with an adjustable interval between them. The first measurement starts immediately after entering the automatic measurement mode.
If configured, when the respiration rate moves outside the defined alarm limits, the measurement mode changes automatically to frequent mode until the respiration rate moves back inside the limits.
- **Frequent Mode** - respiration and pulse are measured continuously. The respiration rate is updated with every new detected breath. The shortest update interval for the pulse rate is 8 seconds.

Making Measurements

For the procedures for preparing the pod and making measurements, refer to the IntelliVue Cableless Measurements Instructions for Use.

To start a measurement from the monitor, select **Start cmResp** in the **Setup cmResp** menu. A single measurement can be started at any time, independent of the current measurement mode.

Understanding the Numerics



In automatic mode, you may see the time until the next measurement instead of the timestamp, depending on your configuration. The time is shown like this:



The cmRR and pulse numerics can be configured to be grayed out or to disappear from the screen after a set time. This avoids older numerics being misinterpreted as current data. The time can be set in Configuration mode.

When an automatic measurement is ongoing, the numerics are replaced by horizontal bars, constantly changing from one bar, to two, then to three.

Signal Quality Indicator

The cmRR and pulse numerics are displayed together with a signal quality indicator (if configured and enough space is available) which gives an indication of the reliability of the displayed values.

The level to which the triangle is filled shows the quality of the signal; the indicator below shows maximum signal quality with the triangle completely filled.



Activity Numeric

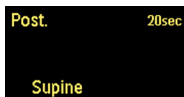
The activity level of the patient is indicated by a numeric value between 1 (very low activity) and 10 (very high activity). When a value of 0 is displayed, no signal is available. The numeric is updated once per minute.



An activity level value is also displayed at the top of the **Setup cmResp** menu. Here the "realtime" value is shown, allowing you check that activity is being successfully detected.

Posture Indication

The posture is displayed in text form, with the name of the detected posture and the time since the last posture change was detected. The indication is updated when a posture change is detected and the new posture has been stable for 1 minute.



A posture indication is also displayed at the top of the **Setup cmResp** menu. Here the "realtime" indication is shown, allowing you check that posture changes are being successfully detected.

Setting the Measurement Mode

To set the measurement mode:

- 1 In the **Setup cmResp** menu, select **Mode**.
- 2 Select **Manual**, **Auto** or **Frequent** mode.

In **Auto** or **Frequent** mode, measurements will start immediately after the mode is selected.

Setting the Repeat Time

For **Auto** mode measurements you can set the interval between measurements:

- 1 In the **Setup cmResp** menu, select **Repeat Time**.
- 2 Select the interval from the list.

Switching Posture and Activity Level On and Off

In the **Setup cmResp** menu, select **Posture** or **Activity** to switch between **On** and **Off**.

Monitoring SpO₂

Philips pulse oximetry uses a motion-tolerant signal processing algorithm, based on Fourier artifact suppression technology (FAST). It provides four measurements:

- Oxygen saturation of arterial blood (SpO₂) - percentage of oxygenated hemoglobin in relation to the sum of oxyhemoglobin and deoxyhemoglobin (functional arterial oxygen saturation).
- Pleth waveform - visual indication of patient's pulse.
- Pulse rate (derived from pleth wave) - detected pulsations per minute.
- Perfusion indicator - numerical value for the pulsatile portion of the measured signal caused by arterial pulsation.

The monitor is also compatible with an SpO₂ technology from another manufacturer: Nellcor™ OxiMax™. Where use of this technology results in different behavior or has different requirements, the differences are described in these Instructions for Use.

WARNING

A pulse oximeter should be considered an early warning device. As a trend towards patient deoxygenation is indicated, blood samples should be analyzed by a laboratory CO-oximeter to completely understand the patient's condition.

SpO₂ Sensors

Familiarize yourself with the instructions for use supplied with your sensor before using it. In particular, check that the sensor being used is appropriate for your patient category and application site.

CAUTION

Do not use OxiCliq disposable sensors in a high humidity environment, such as in neonatal incubators or in the presence of fluids, which may contaminate sensor and electrical connections causing unreliable or intermittent measurements. **Do not use** disposable sensors when there is a known allergic reaction to the adhesive.

Applying the Sensor

- 1 Follow the SpO₂ sensor's instructions for use, adhering to all warnings and cautions.
- 2 Remove colored nail polish from the application site.
- 3 Apply the sensor to the patient. The application site should match the sensor size so that the sensor can neither fall off, nor apply excessive pressure.
- 4 When using the M1195A Infant Finger Sensor, select a finger or toe with a diameter of between 7 and 8 mm (0.27" and 0.31"). When applying a M1193A neonatal sensor do not overtighten the strap.
- 5 Check that the light emitter and the photodetector are directly opposite each other. All light from the emitter must pass through the patient's tissue.

WARNING

Proper Sensor Fit: If a sensor is too loose, it might compromise the optical alignment or fall off. If it is too tight, for example because the application site is too large or becomes too large due to edema, excessive pressure may be applied. This can result in venous congestion distal from the application site, leading to interstitial edema, hypoxemia and tissue malnutrition. Skin irritations or lacerations may occur as a result of the sensor being attached to one location for too long. To avoid skin irritations and lacerations, periodically inspect the sensor application site and change the application site regularly.

Venous Pulsation: Do not apply sensor too tightly as this results in venous pulsation which may severely obstruct circulation and lead to inaccurate measurements.

MRI Scanning: Do not use the pulse oximeter or oximetry sensors during magnetic resonance imaging (MRI) scanning. Induced current could potentially cause burns. The device may affect the MRI image, and the MRI unit may affect the accuracy of the oximetry measurements.

Damaged Sensors: Do not use damaged sensors / cables or sensors with exposed optical components.

Low Perfusion: With very low perfusion at the monitored site, the performance might be impaired and the SpO₂ readings may read lower than arterial oxygen saturation.

Conditions Affecting Performance: During hypotension, severe vasoconstriction, severe anemia, or hypothermia of the patient the performance may be impaired. Also in these conditions or when the patient is in cardiac arrest or in shock, it may not be possible to make measurements at all.

Ambient Temperature: At elevated ambient temperatures be careful with measurement sites that are not well perfused, because this can cause severe burns after prolonged application. All listed sensors operate without risk of exceeding 41°C on the skin if the initial skin temperature does not exceed 35°C.

Extremities to Avoid: Avoid placing the sensor on extremities with an arterial catheter, an NBP cuff or an intravascular venous infusion line.

Do not immerse the sensors.

Nellcor OxiMax technology: This product contains chemicals known to the state of California to cause cancer and birth defects or other reproductive harm.

Connecting SpO₂ Cables

Connect the sensor cable to the color-coded socket on the monitor. You can connect some Philips sensors directly to the monitor. For other sensors, use the corresponding adapter cable.

CAUTION

Extension cables: Do not use more than one extension cable (M1941A). Do not use an extension cable with Philips reusable sensors or adapter cables with part numbers ending in -L (indicates "long" cable version).

Electrical Interference: Position the sensor cable and connector away from power cables, to avoid electrical interference.

Humidity: For neonatal patients, make sure that all sensor connectors and adapter cable connectors are outside the incubator. The humid atmosphere inside can cause inaccurate measurements.

Measuring SpO₂

- 1 Select the correct patient category setting (adult/pediatric and neonatal), as this is used to optimize the calculation of the SpO₂ and pulse numerics.
- 2 During measurement, ensure that the application site:
 - has a pulsatile flow, ideally with a perfusion indicator value above 1.0.
 - has not changed in its thickness (for example, due to edema), causing an improper fit of the sensor.

WARNING

- If not specified otherwise in the SpO₂ sensor's instructions for use, the following applies:
 - For fully conscious pediatric or adult patients, who have a normal function of perfusion and sensory perception at the measurement site:

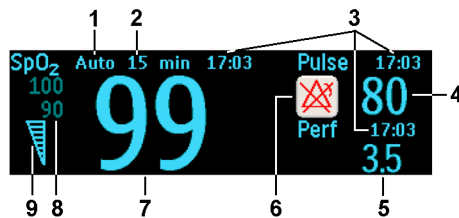
To ensure skin quality and correct optical alignment of the sensor, inspect the application site when the measurement results are suspicious or when the patient complains about pressure at the application site, but at least every 24 hours. Correct the sensor alignment if necessary. Move the sensor to another site, if the skin quality changes.
 - For all other patients:

Inspect the application site every two to three hours to ensure skin quality and correct optical alignment. Correct the sensor alignment if necessary. If the skin quality changes, move the sensor to another site.

Change the application site at least every four hours.
- Injected dyes such as methylene blue, or intravascular dyshemoglobins such as methemoglobin and carboxyhemoglobin may lead to inaccurate measurements.
- Inaccurate measurements may result when the application site for the sensor is deeply pigmented or deeply colored, for example, with nail polish, artificial nails, dye or pigmented cream.
- Interference can be caused by:
 - High levels of ambient light (including IR warmers) or strobe lights or flashing lights (such as fire alarm lamps). (Hint: cover application site with opaque material.)

- Another SpO₂ sensor in close proximity (e.g. when more than one SpO₂ measurement is performed on the same patient). Always cover both sensors with opaque material to reduce cross-interference.
- Electromagnetic interference, especially at perfusion indicator values below 1.0 or signal quality indicator below medium.
- Excessive patient movement and vibration.

Understanding the SpO2 Numerics



- 1 Measurement Mode (only with the IntelliVue CL SpO₂ Pod, in **Auto** or **Manual** mode)
- 2 Repeat time (only with the IntelliVue CL SpO₂ Pod, in **Auto** mode)
- 3 Timestamp for numerics (only with the IntelliVue CL SpO₂ Pod or a telemetry device)
- 4 Pulse numeric
- 5 Perfusion Numeric
- 6 Alarms off indicator (here for Pulse alarms)
- 7 SpO₂ numeric
- 8 SpO₂ alarm limits
- 9 Signal Quality indicator

In automatic mode, you may see the time until the next measurement instead of the timestamp, depending on your configuration. The time is shown like this:



When an automatic measurement is ongoing, the numerics are replaced by horizontal bars (1, 2 or 3 bars, in turn).

SpO₂ numerics from intermittent measurements (from the IntelliVue CL SpO₂ Pod or a telemetry device) can be configured to be grayed out or to disappear from the screen after a set time. This avoids older numerics being misinterpreted as current data. The time can be set in Configuration mode.

SpO2 Signal Quality Indicator (FAST SpO2 only)

The SpO₂ numeric is displayed together with a signal quality indicator (if configured and enough space is available) which gives an indication of the reliability of the displayed values.

The level to which the triangle is filled shows the quality of the signal; the indicator below shows a medium signal quality, the signal quality is at a maximum when the triangle is completely filled.



Assessing a Suspicious SpO₂ Reading

Traditionally, pulse rate from SpO₂ was compared with heart rate from ECG to confirm the validity of the SpO₂ reading. With newer algorithms, such as FAST-SpO₂, this is no longer a valid criteria because the correct calculation of SpO₂ is not directly linked to the correct detection of each pulse.

When pulse rate is very low, or strong arrhythmia is present, the SpO₂ pulse rate may differ from the heart rate calculated from ECG but this does not indicate an inaccurate SpO₂ value.

If you doubt the measured SpO₂, use the signal quality indicator (if available) or the pleth wave and perfusion indicator instead to assess the signal quality.

WARNING

With pulse oximetry, sensor movement, ambient light (especially strobe lights or flashing lights) or electromagnetic interference can give unexpected intermittent readings when the sensor is not attached. Especially bandage-type sensor designs are sensitive to minimal sensor movement that might occur when the sensor is dangling.

Comparing Values and Waves

Be aware when using two different SpO₂ technologies that under certain conditions the displayed values and especially the perfusion values may differ due to the different algorithms used.

Changing the Averaging Time

Depending on the monitor configuration, you may be able to change the averaging time for the SpO₂ values.

The averaging time represents the approximate time period used for the calculation. The exact averaging algorithm depends on the SpO₂ technology (option) used and on the signal conditions. The longer the averaging time, the longer the time needed until the SpO₂ value reflects the physiological event. Fast averaging is useful for situations where an extremely fast measurement is required or few artifacts are expected. Use slow averaging where you expect the number of artifacts to be relatively high.

- 1 In the **Setup SpO₂** menu, select **Average**.
- 2 Select the required averaging time from the list.

Setting the Measurement Mode

When a telemetry device supplies SpO₂T to the monitor via short range radio transmission, the monitor will have a **manual** measurement mode available. This allows SpO₂ measurements to be made on request and not continuously, helping to save the telemetry device's battery power.

When an IntelliVue CL SpO₂ Pod is providing SpO₂ measurement data to the monitor via short range radio, the monitor will have **manual** and **automatic** measurement modes available.

To set the measurement mode,

- 1 In the **Setup SpO₂** menu, select **Mode**.
- 2 Select **Continuous**, **Manual** or **Auto** mode (if available).

NOTE

To ensure there is no gap in SpO₂ measurements when moving from standard telemetry transmission to short range radio transmission, the measurement mode will always be set to continuous in this situation unless manual mode is set in both the telemetry device and the monitor.

Making a Manual Measurement

When the measurement mode is set to manual,

- In the **Setup SpO₂** menu, select **Start SpO₂**, or use the **Start SpO₂** SmartKey.

When manual measurements are made, there will be no continuous SpO₂ monitoring or alarming. The manual measurement value reflects a momentary status. The numerics from SpO₂T measurements made in manual mode, for example SpO₂T, PerfT, PulseT, will remain for a time on the main screen. They are annotated with the time that the measurement was made to distinguish them from continuously measured values.

Understanding SpO₂ Alarms

This refers to SpO₂ specific alarms. See the “Alarms” chapter for general alarm information. SpO₂ offers high and low limit alarms, and a high priority desat alarm. You cannot set the low alarm limit below the desat alarm limit.

CAUTION

If you measure SpO₂ on a limb that has an inflated noninvasive blood pressure cuff, a non-pulsatile SpO₂ INOP can occur. To avoid this, the monitor can be configured to suppress corresponding SpO₂ INOPs when it detects an inflated cuff (for FAST SpO₂ technology only).

If INOPs are suppressed, there may be a delay of up to 60 seconds in indicating a critical status, such as sudden pulse loss or hypoxia.

Alarm Delays

There is a delay between a change in the oxygen saturation at the measurement site and the corresponding alarm indication at the monitor. This delay has two components:

- **The general measurement delay time is the time between the occurrence of the saturation change and when the new value is represented by the displayed numerical values.** This delay depends on the algorithmic processing and the averaging time configured for SpO₂. The longer the averaging time configured, the longer the time needed until the numerical values reflect the change in saturation.
- **The time between the displayed numerical values crossing an alarm limit and the alarm indication on the monitor.** This delay is the sum of the alarm delay time configured for SpO₂, plus the system alarm delay. The system alarm delay is the processing time the system needs for any alarm to be indicated on the monitor, after the measurement has triggered the alarm. See “Monitor Performance Specifications” on page 359 for the system alarm delay specification.

For SpO₂ high and low limit alarms, there are two different types of alarm delay time. The **standard alarm delay** is set to a fixed value. The **Smart Alarm Delay** varies, based on an intelligent algorithm, and can be used instead of the standard alarm delay.

The **Desat** alarm always uses the standard alarm delay.

Standard Alarm Delay

The standard alarm delay time can be configured to a fixed value between 0 and 30 seconds, in 1 second steps.

Smart Alarm Delay

The Smart Alarm Delay feature tries to reduce "nuisance" alarms.

WARNING

Before using Smart Alarm Delays, make sure that you fully understand how the delay is applied and what the consequences are.

How Does it Work?

The monitor assesses the severity of a limit violation by looking at its magnitude and duration, and can delay the alarm, depending on the assessed severity. Examples for the delay are given in the table in the example below.

Clinical Example

You are monitoring a patient with a low SpO₂ limit of 90%. Then, while sleeping, your patient drops to 89% for 20 seconds, and then recovers.

The Smart Alarm Delay would tolerate this limit violation up to 50 seconds (upper shaded cell in the table) before issuing an SpO₂ low alarm. So in this case there would be no alarm notification.

10 Monitoring SpO₂

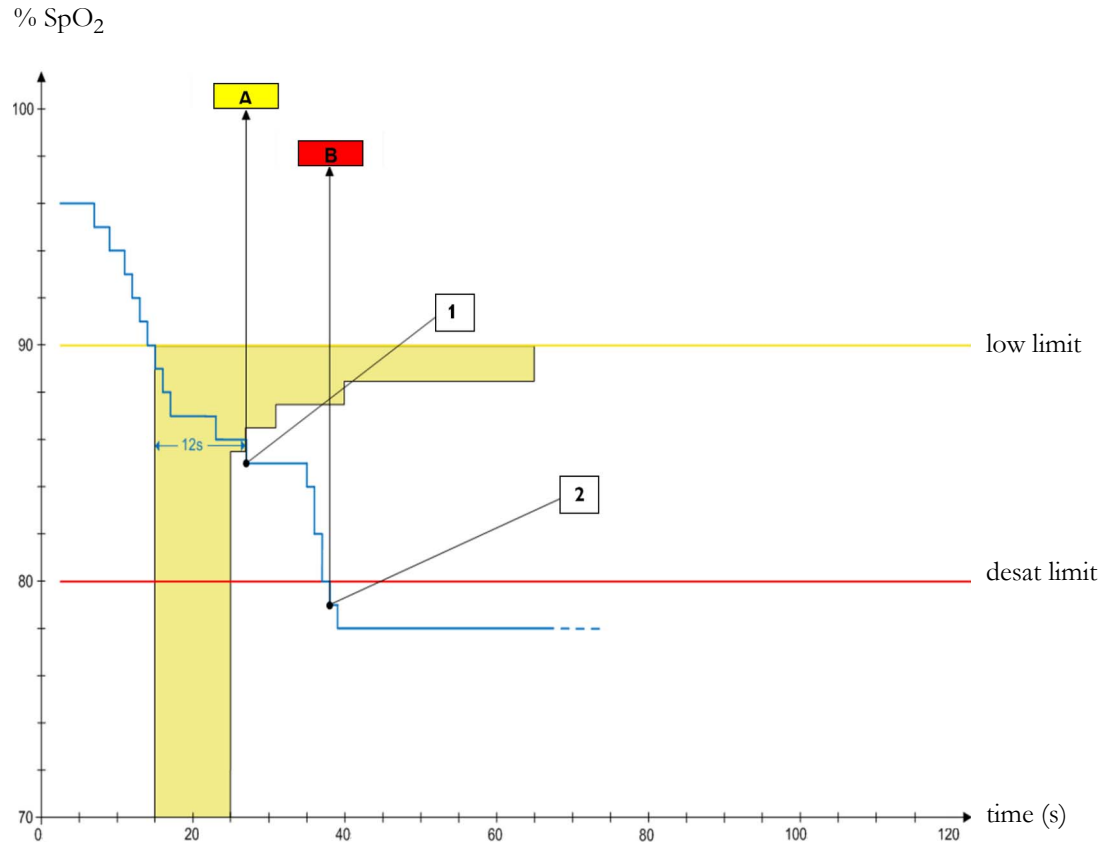
If the SpO₂ drops further (e.g. to 85%), the tolerance time is much lower (10 seconds, see lower shaded cell).

Actual deviation from violated alarm limit	Resulting alarm notification delay according to selected mode		
	Short	Medium	Long
1%	25 sec (maximum delay)	50 sec (maximum delay)	100 sec (maximum delay)
2%	12 sec	25 sec	50 sec
3%	10 sec (minimum delay)	16 sec	33 sec
4%	10 sec	12 sec	25 sec
5%	10 sec	10 sec (minimum delay)	20 sec
6%	10 sec	10 sec	16 sec
7%	10 sec	10 sec	14 sec
8%	10 sec	10 sec	12 sec
9%	10 sec	10 sec	11 sec
>9%	10 sec	10 sec	10 sec (minimum delay)

Table with Detailed Delays for Specific Limit Violations

In the clinical example above, the **Medium** delay mode has been selected. For less stable or more robust patients, the tolerance time can be adjusted using **Short** or **Long** mode.

Smart Alarm Delay Dynamics



- 1 First trigger point - with the smart alarm delay setting "medium", the low alarm is triggered 12 seconds after the SpO₂ value has fallen below the low limit.

A - ** SpO₂ Low alarm

- 2 Second trigger point - with zero desat delay, the alarm is triggered as soon as the SpO₂ value falls below the desat limit.

B - * Desat alarm**

As long as the SpO₂ value stays in the shaded zone, the low alarm is delayed.

Setting Smart Alarm Delay Mode

To set the mode for Smart Alarm Delays, in the **Setup SpO₂** menu:

- 1 Check that **SmartAlarmDelay** is set to **On**.
This setting is made in Configuration Mode and will be shown in the menu in gray. If it is set to **Off**, a standard alarm delay is in use.
- 2 Select **High Alarm Delay** and choose **Short**, **Medium**, or **Long** mode.
- 3 Select **Low Alarm Delay** and choose **Short**, **Medium**, or **Long** mode.

If you also use monitors with earlier software revisions, be aware that smart alarm delays will not be used after a transfer to one of these monitors. Monitors with earlier software revisions will always use the standard alarm delay. If you are not sure whether a monitor has the Smart Alarm Delay function, check whether there is a **SmartAlarmDelay** entry in the **Setup SpO₂** menu.

Smart Alarm Delay Indicator

If the Smart Alarm Delay is switched on, a special indicator will be displayed next to the SpO₂ alarm limits. This indicator consists of a general alarm symbol with three blocks above and below it.



Indicator



Indicator with Numerics

The blocks above and below the alarm symbol indicate which Smart Alarm Delay modes have been set:



Short



Medium



Long

The blocks **above** the alarm symbol show the delay mode for the high limit, and the blocks **below** for the low limit.

When the SpO₂ value crosses an alarm limit, the delay period starts. During the delay period, the symbol is highlighted to indicate that an alarm limit has been violated:



If the SpO₂ value returns inside the limits during the delay period, the highlighting will be removed and no alarm is indicated. If the SpO₂ value is still outside the alarm limit at the end of the delay period, the alarm is indicated and the highlighting will be removed from the symbol.

Adjusting the Alarm Limits

In the **Setup SpO₂** menu:

- Select **High Limit** then choose the high alarm limit.
- Select **Low Limit** then choose the low alarm limit.

WARNING

High oxygen levels may predispose a premature infant to retrolental fibroplasia. If this is a consideration do NOT set the high alarm limit to 100%, which is equivalent to switching the high alarm off.

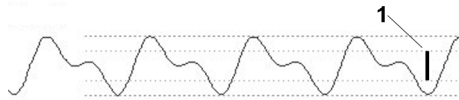
Adjusting the Desat Limit Alarm

The Desat alarm is a high priority (red) alarm notifying you of potentially life threatening drops in oxygen saturation.

- 1 In the **Setup SpO₂** menu, select **Desat Limit**.
- 2 Adjust the limit.

Pleth Wave

The Pleth wave is autoscaled to maximum display size. It decreases only when the signal quality becomes marginal. It is NOT directly proportional to the pulse volume. If you need an indication of change in pulse volume, use the perfusion indicator.



- 1 Minimum size for reliable SpO₂ value

Perfusion Numeric

The perfusion numeric (**Perf**) gives a value for the pulsatile portion of the measured signal caused by the pulsating arterial blood flow.

As pulse oximetry is based on the pulsatile nature of the signal, you can also use the perfusion numeric as a quality indicator for the SpO₂ measurement. Above 1 is optimal, between 0.3-1 is acceptable.

Below 0.3 is marginal; reposition the sensor or find a better site.

Perfusion Change Indicator

The perfusion change indicator is a graphic symbol which shows the change in the perfusion value, relative to a reference value which you can set.

To set the current perfusion value as the reference value:

- In the **Setup SpO₂** menu, select **Set Perf Ref.**.

When a reference value has been set, the perfusion change indicator is displayed next to the perfusion numeric.



Setting SpO₂/Pleth as Pulse Source

- 1 In the **Setup SpO₂** menu, select **Pulse (SpO₂)** to enter the **Setup Pulse** menu.
- 2 In the **Setup Pulse** menu, select **System Pulse** and select the correct SpO₂ label from the pop-up list.

Setting Up Tone Modulation

If tone modulation is on, the QRS tone pitch lowers when the SpO₂ level drops. Remember, the QRS tone is derived from either heart rate or pulse depending on which is currently selected as the active alarm source.

In the **Setup SpO₂** menu, select **Tone Modulation** to switch between **Yes** (for on) and **No** (for off).

Setting the QRS Volume

In the **Setup SpO₂** menu, select **QRS Volume** and set the appropriate QRS tone volume.

Monitoring NBP

This monitor uses the oscillometric method for measuring NBP. In adult and pediatric mode, the blood pressure measurements determined with this device comply with the American National Standard for Electronic or Automated Sphygmomanometers (ANSI/AAMI SP10-1992) in relation to mean error and standard deviation, when compared to intra-arterial or auscultatory measurements (depending on the configuration) in a representative patient population. For the auscultatory reference, the fifth Korotkoff sound was used to determine the diastolic pressure.

In neonatal mode, the blood pressure measurements determined with this device comply with the American National Standard for Electronic or Automated Sphygmomanometers (ANSI/AAMI SP10-1992) in relation to mean error and standard deviation, when compared to intra-arterial measurements in a representative patient population.

The NBP measurement is suitable for use in the presence of electrosurgery and during the discharge of a cardiac defibrillator according to IEC 601-2-30:1999/EN 60601-2-30:2000.

A physician must determine the clinical significance of the NBP information.

Introducing the Oscillometric NBP Measurement

Oscillometric devices measure the amplitude of pressure changes (oscillations) in the occluding cuff as the cuff deflates from above systolic pressure. The amplitude suddenly increases as the pulse breaks through the occlusion in the artery. As the cuff pressure decreases further, the pulsations increase in amplitude, reach a maximum (which approximates to the mean pressure), and then diminish.

Studies show that, especially in critical cases (arrhythmia, vasoconstriction, hypertension, shock), oscillometric devices are more accurate and consistent than devices using other noninvasive measuring techniques.

WARNING

Patient Category: Select the correct patient category setting for your patient. Do not apply the higher adult inflation, overpressure limits and measurement duration to neonatal patients.

Intravenous infusion: Do not use the NBP cuff on a limb with an intravenous infusion or arterial catheter in place. This could cause tissue damage around the catheter when the infusion is slowed or blocked during cuff inflation.

Skin Damage: Do not measure NBP in cases of sickle-cell disease or any condition where skin damage has occurred or is expected.

Existing Wounds: Do not apply the cuff over a wound as this can cause further injury.

Mastectomy: Avoid applying the cuff on the side of the mastectomy, as the pressure increases the risk of lymphedema. For patients with a bilateral mastectomy, use clinical judgement to decide whether the benefit of the measurement outweighs the risk.

Unattended Measurement: Use clinical judgement to decide whether to perform frequent unattended blood pressure measurements. Too frequent measurements can cause blood flow interference potentially resulting in injury to the patient. In cases of severe blood clotting disorders frequent measurements increase the risk of hematoma in the limb fitted with the cuff.

Temporary Loss of Function: The pressurization of the cuff can temporarily cause loss of function of monitoring equipment used simultaneously on the same limb.

CAUTION

If you spill liquid onto the equipment or accessories, particularly if there is a chance that it can get inside the tubing or the measurement device, contact your service personnel.

Measurement Limitations

NBP readings can be affected by the position of the patient, their physiological condition, the measurement site, and physical exercise. Thus a physician must determine the clinical significance of the NBP information.

Measurements are impossible with heart rate extremes of less than 40 bpm or greater than 300 bpm, or if the patient is on a heart-lung machine.

The measurement may be inaccurate or impossible:

- with excessive and continuous patient movement such as shivering or convulsions
- if a regular arterial pressure pulse is hard to detect with cardiac arrhythmias
- with rapid blood pressure changes
- with severe shock or hypothermia that reduces blood flow to the peripheries
- with obesity, where a thick layer of fat surrounding a limb dampens the oscillations coming from the artery
- on an edematous extremity.

Measurement Modes

There are four modes for measuring NBP:

- **Manual** - measurement on demand.
- **Auto** - continually repeated measurements (between one minute and 24 hours adjustable interval).
- **Sequence** - up to four measurement cycles which will run consecutively, with number of measurements and interval between them configurable for each cycle.
- **STAT** - rapid series of measurements over a five minute period, then the monitor returns to the previous mode. Use only on supervised patients.

Reference Method

The measurement reference method can be Auscultatory (manual cuff) or Invasive (intra-arterial). For further information, see the Application Note supplied on the monitor documentation DVD.

In Neonatal mode, to comply with safety standards, invasive is always used as the reference method. This setting cannot be changed and is not visible in any operating mode.

In Adult and Pediatric mode, to check the current setting, select **Main Setup** then **Measurements** followed by **NBP**, and check whether the **Reference** setting is set to **Auscultatory** or **Invasive**. This setting can only be changed in Configuration Mode.

Preparing to Measure NBP

- 1 Connect the cuff to the air tubing.
- 2 Plug the air tubing into the red NBP connector. Avoid compression or restriction of pressure tubes. Air must pass unrestricted through the tubing.

WARNING

Kinked or otherwise restricted tubing can lead to a continuous cuff pressure, causing blood flow interference and potentially resulting in injury to the patient.

- 3 Make sure that you are using a Philips-approved correct sized cuff and that the bladder inside the cover is not folded or twisted.
A wrong cuff size, and a folded or twisted bladder, can cause inaccurate measurements. The width of the cuff should be in the range from 37% to 47% of the limb circumference. The inflatable part of the cuff should be long enough to encircle at least 80% of the limb.
- 4 Apply the cuff to a limb at the same level as the heart. If it is not, you must use the measurement correction formula to correct the measurement.
The marking on the cuff must match the artery location. Do not wrap the cuff too tightly around the limb. It may cause discoloration, and ischemia of the extremities.

WARNING

Inspect the application site regularly to ensure skin quality and inspect the extremity of the cuffed limb for normal color, warmth and sensitivity. If the skin quality changes, or if the extremity circulation is being affected, move the cuff to another site or stop the blood pressure measurements immediately. Check more frequently when making automatic or stat measurements.

Correcting the Measurement if Limb is not at Heart Level

To correct the measurement if the limb is not at heart level, to the displayed value

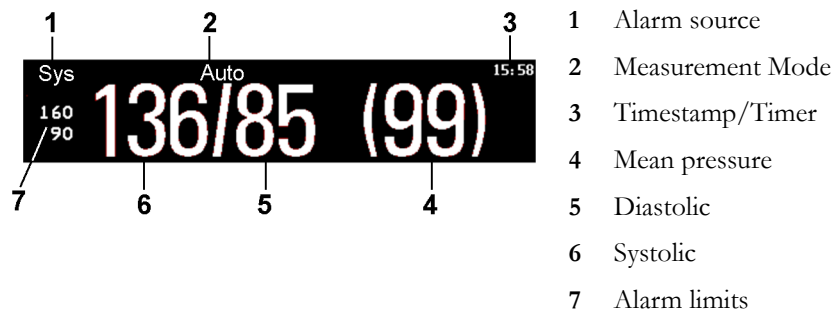
Add 0.75 mmHg (0.10 kPa) for each centimeter higher or	Deduct 0.75 mmHg (0.10 kPa) for each centimeter lower or
Add 1.9 mmHg (0.25 kPa) for each inch higher.	Deduct 1.9 mmHg (0.25 kPa) for each inch lower.

Recommendations For Measurements Used in Diagnosis of Hypertension

To make a measurement for use in the diagnosis of hypertension, follow the steps below:

- 1 Ensure the patient is comfortably seated, with their legs uncrossed, feet flat on the floor and back and arm supported.
- 2 Ask the patient to relax and not talk before and during the measurement.
- 3 If possible, wait 5 minutes before making the first measurement.

Understanding the NBP Numerics



Depending on the NBP numeric size, not all elements may be visible. Your monitor may be configured to display only the systolic and diastolic values. If configured to do so, the pulse from NBP will display with the NBP numeric.

The measured NBP value, together with the corresponding pulse rate if this is switched on, will be displayed for one hour. After that the values are regarded as invalid and are no longer displayed.

During this hour, measurement values may be grayed out or disappear from the screen after a set time, if configured to do so. This avoids older numerics being misinterpreted as current data. The time can be set in Configuration mode.

In **Auto** mode the measurement values may disappear more quickly (to be replaced by new measurement values), if the repeat time is set to less than one hour.

Alarm Sources

If you have parallel alarm sources, the sources are displayed instead of the alarm limits.

NBP Timestamp

Depending on your configuration, the time shown beside the NBP numeric can be:

- the time of the most recent NBP measurement, also known as the "timestamp", or
- the time until the next measurement in an automatic series, displayed with a graphic representation of the remaining time, as shown here.



The NBP timestamp will normally show the **completion** time of the NBP measurement. Only under the following conditions the timestamp shows the **beginning** of the measurement:

- when in **Auto** or **Sequence** mode, and
- the monitor is configured to synchronize the measurements in a measurement series to an "easy-to-document" time. For example, if you start the first measurement at 08:23, and the **Repeat Time** is set to 10 minutes, the monitor automatically performs the next measurement at 8:30, then 8:40 and so on.

During Measurements

The cuff pressure is displayed instead of the units and the repeat time. An early systolic value gives you a preliminary indication of the systolic blood pressure during measurement.

When Unexpected Values are Measured

When values measured are higher or lower than expected, check the following potential causes:

Possible Cause	Solution
The patient was talking or moving before or during the measurement.	Allow the patient to rest quietly, then try again after three to five minutes.
The incorrect cuff size was used or the cuff was not at heart level	Check the cuff size, level, and position then repeat the measurement.
The noninvasive blood pressure reference method is set incorrectly.	Check the reference method (auscultation or intra-arterial) in the Setup NBP menu. If it is incorrect, have it changed in Configuration Mode.
Measurement limitations have not been taken into account.	Check the list in "Measurement Limitations" on page 192.

Starting and Stopping Measurements

Use the **Setup NBP** menu or SmartKeys to start and stop measurements.

Action to be performed	NBP Setup menu	SmartKeys
Start manual measurement Start Auto series	Start/Stop	 Start/ Stop
		 Start NBP
Start STAT measurement	NBP STAT	 NBP STAT
		 Start STAT

Action to be performed	NBP Setup menu	SmartKeys
Stop Manual measurements	Start/Stop	 Start/ Stop
		 Stop NBP
Stop current Auto measurement	Start/Stop	 Start/ Stop
		 Stop NBP
Stop current STAT measurement and end series	Start/Stop	 Start/ Stop
	NBP STAT	 NBP STAT
		 Stop NBP
Stop Auto, Manual or STAT measurement AND series	Stop All	 Stop All

CAUTION

Use clinical judgment to decide whether to perform repeated series of STAT measurements because of the risk of purpura, ischemia and neuropathy in the limb with the cuff.

Enabling Automatic Mode and Setting Repetition Time

- 1 In the **Setup NBP** menu, select **Mode** and select **Auto** from the pop-up menu.
- 2 For an automatic measurement, select **Repeat Time** and set the time interval between two measurements.

Enabling Sequence Mode and Setting Up The Sequence

- 1 In the **Setup NBP** menu, select **Mode** and select **Sequence** from the pop-up menu.
- 2 Select **Setup Sequence** to open the **Setup Sequence** window.
Up to four measurement cycles can be set up which will run consecutively. For each cycle you can set the number of measurements and the interval between them. If you want to run less than four cycles in a sequence, you can set the number of measurements for one or more cycles to **Off**.
- 3 Select each sequence in turn and select the number of measurements and the time interval between the measurements.
- 4 To have measurements continue after the sequence, set the number of measurements for your last cycle to **Continuous** and this cycle will run indefinitely.

CAUTION

Be aware that, if none of the cycles are set to **Continuous**, NBP monitoring will end after the last measurement of the cycle.

When the NBP measurement mode is set to **Sequence**, the repetition time for **Auto** mode cannot be changed.

Choosing the NBP Alarm Source

You can monitor for alarm conditions in systolic, diastolic and mean pressure, either singly or in parallel. Only one alarm is given, with the priority of mean, systolic, diastolic.

In the **Setup NBP** menu, select **Alarms from** and choose from:

Menu option	Pressure value monitored
Sys.	systolic
Dia.	diastolic
Mean	mean
Sys & Dia	systolic and diastolic in parallel
Dia & Mean	diastolic and mean in parallel
Sys & Mean	systolic and mean in parallel
Sys&Dia&Mean	all three pressures in parallel

If **Mean** is not selected as alarm source (**Sys.**, **Dia.**, or **Sys & Dia** selected), but the monitor can only derive a mean value, mean alarms will nevertheless be announced using the most recent mean alarm limits. Check that the mean alarm limits are appropriate for the patient, even when not using mean as the alarm source. When no value can be derived an **NBP Measure Failed INOP** will be displayed.

Switching Pulse from NBP On/Off

In the process of making the NBP measurement, a pulse value can be derived and displayed. The pulse value is displayed together with the time the measurement was made. After one hour the value becomes invalid. There are no alarms associated with pulse from NBP.

When the accelerated measurement is in use, no pulse value can be derived.

To switch the display of the pulse value on or off:

- In the **Setup NBP** menu select **Pulse (NBP)**.

Assisting Venous Puncture

You can use the NBP cuff to cause subdiastolic pressure. The cuff deflates automatically after a set time (adult/pediatric 170 seconds, neonatal 85 seconds) if you do not deflate it.

- 1 In the **Setup NBP** menu select **VeniPuncture**.
- 2 Puncture vein and draw blood sample.
- 3 Reselect **VeniPuncture** to deflate the cuff.

During measurement, the NBP display shows the inflation pressure of the cuff and the remaining time in venous puncture mode.

NOTE

Performing a venous puncture while automatic or sequence NBP measurements are being made suspends the measurement series for the duration of the venous puncture inflation and for three minutes afterwards.

Calibrating NBP

NBP is not user-calibrated. NBP pressure transducers must be verified at least once every two years by a qualified service professional, and calibrated, if necessary. See the Service Guide for details.

Measuring Predictive Temperature

With the predictive temperature measurement a reading is available after six to 15 seconds because the monitor uses an algorithm to "predict" what the temperature would be if the probe were left in place until a steady reading results.

If a predictive measurement is not possible you can switch to Continuous mode. Here the probe is left in place until a steady reading is available - after approximately three minutes for oral and rectal measurements and five minutes for axillary measurements. When making a rectal measurement in Continuous mode, stay with the patient until the measurement is complete and remove the probe immediately. The reading is displayed until the probe is returned to the holder or until 10 minutes have passed.

The monitor will automatically make a Predictive mode measurement unless you select Continuous mode.

There are no limit alarms for the predictive temperature measurement.

WARNING

- Do not use in the presence of flammable anesthetics, such as a flammable anesthetic mixture with air, oxygen or nitrous oxide.
 - Long-term monitoring in Continuous mode (beyond five minutes) is not recommended.
 - Do not use the Predictive Temperature measurement on neonates.
-

Axillary or orally measured predictive temperature values do not represent the core temperature. Care is needed when comparing measured values: only compare values measured at the same measurement site.

Making a Temperature Measurement

- 1 Select the correct probe and holder for the measurement site: blue for oral or axillary measurements, red for rectal measurements.
- 2 Insert the temperature probe in the probe holder into the unit and plug the cable connector into the socket at the back of the unit. The cable can be fixed at an appropriate length by pressing it into the channel on the underside of the unit.

12 Measuring Predictive Temperature

- 3 Check that the correct temperature label for the measurement site is displayed: **pTrect**, **pToral**, or **pTaxil**, and for axillary measurements verify that the correct patient category is selected.



- 4 Remove the probe from the holder to turn the temperature measurement on.
- 5 Fit a new single-use probe cover onto the probe.
- 6 When the ready prompt appears, apply the probe to the patient. During the measurement a progress indicator is displayed on the screen. When the temperature value is available it appears on the screen with the time the measurement was made.



- 7 Discard the single-use probe cover and return the probe to the holder.

WARNING

- Never apply the probe to the patient when the probe is not connected to the unit.
 - Always use a single-use probe cover with the predictive temperature probe to limit patient cross-contamination.
 - Measurement errors or inaccurate readings may result when:
 - probe covers other than the specified probe covers are used (see "Predictive Temperature Accessories" on page 342)
 - the incorrect probe for the measurement site is used
 - the patient temperature is below ambient temperature
 - When making rectal temperature measurements, insert the probe slowly and carefully to avoid tissue damage.
 - Use of the incorrect probe holder may result in patient cross-contamination.
 - Always ensure that the used probe cover is removed from the predictive temperature probe before attaching a new probe cover.
-

CAUTION

- Biting the probe during an oral measurement may result in damage to the probe.
- Do not take an axillary measurement through the patient's clothing. Direct probe-cover-to-skin contact is required.
- If a probe is dropped or damaged, have it checked out by qualified service personnel before further use.
- Do not autoclave. To prevent damage to the unit, probe and accessories, refer to the cleaning procedures in the "Care and Cleaning" on page 317 chapter.

Selecting a Temperature Label

Tell the monitor which temperature you want to monitor by selecting its temperature label. When you choose a label, the monitor uses that label's stored color and unit.

- 1 In the **Setup <Temp Label>** menu, select **Label**.
- 2 Select the appropriate label from the list.

pTrect	rectal temperature - this label is automatically selected if the rectal probe is in use, and cannot be changed
pToral	oral temperature
pTaxil	axillary temperature

Selecting Predictive or Continuous mode

If you need to select Continuous mode, check that the probe is in the holder, then:

- 1 In the **Setup <Temp Label>** menu, select **Mode**.
- 2 Select **Continuous**.

To end a Continuous mode measurement return the probe to the holder. When the probe has been returned to the holder, the mode will be automatically reset to Predictive mode. After 10 minutes the measurement is automatically ended and the value is no longer displayed.

Measuring Tympanic Temperature

The tympanic thermometer measures the patient's temperature in the ear using infrared technology.



The result of this measurement can be automatically adjusted to correspond to a different body reference site. The result is displayed on the screen of the thermometer and transmitted to the monitor.

The tympanic thermometer is used with single-use probe covers for infection control during measurement.

WARNING

Do not use in the presence of flammable anesthetics, such as a flammable anesthetic mixture with air, oxygen or nitrous oxide.

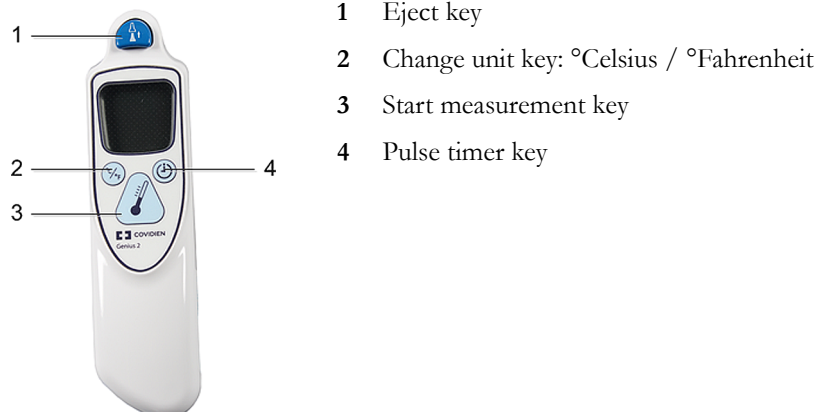


- 1 Base station
- 2 Thermometer

Place the thermometer into its base station, when it is not in use. The base station allows flexible mounting of the thermometer at the point of care. The base station is connected via a cable to the monitor's measurement connector or MIB/RS232 interface. It has storage space for up to 32 probe covers.

Thermometer Display and Controls

The tympanic thermometer has a liquid crystal display. The display shows the patient's temperature in numerics and guides you with symbols through the measurement process.



Functional Keys	Description of Use
	Press the eject key to eject the probe cover. The eject key symbol is shown on the display when a measurement has been taken and transmitted.
	Press the change unit key after a measurement to switch between °C and °F.
	Press the start measurement key when you are ready to take a patient's temperature.
	The pulse timer key can be used to time vital signs you take manually. Press and hold the pulse timer key to enter timer mode. Press the pulse timer key again to start the timer. The thermometer will issue a one beep at 15 seconds, two beeps at 30 seconds, three beeps at 45 seconds, and four beeps at 60 seconds.

Status Screens

The thermometer performs an internal test at every start-up to verify that the system components are functioning properly. It measures the ambient temperature. During start-up and measurement, the thermometer screens communicate the current status.

Images	Description
	Ambient Temperature above specified range
	Ambient Temperature below specified range
System errors	
	System error 12 - there is a problem with the settings. Contact your service personnel to have them check the settings and reset them, if necessary. If the display shows any other system error, then reset the thermometer by picking up a probe cover. If the system error does not clear, contact your service personnel.

Making a Temperature Measurement

WARNING

Inaccurate measurement results can be caused by:

- incorrect application of the thermometer.
- anatomical variations in the ear.
- build up of earwax in the ear.
- excessive patient movement during the measurement.
- absent, defective or soiled probe covers.
- probe covers other than the specified probe covers.

- 1 Ensure that the base station is connected via the appropriate cable to the connector on the monitor.
- 2 Remove the thermometer from the base station.

The thermometer is latched to the base station to avoid an accidental fall when the base station is moved. To pick up the thermometer from the base station move it slightly up and then lift it from the base station to release the latch.

13 Measuring Tympanic Temperature

- 3 Press the eject key on the thermometer to discard any probe cover that may have been left on the thermometer from a previous use.
- 4 Pick up a new probe cover from the container on the base station.
- 5 Inspect the probe cover to make sure it is fully seated (no space between cover and tip base) and there are no holes, tears, or wrinkles in the plastic film.
- 6 Check that the correct temperature label for the measurement site or required reference site is displayed: **iTrect**, **iToral**, **iTcore**, or **iTymp**.
- 7 Place the thermometer with the probe cover in the ear canal, sealing the opening with the probe tip. For consistent results, ensure that the probe shaft is aligned with the ear canal.
- 8 Press and release the start measurement key gently.
- 9 Wait until you hear the three beeps.
- 10 Remove the probe from the ear.
The temperature values are displayed both on the thermometer itself and on the connected monitor.



- 11 Press the eject key to eject the probe cover into a suitable waste receptacle.
- 12 Return the thermometer to the base station.

The thermometer switches to stand-by mode after 30 seconds when not used.

Possible INOPs

Images	Description
	Patient temperature above measurement range.
	Patient temperature below measurement range.

WARNING

- Never apply the probe to the patient when the thermometer is not connected to the base station.
- Always use a single-use probe cover with the tympanic thermometer to limit patient cross-contamination.
- Measurement errors or inaccurate readings may result when probe covers other than the specified probe covers are used (see “Tympanic Temperature Accessories” on page 342).
- Insert the probe slowly and carefully to avoid damage to the ear canal and the tympanic membrane.

- Inspect the probe for damage, holes, tears, or sharp edges to avoid injuring the skin.
- Always ensure that the used probe cover is removed from the tympanic thermometer before picking up a new probe cover.

CAUTION

- Do not immerse the probe in fluids, or drop fluids on the probe.
 - Do not use a probe that has been dropped or is damaged.
 - Do not autoclave. To prevent damage to the base station, probe and accessories, refer to the cleaning procedures in the “Care and Cleaning” on page 317 chapter.
-

WARNING

If you have dropped the base station or thermometer, or if the unit has been stored below -25°C or above 55°C, have service personnel test the unit for proper functions and calibrate the unit before further use.

Body Reference Sites and Monitor Labels

The tympanic thermometer measures the patient's temperature in the ear. The thermometer can be configured to adjust the result of the measurement to correspond to a different body reference site. The measurement label displayed on the monitor corresponds to the body reference site that is configured. The following body reference sites are available:

Body Reference Site	Label on Monitor
Ear temperature (no adjustment)	iTt _{tymp}
Oral temperature	iT _{oral}
Core temperature	iT _{core}
Rectal temperature	iT _{rect}

The body reference site can only be configured in the Biomed mode of the tympanic thermometer. Refer to the Service Guide for more information.

Monitoring Temperature

Temp measurement automatically switches on when you connect a probe. You can switch the measurement off manually.

The displayed temperature is the temperature measured directly at the measurement site. No predictions or adjustments are made (direct mode thermometer).

Making a Temp Measurement

- 1 Select the correct type and size of probe for your patient.
- 2 If you are using a disposable probe, connect the probe to the temperature cable.
- 3 Plug the probe or temperature cable into the temperature connector socket.
- 4 Apply the probe to the patient. You are advised to use a protective rubber cover on rectal probes.
- 5 Select an appropriate temperature label.
- 6 Check that the alarm settings (on or off, high and low limits) are appropriate for this patient and this type of temperature measurement.

WARNING

Make sure you set alarm limits for the correct label. The alarm limits you set are stored for that particular label only. Changing the label may change the alarm limits.

Selecting a Temperature for Monitoring

Tell the monitor which temperature you want to monitor by selecting its temperature label. The label is a unique identifier for each type of temperature. When you choose a label, the monitor uses that label's stored color and alarm settings.

- 1 In the **Setup <Temp Label>** menu, select **Label**.
- 2 Select the appropriate label from the list.

Temp	non-specific temperature label	Trect	rectal temperature
Tart	arterial temperature	Tskin	skin temperature
Tcore	core temperature	Tven	venous temperature
Tesoph	esophageal temperature	Tnaso	nasopharyngeal temperature

Extended Temperature Label Set

The following additional labels are available if **Label Set** is set to **Full**. This setting can only be changed in Configuration Mode.

Note that if your monitor is connected to an Information Center, the additional labels in the extended label set may not be correctly displayed. See the Configuration Guide for your monitor for more information.

T1, T2, T3, T4	Non-specific temperature labels
Tamb	ambient temperature
Tcereb	cerebral temperature
Ttymp	tympanic temperature
Tvesic	vesical temperature

Calculating Temp Difference

The monitor can calculate and display the difference between two temperature values by subtracting the second value from the first. The difference is labeled **ΔTemp**.

- 1 In the **Main Setup** menu, select **Measurements**.
- 2 Select **ΔTemp**.
- 3 In the **Setup ΔTemp** menu, select **First Temp**.
- 4 Select the appropriate label for the measurement source.
- 5 Select **Second Temp**.
- 6 Select the appropriate label for the second measurement source.

Monitoring Invasive Pressure

CAUTION

Do not use a monitor with an M1006A pressure module as an additional monitor for your patient. This may cause interference on the respiration or invasive pressure measurements.

Setting up the Pressure Measurement

- 1 Plug in the pressure cable.
- 2 Prepare the flush solution.
- 3 Flush the system to exhaust all air from the tubing. Ensure that the transducer and stopcocks are free of air bubbles.

WARNING

If air bubbles appear in the tubing system, flush the system with the infusion solution again. Air bubbles may lead to a wrong pressure reading.

- 4 Connect the pressure line to the patient catheter.
- 5 If you are using an infusion pressure cuff with the pressure line, attach the pressure cuff to the fluid to be infused. Inflate it according to your standard hospital procedure, then start the infusion.
- 6 Position the transducer so that it is level with the heart, approximately at the level of the midaxillary line.

WARNING

If measuring intracranial pressure (ICP, IC1 or IC2) with a sitting patient, level the transducer with the top of the patient's ear. Incorrect leveling may give incorrect values.

Selecting a Pressure for Monitoring

Tell the monitor the source of the pressure you want to monitor by selecting an appropriate pressure label. The label is a unique identifier for each type of pressure. When you choose a label, the monitor uses that label's stored settings, for example color, wave scale and alarm settings. The label also determines which algorithm is used to process the pressure signal, so an incorrect label can lead to incorrect pressure values.

- 1 In the **Setup <Press Label>** menu, select **Label**.
- 2 Select the appropriate label from the list.

Label	Description
ABP	Arterial blood pressure
ART	Arterial blood pressure (alternative)
Ao	Aortic pressure
CVP	Central venous pressure
ICP	Intracranial pressure
LAP	Left atrial pressure
P	Non-specific pressure label
PAP	Pulmonary artery pressure
RAP	Right atrial pressure
UAP	Umbilical arterial pressure
UVP	Umbilical venous pressure

Extended Pressure Label Set

The following additional labels are available if **Label Set** is set to **Full**. This setting can only be changed in Configuration Mode.

Note that if your monitor is connected to an Information Center, the additional labels in the extended label set may not be correctly displayed. See the Configuration Guide for your monitor for more information.

Label	Description
BAP	Brachial arterial pressure
FAP	Femoral arterial pressure
IC1, IC2	Alternative intracranial pressures
P1, P2, P3, P4	Alternative non-specific pressure labels

Overview of Calibration Procedures

Calibration requirements depend on the situation and the type of transducer used. Recommendations for the different calibration procedures are given in the table below.

Procedure	When to perform	For which transducers?	
		Disposable	Reusable
Zero	• Every time you use a new or a different transducer or tubing • Every time you reconnect the transducer to the monitor • If you think the monitor's pressure readings are not correct	X	X
Calibration	• Every time you use a new or a different transducer • According to your hospital policy		X
Adjust calibration factor	• Can be done instead of the calibration procedure when a calibration factor is marked on your reusable transducer		X

Zeroing the Pressure Transducer

To avoid inaccurate pressure readings, the monitor requires a valid zero. Zero the transducer in accordance with your hospital policy. You must perform a zero:

- when you use a new transducer or tubing
- every time you reconnect the transducer cable to the monitor

if you think the monitor's pressure readings are not correct.

Zeroing ICP (or IC1/IC2)

Your hospital guidelines may require you to zero the ICP transducer less frequently than other transducers, due to the need for aseptic conditions. When you zero an ICP transducer, the zero values are automatically stored and you will not be prompted to repeat the zero procedure.

WARNING

If you select the label ICP (or IC1/IC2), the measurement device uses the most recently stored zero. Therefore, make sure you zeroed the transducer correctly in accordance with the transducer manufacturer's instructions and your hospital policy. When you use a transducer that you cannot rezero after placement, ensure that you keep the measuring device with the patient so that you are certain you have the correct zero data for this patient.

Determining a Pressure's Most Recent Zero

The monitor displays the most recent zero on the status line. If this has "timed-out" after you have performed a zero, redisplay the information in the status line by entering the pressure's setup menu.

Zeroing a Pressure Measurement

WARNING

Invasive pressure alarms (and pulse alarms, if derived from invasive pressure) are temporarily suppressed until 30 seconds after the transducer finishes zeroing.

- 1 Turn off the stopcock to the patient.
- 2 Vent the transducer to atmospheric pressure, to compensate for the static and atmospheric pressure exerted on the transducer.
- 3 In the setup menu for the pressure, select **Zero <Press Label>**.
- 4 When you see the message **<Press Label> zero done at <Date and Time>** on the status line, close the stopcock to atmospheric pressure, and open the stopcock to the patient.

CAUTION

When using high frequency ventilation, ensure that the tubing from the ventilator does not touch the arterial line, or connect with it indirectly, while zeroing the pressure. This could cause small pressure variations which can interfere with the zero procedure.

Zeroing Two Pressures Simultaneously

WARNING

Before zeroing two pressures, make sure that **both** pressure transducers are vented to atmospheric pressure.

If you have two pressures and have the **Zero** SmartKey configured you can zero both pressures simultaneously. Selecting the SmartKey calls up a list of active pressures. Select **All Press** to zero all pressures simultaneously.

Troubleshooting the Zero

The status line lists the probable cause of an unsuccessful zero:

Message	Corrective Action
unable to zero – equipment malfunction	The hardware is faulty. Contact your service personnel.
unable to zero – excessive offset	Make sure the transducer is vented to air and try again. If this fails, the hardware may be faulty. Replace the adapter cable and try again. If it fails, replace the transducer and try again. If it still fails, contact your service personnel.
unable to zero – unstable signal	
unable to zero – no transducer	Make sure that the transducer is connected and try again. If this fails, exchange the adapter cable and try again. If this fails, exchange the transducer.

Message	Corrective Action
unable to zero – pulsatile pressure	Make sure that the transducer is vented to air, not to the patient, and try again.
unable to zero – timed out	Try pressing the Zero hardkey or Zero <Press Label> key again. If this fails, replace the transducer and adapter cable and contact your service personnel.
Switch on first	Pressure measurement is switched off. To switch it on, in the Setup <Press Label> menu, select the pressure's label.

Calibrating Reusable Transducers

Depending on your monitor's configuration, you may be able to perform a calibration in monitoring mode. Perform a mercury calibration when you use a new transducer, and at regular intervals according to your hospital policy. You require:

- standard sphygmomanometer.
- sterile 10cc syringe with heparinised solution.
- 3-way stopcock.
- approximately 25 cm of tubing.

NOTE

Only reusable transducers must be calibrated.

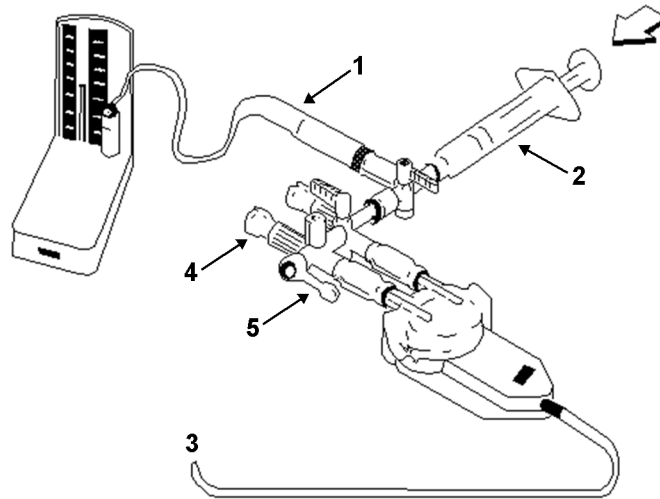
Making the Pressure Calibration

WARNING

Never perform the invasive pressure calibration while a patient is being monitored.

- 1 Zero the transducer.
- 2 Connect the syringe and manometer.
 - a. Attach the tubing to the manometer.
 - b. Connect the 3-way stopcock to the stopcock that is not connected to the patient catheter when you measure a patient.
 - c. Attach the syringe to one port and the manometer tubing to the other port.

- d. Open the port to the manometer.



1 Tubing to manometer

2 Syringe with heparinised solution

3 To pressure connector on monitor

4 Patient connection stoppered

5 Off

- 3 Move the syringe barrel in and raise the mercury to 200 mmHg (30 kPa). 200 mmHg is the recommended calibration pressure.
- 4 In the **Setup <Press Label>** menu, select **Cal. Press**.
- 5 Select the calibration pressure from the list, for example 200 mmHg.
- 6 Select **Confirm** to recalculate the calibration factor using the applied pressure.
- 7 When the monitor displays **<Press Label> mercury calibr. done at <Date and Time>**, remove the manometer tubing, syringe and extra stopcock. We recommend you replace the transducer dome and tubing with sterile ones.
- 8 Label the transducer with the calibration factor shown in the **Cal. Factor** field in the pressure's setup menu.
- 9 Reconnect the patient and start measuring again.

Troubleshooting the Pressure Calibration

The status line lists the probable cause of an unsuccessful calibration.

Message	Corrective Action
unable to calibrate – equipment malfunction	Contact your service department. The pressure hardware is faulty.
unable to calibrate – out of range	Make sure that you have selected the value for Cal. Press that you are applying to the transducer, and repeat the calibration.
unable to calibrate – no transducer	Make sure that the transducer is connected and try again.
unable to calibrate – unstable signal	Make sure there are no disturbances to the transducer, and repeat the calibration.

Message	Corrective Action
unable to calibrate – perform zero first	No valid zero. Zero the transducer.

Adjusting the Calibration Factor

Each time you use a reusable transducer, compare the calibration factor written on your transducer with the calibration factor shown on the monitor. To ensure accurate measurement, they **must** be the same.

- 1 In the **Setup <Press Label>** menu, select **Cal. Factor**.
If the value here does **not** match that on the transducer, select the corresponding value from the list, in accordance with your hospital's procedure.
- 2 To confirm you want to use the new calibration factor, select the **Confirm** pop-up key.

Displaying a Mean Pressure Value Only

Use this when you want to see only the mean pressure.

In the pressure's setup menu, select **Mean only**. Toggle between **On** to display mean pressure value only, and **Off** to display all pressure values (systolic, diastolic and mean).

Changing the Pressure Wave Scale

- 1 Select the label of the pressure wave whose scale you want to set to enter the **Setup <Press Label>** menu.
- 2 In the **Setup <Press Label>** menu, (for example **ABP**) select **Scale**.
- 3 Select a value from the pop-up list:
 - a positive value sets the top gridline. The bottom gridline is set at zero.
 - a negative value sets the bottom gridline. The middle gridline is set at zero.

Optimizing the Waveform

In the **Setup <Press Label>** menu, select **Optimum Scale** to let the monitor select the best minimum and maximum scales for the current wave.

Using the Wave Cursor

When the pressure wave is selected, you can display a cursor in the wave. It appears as a white horizontal line in the wave. Using the pop-up keys you can move the cursor up or down to the required position and store the corresponding value. The cursor value can be stored

- as a systolic, diastolic or mean pressure value,
- as an IAP (intra-abdominal pressure) value - for the waves P, P1 to P8, if IAP is configured as a measurement which can be manually entered
- as a PAWP value - if the pressure wave is a PAP wave

The stored value appears in the trend database as a manually entered value.

To display and position the cursor,

- 1 Select the pressure wave.
- 2 Select **Activate Cursor**.
- 3 Use the pop-up arrow keys to position the cursor.

Using the pop-up keys you can also change the scale or the speed for the wave, freeze the wave or start a printout or recording.

Non-Physiological Artifact Suppression

Some clinical procedures may affect blood pressure, for example, a flush procedure or a blood sample. Your monitor may be configured to suppress these non-physiological artifacts for a specified duration (**Artifact Suppr.** is configured to **30 sec**, **60 sec**, or **90 sec**). During artifact suppression, the monitor shows the INOP message **<Press Label> Artifact**, and a question mark is shown beside the pressure numerics. Pressure alarms and the **<Press Label> No Pulse INOP** are suppressed during the configured period. The CPP alarms are not suppressed.

Choosing the Pressure Alarm Source

WARNING

Make sure you set alarm limits for the correct label. The alarm limits you set are stored for that particular label only. Changing the label may change the alarm limits.

You can monitor for alarm conditions in systolic, diastolic and mean pressure, either singly or in parallel. Only one alarm is given at a time, in this order of priority: mean, systolic, diastolic.

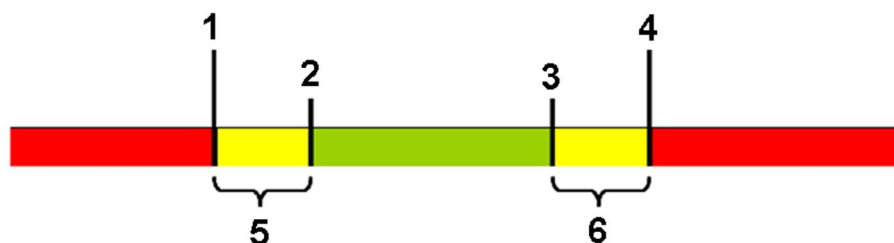
In the **Setup <Press Label>** menu, select **Alarms from** and choose the source.

Menu option	Pressure value monitored
Sys.	systolic
Dia.	diastolic
Mean	mean
Sys & Dia	systolic and diastolic in parallel
Dia & Mean	diastolic and mean in parallel
Sys & Mean	systolic and mean in parallel
Sys&Dia&Mean	all three pressures in parallel

Select and set the **High Limit** and **Low Limit** for the pressure(s) you have selected.

Extreme Alarm Limits for Pressure

The extreme pressure alarms, Extreme High and Extreme Low, can be made available for your monitor in Configuration Mode and are additional to the standard High and Low limit alarms. They are generated by the active pressure alarm source, and are setup in Configuration Mode by adding a set value (the Δ value) to the high and low alarm limits. This value can be set for each pressure label individually.



- 1 Extreme Low Limit
- 2 Low Limit
- 3 High Limit
- 4 Extreme High Limit
- 5 Δ Extreme Low
- 6 Δ Extreme High

You need to know which values have been configured for your monitor. Changing the high and low alarm limits automatically changes the extreme alarm limits within the allowed range.

- To see the extreme pressure alarms set for your monitor, in the **Setup <Press Label>** menu, see the menu items **Δ Extreme High** and **Δ Extreme Low**.

The extreme pressure alarms are high priority, red alarms, marked *** in the alarm message.

Calculating Cerebral Perfusion

The monitor can calculate the difference between mean arterial pressure and the intracranial pressure. The difference is labeled CPP.

- 1 In the **Main Setup** menu, select **Measurements**.
- 2 Select **CPP**.
- 3 In the **Setup CPP** menu, select which arterial pressure source should be used in the calculation.

Calculating Pulse Pressure Variation

Pulse Pressure Variation (PPV) is calculated from beat-to-beat arterial pressure values. Pulse pressure is the difference between the systolic and the diastolic pressure values for a single beat. Pulse pressure variation is defined as the maximal pulse pressure less the minimum pulse pressure divided by the average of the two. The average variation in pulse pressure is calculated over periods of 32 seconds.

WARNING

- This monitor can calculate PPV from beat-to-beat values of any arterial pulsatile pressure. The circumstances under which the calculation of a PPV value is clinically meaningful, appropriate and reliable must be determined by a physician.
- The clinical value of the derived PPV information must be determined by a physician. According to recent scientific literature, the clinical relevance of PPV information is restricted to sedated patients receiving controlled mechanical ventilation and mainly free from cardiac arrhythmia.

- PPV calculation may lead to inaccurate values in the following situations:
 - at respiration rates below 8 rpm
 - during ventilation with tidal volumes lower than 8 ml/kg
 - for patients with acute right ventricular dysfunction ("cor pulmonale").
 - The PPV measurement has been validated only for adult patients
-

To select an arterial pressure as PPV source:

- 1 In the **Main Setup** menu, select **Measurements**.
- 2 In the **Setup PPV** menu, select **ABP**, **ART**, **Ao**, **BAP**, **P** or **FAP** as the arterial pressure source.

Measuring IAP

There are two methods to store IAP measurement readings in the monitor: with manual entry or using a pressure waveform.

NOTE

For both methods, to be able to use the label IAP, it must be made available for manual entry in Configuration Mode. For more details on manually entered measurements, see “Entering Measurements Manually” on page 33.

Manual Entry

This method uses a reading from an independent IAP measurement device, for example a bladder manometer; the user manually transcribes the IAP reading to the monitor.

To manually enter the measured IAP value:

- 1 Select the IAP numeric on the screen.
- 2 Enter the IAP value and select **Enter** using the numeric keypad.
- 3 If you need to change date and time, select **Date/Time**. The default is always the current date and time. Select **Enter** to confirm.
- 4 Select **Save**.

Using a Pressure Waveform

This method uses an electronic reading from a pressure transducer connected to the monitor. The pressure transducer usually acquires the IAP from a dedicated IAP measurement device.

To enter the IAP using a connected IAP measurement device:

- 1 Assign the pressure label P (or P1...P8) to the pressure channel connected to the IAP transducer.
- 2 Zero the transducer as described in “Zeroing a Pressure Measurement” on page 214.
- 3 Perform the IAP measurement according to the instructions given by the manufacturer of the IAP measurement device.
- 4 On the monitor screen, when the IAP pressure has stabilized, select the pressure waveform and select **Activate Cursor**.
- 5 Use the arrow up/down keys to move the wave cursor to an area of the waveform that reflects the correct pressure. See “Using the Wave Cursor” on page 217 for details.
- 6 Select **Save as IAP**. This will store the IAP pressure value under the cursor in the monitor’s database and display it on the monitor screen.

Monitoring Carbon Dioxide

Use the CO₂ measurement to monitor the patient's respiratory status and to control patient ventilation.

There are two methods for measuring carbon dioxide in the patient's airway:

- Mainstream measurement uses a CO₂ sensor attached to an airway adapter directly inserted into the patient's breathing system.
- Sidestream measurement takes a sample of the respiratory gas with a constant sample flow from the patient's airway and analyzes it with a remote CO₂ sensor. Two variations of this method, with different sensors, are available as options on the monitor. They are referred to here as sidestream CO₂ and Microstream CO₂.

WARNING

Correlation: The etCO₂ readings do not always correlate closely with paCO₂, especially in neonatal patients and patients with pulmonary disease, pulmonary embolism or inappropriate ventilation.

Pharmaceuticals in aerosols: Do not measure CO₂ in the presence of pharmaceuticals in aerosols.

Explosion Hazard: Do not use in the presence of flammable anesthetics or gases, such as a flammable anesthetic mixture with air, oxygen or nitrous oxide. Use of the devices in such an environment may present an explosion hazard.

Failure of operation: if the measurement or a sensor fails to respond as described, do not use it until the situation has been corrected by qualified personnel.

Low etCO₂ values: Leakages in the breathing system or sampling system may cause the displayed etCO₂ values to be significantly too low. Always connect all components securely and check for leaks according to standard clinical procedures. Displacement of the nasal or combined nasal oral cannulas can cause lower than actual etCO₂ readings. Even with combined nasal oral cannulas, the etCO₂ readings may be slightly lower than actual in patients breathing through the mouth only.

Measurement Principles

For both mainstream and sidestream measurements, the measurement principle is infrared transmission, where the intensity of infrared light passing the respiratory gas is measured with a photo detector. As some of the infrared light is absorbed by the CO₂ molecules, the amount of light passing the gas probe depends on the concentration of the measured CO₂.

When using a wet ventilator circuit, monitor mainstream CO₂ if available, in preference to sidestream CO₂.

The partial pressure is calculated from the gas concentration by multiplying the concentration value with the ambient pressure.

The measurement provides:

- a CO₂ waveform.
- an end tidal CO₂ (etCO₂) value: the CO₂ value measured at the end of the expiration phase.
- an inspired minimum CO₂ (imCO₂): the smallest value measured during inspiration.
- an airway respiration rate (awRR): the number of breaths per minute, calculated from the CO₂ waveform.

Depending on the **Max Hold** setting configured for your monitor, the etCO₂ numeric shows either the highest CO₂ value measured within the configured time period (**Max Hold** set to **10 sec** or **20 sec**) or the etCO₂ numeric shows breath-to-breath value (**Max Hold** set to **Off**).

The Microstream method also provides an **Integrated Pulmonary Index** (IPI) numeric, which is an indication of the patient's overall ventilatory status based on four measurement parameters: etCO₂, awRR, pulse rate and SpO₂. IPI can thus provide an early indication of a change in ventilatory status which may not be shown by the current value of any of these four parameters individually. The IPI is designed to provide additional information regarding patient status, possibly before etCO₂, awRR, SpO₂, or pulse rate values reach levels of clinical concern.

The IPI is available for all three groups of pediatric patients (1-3 years, 3-6 years, and 6-12 years), and for adult patients. It is displayed as a single value between 1 and 10.

Availability of the SpO₂ and pulse values for the IPI calculation is not affected by the labels used or the SpO₂ technology in the monitor.

Using the CO₂ Measurement

The MP5 monitor measures partial pressure of carbon dioxide in a patient's expired gas using the mainstream method or the sidestream method.

The mainstream CO₂ measurement can be used, with appropriate accessories, with intubated adult, pediatric and neonatal patients. The sidestream CO₂ measurement can be used, with appropriate accessories, with intubated and non-intubated adult, pediatric, infant and neonatal patients. With intubated patients, a sample of the respiratory gas is drawn from the patient's breathing circuit through an airway adapter and a gas sampling tube. With non-intubated patients, the gas sample is drawn through a nasal or oral-nasal cannula.

WARNING

Altitude Setting: The monitor is not equipped with automatic barometric pressure compensation. Before the CO₂ measurement is used for the first time, the altitude must be set to the correct value. An incorrect altitude setting will result in incorrect CO₂ readings. The CO₂ readings will typically deviate 5% for every 1000 m difference.

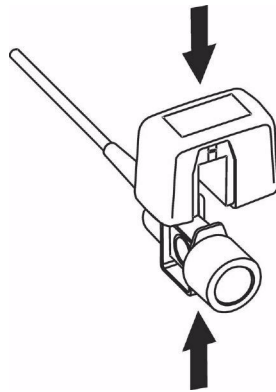
CAUTION

Use the CO₂ measurement with Philips approved accessories only. Refer to the instructions for use provided with the accessory.

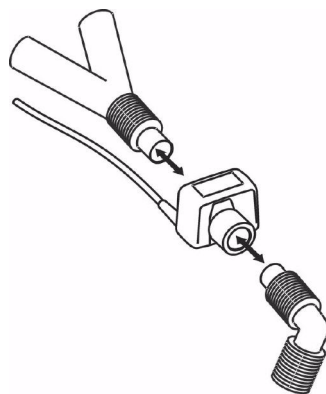
Preparing to Measure Mainstream CO₂

You must perform a zero as described in this procedure each time you use a new airway adapter.

- 1 Attach the sensor connector to the CO₂ connector on the monitor.
- 2 Wait 2 minutes, allowing the sensor to reach its operating temperature and a stable thermal condition.
- 3 Choose the appropriate airway adapter and connect it to the sensor head. The airway adapter clicks into place when seated correctly.



- 4 Zero the sensor:
 - Expose the sensor to room air and keep it away from all sources of CO₂ including the ventilator, the patient's breath and your own.
 - In the setup menu for the CO₂, select **Start Zero Cal.**
 - When you see the message **CO₂ calibration done at <Date and Time>** on the status line, the zero calibration is finished and you can begin monitoring.
- 5 Install the airway adapter at the proximal end of the circuit between the elbow and the ventilator Y-section.



WARNING

To prevent stress on the endotracheal tube, support the sensor and airway adapter.

Position sensor cables and tubing carefully to avoid entanglement or potential strangulation. Do not apply excessive tension to any cable.

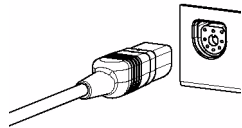
Replace the airway adapter, if excessive moisture or secretions are observed in the tubing or if the CO₂ waveform changes unexpectedly without a change in patient status.

To avoid infection, use only sterilized, disinfected or disposable airway adapters.

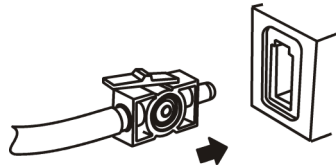
Inspect the airway adapters prior to use. Do not use if airway adapter appears to have been damaged or broken. Observe airway adapter color coding for patient population.

Preparing to Measure Sidestream CO₂

- 1 Plug the sensor cable into the monitor's CO₂ input connector. Allow the sensor two minutes warm up time

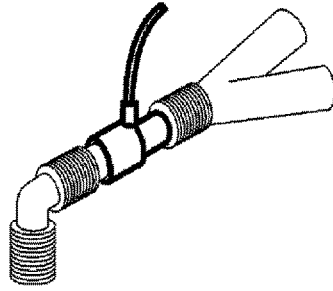


- 2 Connect the cannula, airway adapter, or sample line as appropriate, to the sensor. It will click into place when seated correctly.

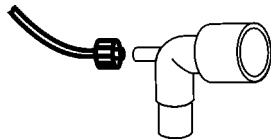


- 3 To zero the sensor:
 - expose the sensor to room air and keep it away from all sources of CO₂ including the ventilator, the patient's breath and your own.
 - in the setup menu for the CO₂, select **Start Zero Cal.**
 - when you see the message **CO₂ calibration done at <Date and Time>** on the status line, the zero calibration is finished and you can begin monitoring.

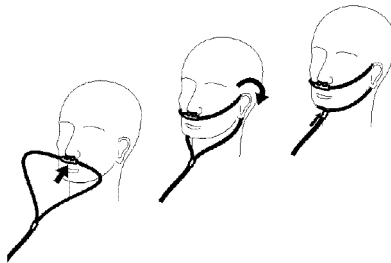
- 4 For intubated patients requiring an airway adapter: Install the airway adapter at the proximal end of the circuit between the elbow and the ventilator Y-section.



For intubated patients with an integrated airway adapter in the breathing circuit: Connect the male luer connector on the straight sample line to the female port on the airway adapter.



For non-intubated patients: Place the nasal cannula onto the patient.



For patients prone to mouth breathing use an oral-nasal cannula.

For nasal or oral-nasal cannulas with oxygen delivery, place the cannula on the patient as shown then attach the oxygen supply tubing to the oxygen delivery system and set the prescribed oxygen flow.

WARNING

Always connect the airway adapter to the sensor before inserting the airway adapter into the breathing circuit. In reverse, always remove the airway adapter from the breathing circuit before removing the sensor.

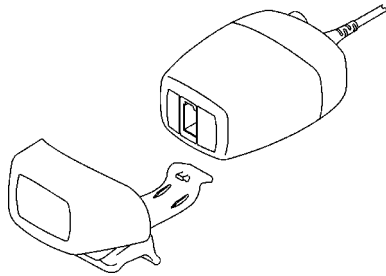
Make sure that you do not accidentally connect the luer connector of the gas sample line to an infusion link or any other links in the patient vicinity.

CAUTION

Always disconnect the cannula, airway adapter or sample line from the sensor when not in use.

Using the Sidestream Sensor Holder

The holder delivered with the sensor can be used to clamp the sensor onto an IV pole or a shelf.



- 1 Push the sensor into the holder until it clicks into position.
- 2 Clamp the holder onto an IV pole, a shelf or another appropriate location.

To remove the sensor from the holder, release the clip and pull the sensor out of the holder.

Removing Exhaust Gases from the System

WARNING

Anesthetics: When using the sidestream CO₂ measurement on patients who are receiving or have recently received anesthetics, connect the outlet to a scavenging system, to avoid exposing medical staff to anesthetics.

Patient cross-infection: Do not return the sampled gas to the breathing system of the patient.

Make sure that you do not accidentally connect the exhaust tube to an infusion link or any other links in the patient vicinity.

Use an exhaust tube to remove the sample gas to a scavenging system. Attach it to the sidestream sensor at the outlet connector.

Measuring Microstream CO₂

The Microstream CO₂ method measures the partial pressure of carbon dioxide in a patient's expired gas using Microstream technology.

The measurement is equipped with an automatic barometric pressure compensation.

Preparing to Measure Microstream CO₂

Use appropriate accessories for:

- the patient type (adult, pediatric or neonatal),
- the ventilation situation (including humidification)
- the duration - short term use, up to 24 hours (typically OR), or long term use (typically ICU).

All accessories are for single patient use only.

Using Microstream Accessories

The Microstream measurement can be operated with the special Microstream accessories only. Refer to the instructions for use provided with the accessory.

For intubated patient with non-humidified ventilation, you can use a Microstream FilterLine set. For humidified ventilation, use a FilterLine H Set.

For non-intubated patients, the gas sample is taken through a Nasal FilterLine, or a Smart CapnoLine (which is a combined oral-nasal FilterLine). In parallel to the measurement of the CO₂, oxygen (O₂) may be delivered to the patient to support gas exchange. This is done by using an O₂/CO₂ FilterLine, or a Smart CapnoLine O₂ (a combined oral-nasal O₂/CO₂ FilterLine).

Using the FilterLine and Airway Adapter

WARNING

Make sure that you do not accidentally connect the luer connector of the gas sample line to an infusion link or any other links in the patient vicinity.

- 1 Attach the female Luer connector to the CO₂ inlet connector by pushing the socket cover aside and screwing the connector clockwise into the CO₂ inlet until it can no longer be turned.
This will assure that there is no leak of gases at the connection point during measurement and that measurement accuracy is not compromised. Following connection of the CO₂ sampling line, check that CO₂ values appear on the monitor display.
- 2 Check that the FilterLine is not kinked.
- 3 Change the FilterLine if a **CO₂ Occlusion INOP** appears on the monitor or if the readings become extremely erratic.

Disconnect the FilterLine during suctioning and nebulizing therapies or suppress sampling by turning off the pump as described in “Suppressing Sampling (not Mainstream CO₂)” on page 229.

Check the table in the Microstream CO₂ Accessories section of the Accessories chapter for typical usage times for the different Microstream accessories.

CO₂ values for non-intubated patients using Microstream accessories will always tend to be lower than for intubated patients. If values appear extremely low, check whether the patient is breathing through the mouth or whether one nostril is blocked.

Removing Exhaust Gases from the System

WARNING

- **Anesthetics:** When using the Microstream CO₂ measurement on patients who are receiving or have recently received anesthetics, connect the outlet to a scavenging system, or to the anesthesia machine/ventilator, to avoid exposing medical staff to anesthetics.
- **Patient cross-infection:** Do not return the sampled gas to the breathing system of the patient.
- Make sure that you do not accidentally connect the exhaust tube to an infusion link or any other links in the patient vicinity.

Use an exhaust tube to remove the sample gas to a scavenging system. Attach it to the MMS Extension at the outlet connector.

Suppressing Zero Calibration

To prevent an automatic zero calibration from being started in the next five minutes,

- in the **Setup CO₂** menu, select **No Zero for 5min**, or select the **Suppress CO₂ Zero** SmartKey, if configured.

Selecting **No Zero for 5min** or selecting the **Suppress CO₂ Zero** SmartKey again before the timer has timed out resets the timer to five minutes, unless an AutoZero became due during the previous suppression.

Setting up all CO₂ Measurements

These tasks are common to all CO₂ measurements except where otherwise noted.

Adjusting the CO₂ Wave Scale

- 1 In the **CO₂ Wave** menu or the **Setup CO₂** menu, select **Scale**.
- 2 Choose a suitable scale range from the pop-up list.

Setting up CO₂ Corrections

Temperature, water vapor in the patient's breath, barometric pressure, and the proportions of O₂, N₂O and Helium in the mixture all influence CO₂ absorption. If values seem inaccurately high or low, check that the monitor is using the appropriate corrections.

If one of the corrections does not appear in your **Setup CO₂** menu, your CO₂ measurement does not require that correction.

Correction	
Altitude	Altitude is set during installation. The monitor automatically applies an appropriate correction.
O ₂	In the Setup CO₂ menu, select Oxy. Corr and select a value between 0% and 100%, the default value is 20%.
Humidity	At installation, the monitor is configured to automatically apply either Body Temperature Pressure Saturated (BTPS) or Ambient Temperature Pressure Dry (ATPD). To see which, go to the Setup CO₂ menu, and scroll down to look at HumidityCorr .
Gas	In the Setup CO₂ menu, select Gas Corr. and select Helium, N₂O or turn off. If Helium or N ₂ O is present in the ventilation gas mixture, you must make the appropriate selection.
Agent	In the Setup CO₂ menu, select Agent Corr. and select the concentration of the anesthetic agent (between 0.0% and 20.0%). If an anesthetic agent is present in the ventilation gas mixture, you must select the appropriate concentration.

Suppressing Sampling (not Mainstream CO₂)

To temporarily stop sampling, in the **Setup CO₂** menu, select **Pump 15min Off** or use the **CO₂ Pump Off** SmartKey if available.

Selecting **Pump 15min Off** again before fifteen minutes have passed resets the timer to fifteen minutes.

To re-start the pump, in the **Setup CO₂** menu, select **Pump On**.

Changing CO₂ Alarms

This refers to CO₂ specific alarms. See the “Alarms” section for general alarm information.

- 1 In the **Setup CO₂** menu, select **etCO₂ High** or **imCO₂ High** and choose the high alarm limit.
- 2 Select **etCO₂ Low** and choose the low alarm limit.

Changing the Apnea Alarm Delay

This determines the time limit after which the monitor alarms if the patient stops breathing.

- 1 In the **Setup CO₂** menu, select **awRR**.
- 2 Choose the apnea alarm delay time.

WARNING

Safety and effectiveness of the respiration measurement method in the detection of apnea, particularly the apnea of prematurity and apnea of infancy, has not been established.

Prolonged delay: The selected apnea alarm delay may be prolonged by up to 17 seconds, if an apnea occurs during the automatic zero process. This applies to the Microstream measurement only.

Deriving Alarms From awRR

- 1 In the **Setup CO₂** menu, select **awRR**.
- 2 In the **Setup awRR** menu, select **Alarms**.
- 3 Choose **On** to derive alarms from the airway respiration signal or **Off** to disable them.

Changing awRR Alarm Limits

- 1 In the **Setup CO₂** menu, select **awRR**.
- 2 Select **High Limit** to set the upper alarm limit.
Select **Low Limit** to set the lower alarm limit.
- 3 Select the appropriate setting.

Changing IPI Alarm Limits

- 1 In the **Setup CO₂** menu, select **IPI**.
- 2 Select **Low Limit** to set the low alarm limit.
- 3 Select a value between 2 and 9.

If you also have monitors with earlier software revisions than J.0, the IPI low alarm will not be generated after a transfer to one of these monitors. In this case, do not rely only on the IPI low alarm but leave the individual alarms switched on (etCO₂, awRR, pulse rate and SpO₂) so that these alarms can be generated in such situations.

Understanding the IPI Numeric

The index is modeled on normal healthy patients (ASA Physical Status value of 1 according to the ASA Physical Status Classification System). Patients with ASA Physical Status values of 3 or higher are expected to have low IPI values by definition. Therefore, for patients with an ASA Physical Status value of 3 or higher, the index may have no added value.

The value of the Integrated Pulmonary Index given in the IPI numeric is associated with the patient status as follows:

IPI	Patient Status
10	Normal
8-9	Within normal range
7	Close to normal range; requires attention
5-6	Requires attention and may require intervention
3-4	Requires intervention
1-2	Requires immediate intervention.

NOTE

The interpretation of the patient's IPI score may change in different clinical environments. For example, patients with specific respiratory difficulties (in contrast to normally healthy patients who are being monitored during sedation or pain management) may require a lower IPI Low Alarm threshold to reflect their impaired respiratory capacity.

The IPI is available for all three groups of pediatric patients (1-3 years, 3-6 years, and 6-12 years), and for adult patients.

WARNING

Ensure that the patient category and date of birth are set correctly before monitoring a patient's IPI. An incorrect patient category or date of birth could produce incorrect IPI data.

Using the IntelliVue Cableless Measurements

In this chapter you will find the information needed for using the IntelliVue Cableless Measurements with the monitor. For complete user information, including accessory listings and specifications, refer to the instructions supplied with the device.

Introducing the IntelliVue Cableless Measurements

The IntelliVue Cableless Measurements family consists of the three measurement devices IntelliVue CL SpO₂ Pod, IntelliVue CL NBP Pod and IntelliVue CL Respiration Pod and their accessories.

The cableless measurement devices provide measurement values, for SpO₂ and NBP on the built-in display, and communicate them to other system components using a wireless short range radio (SRR) interface. They can also be controlled via SRR from an assigned patient monitor or from an IntelliVue Information Center via a telemetry device.

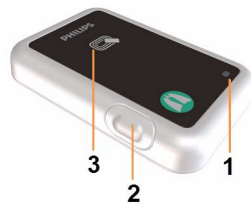
Measurement Device Main Parts and Keys

The SpO₂ Pod and the NBP Pod have an LCD display and three keys for basic operation e.g. to assign the device to a patient:



- 1 Integrated monochrome LCD display
- 2 Hardkeys
- 3 Measurement identifier

The Respiration Pod has one multi-color LED for status display and one hardkey for basic operation, e.g. to start a measurement:



- 1 Multi-color LED
- 2 Hardkey
- 3 Indication for built-in RFID tag

Continuous Monitoring

The SpO₂, NBP and Respiration Pods can be used together with an MP5/MP5T/MP5SC patient monitor (with an SRR interface) for continuous monitoring. They communicate their measurement values via short range radio to the monitor. The Cableless Measurements allow the patients more mobility without giving up continuous vital signs monitoring.

Adding a Cableless Measurement Device

When using an SpO₂ Pod, an NBP Pod or a Respiration Pod for continuous monitoring, you need to assign the cableless measurement device to the monitor.

WARNING

Short Range Radio connections are subject to interruption due to interference from other radio sources in the vicinity, including microwaves, bluetooth devices, WLAN devices (802.11b,g,n) and cordless phones. Depending on the strength and duration of the interference, the interruption may occur for an extended period. A loss of connection, due to moving out-of-range, interference, or for other reasons, is indicated with a **No Host Monitoring** INOP on the NBP or SpO₂ Pods, or a **cl NBP Disconnect**, **cl SpO₂ Disconnect** or **cl Resp Disconnect** INOP at the host monitor. Correct channel configuration is important, refer to the Configuration Guide for details.

Adding With an RFID Reader and Tagged Cableless Devices

You can directly add all cableless devices that have RFID tags with a Philips HS1-R RFID/barcode reader. The Respiration Pod has a built-in RFID tag. The SpO₂ and NBP Pods can have IntelliVue ProxiTag RFID tags adhesively attached.

- 1 Hold the cableless device close to the reader.
Depending on its configuration, the reader beeps, vibrates or indicates via the LEDs when it has read the tag.
- 2 Press any hardkey on the cableless device.

The cableless measurement device is now added to the monitor.

If the corresponding internal measurement in the patient monitor is active, you will be asked to confirm that it should be deactivated in favor of the cableless measurement device by selecting **Replace**.

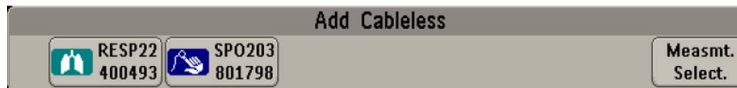
If a cableless measurement of the same type is already assigned to the monitor, you will be asked to confirm that it should be removed by selecting **Replace**.

Adding Manually

- 1 Prepare the SpO₂ or NBP Pod for adding by holding the ◀ key pressed, or the Respiration Pod by pressing the hardkey.
- 2 Select the device key that appears in place of the Measurement Selection key, for example



This displays the **Add Cableless** pop-up keys, which show any available IntelliVue Cableless Measurements and telemetry devices:



- 3 Select the pop-up key for the cableless measurement device to be added.
- 4 Select **Add**. The device confirms the successful addition with a tone.
If the corresponding internal measurement in the patient monitor is active, you will be asked to confirm that it should be deactivated in favor of the cableless measurement device by selecting **Replace**.
If a cableless measurement of the same type is already assigned to the monitor, you will be asked to confirm that it should be removed by selecting **Replace**.

For the SpO₂ and NBP Pods, adding can also be done directly on the device. See the IntelliVue Cableless Measurements Instructions for Use for details.

Removing a Cableless Measurement Device

To remove a cableless measurement device from a monitor and end the assignment:

- 1 Select the Measurement Selection key.
- 2 Select the cableless measurement device to be removed.
- 3 Select the **Remove** pop-up key.

You can also remove cableless measurement devices in the same way as any other devices using the **Equipment** window, see “Using the Equipment Window” on page 98.

Transporting a Patient with Cableless Measurement Devices

**SpO₂ and
NBP Pods
only**

When a patient is being monitored with Cableless Measurements at the monitor, you can temporarily stop the SRR connection to allow the patient to be transported with the Cableless Measurements. The Cableless Measurements will remain assigned to the monitor, and during transport the SpO₂ and NBP Pods will indicate alarms locally, with alarm tones and alarm messages on the Pod. The patient must be attended by a caregiver during transport, to ensure that alarms on the Pods are recognized.

- 1 Open the **Equipment** window directly in **Main Setup** or by selecting the bed label via the information line.
- 2 Select a Pod that will be used for transport.
- 3 In the menu, select **Use for Transp.**
- 4 Select **Confirm** as requested.

Any other Pods currently assigned to the monitor will also be set to **Use for Transp.**

When the patient returns to the monitor:

- 1 Open the **Equipment** window directly in **Main Setup** or by selecting the bed label via the information line.
- 2 Select one of the Pods that was used for transport.
- 3 In the menu, select **Use with Monitor**.
- 4 Select **Confirm** as requested.

The SRR connection is restored for all Pods and they will stop indicating alarms locally.

Using a Telemetry Device and a Monitor (PIIC only)

It is possible to assign a monitor and a telemetry device to the same patient, resulting in the information from both devices being combined in one sector at the Information Center. This is called "pairing" and when a telemetry device and a monitor are paired, the measurement data from the telemetry device will be displayed on the monitor screen.

A telemetry device can be:

- any Philips telemetry device (only for indirect connections, see below).
- a TRx/TRx+ IntelliVue Telemetry system transceiver.

For complete user information, including accessory listings and specifications, for the M4841A/M4851A TRx/TRx+ IntelliVue Telemetry Transceiver, refer to the Instructions for Use provided with the device.

How Can You Combine Devices?

- With an **indirect** connection, using standard telemetry transmission - the data are sent to the monitor via the Information Center and arrive with a delay of several seconds at the monitor.
- With a **direct** connection to the monitor, via a short range radio (SRR) link or with a direct cable connection - the data arrive with a minimal delay on the monitor screen.

Indirect Connection - Manual Pairing

The telemetry device can be paired with the monitor at the Information Center or at the monitor. For detailed information regarding pairing and configuration at the Information Center, see the Information Center Instructions for Use.

To pair the monitor with a telemetry device at the monitor:

- 1 Select **Main Setup** then **Measurements**
- 2 Select **Telemetry**
The **Setup Telemetry** menu will appear with only one entry **Paired Equipment**.
- 3 Enter here the equipment label of the telemetry device to be paired.

Pairing at the monitor is only possible when the monitor already has a connection to the Information Center and the Information Center software version allows pairing at the monitor.

Own Patient Overview Window

The measurements from the telemetry device are shown in the own patient overview window on the monitor. See “Own Patient Overview Window” on page 100.

Direct Connection - Automatic Pairing

The following direct connections are possible:

- a TRx+4841A/4851A IntelliVue Telemetry system transceiver connected via short range radio (SRR) link to an MP5 with SRR capability.
- a TRx+4841A/4851A IntelliVue Telemetry system transceiver connected to an MP5 directly with a cable.

If a telemetry device is connected to a monitor directly with a cable, or if it is assigned to a monitor via a direct short range radio link, the monitor and the telemetry device are automatically paired at the Information Center (if configured).

The measured data from the telemetry device - ECG and, if available, SpO₂T - will appear on the monitor screen and will be sent through the monitor to the Information Center. The ECG waves and numerics appear in place of the monitor's own ECG, and SpO₂T is displayed as an additional measurement. When ECG is measured with the telemetry device there will be no Respiration measurement derived.

When you disconnect the cable, the devices remain paired until you unpair them at the monitor or Information Center. When the devices are paired but disconnected, the telemetry data is displayed on the screen as described in “Own Patient Overview Window” on page 100.

WARNING

- When ECG is being measured with a telemetry device directly connected to the monitor, there will be no ECG signal available at the ECG analog output or ECG Sync Pulse output and no synchronization marks on the ECG wave. A **No ECG Out** message will appear in the ECG wave channel.
 - When a telemetry device is connected to the monitor, arrhythmia relearning is initiated, and again when the telemetry device is disconnected.
 - Controls on the Telemetry Device (e.g. nurse call) will be inactive when the device is directly connected to the monitor except in the case when the monitor has no network connection and data are transferred via the telemetry device.
-

Assigning a Telemetry Transceiver with an SRR Adapter to a Monitor

A telemetry device with a short range radio adapter can be assigned to a monitor directly.

Monitors which have this capability have a short range radio symbol  on the model label.

NOTE

If the monitor is using the MBAN frequency band (2.360 - 2.400 GHz, for US / FCC regulated countries only), direct assignment of a telemetry device is not possible. If problems occur with the direct assignment, contact your service personnel to check the frequency band used.

To assign a telemetry device to a monitor:

- 1 Press the Check button on the telemetry device.

The measurement selection key on the monitor will change to show the "add cableless" symbol



- 2 Select the symbol.
- 3 In the **Add Cableless** window, select the correct equipment label for the telemetry device.
- 4 Check that the assignment is successful and that transmission has begun:
 - A **Tele Device assigned** message appears on the monitor
 - A tone sounds at the telemetry device and the Leads Off indicators light
 - The ECG wave appears on the monitor

To confirm that the correct telemetry device has been assigned, open the ECG Setup menu. The title of the menu contains the equipment label of the telemetry device; check that this is the correct label.

If a telemetry device is already assigned to a monitor, you cannot assign a further telemetry device to that monitor.

If the telemetry device goes out-of-range or loses the short range radio connection, it will switch over to standard telemetry transmission to the Information Center. In this case, the telemetry data is displayed in the Own Patient Overview Window as described above.

When a telemetry device with a short range radio adapter is assigned to the patient, the short range radio connection to the monitor is made automatically.

If a telemetry device disappears from the list in the **Add Cableless** menu, press the Check button on the telemetry device again. If the monitor is not configured to be used with a telemetry device, the add

cableless symbol will appear crossed out .

If the telemetry device is removed (unassigned), the short range radio connection will be ended.

WARNING

Short range radio connections are subject to interruption due to interference from other radio sources in the vicinity, including microwaves, bluetooth devices and DECT phones. Outside the operating frequency band and 5% above and below, i.e. the exclusion band according IEC 60601-1-2, section 36.202.3a)4), the short range radio connection is immune up to 3V/m in the frequency range from 80 MHz to 2.0 GHz and up to 1V/m in the frequency range from 2.0 to 2.3 GHz. Depending on the strength and duration of the interference, the interruption may occur for an extended period. A loss of connection, due to moving out-of-range, interference, or for other reasons, is indicated with a **Tele Disconnected** INOP.

Correct channel configuration is important, refer to the Configuration Guide for details.

If a **Tele Disconnected** INOP occurs when the telemetry device goes out-of-range, the INOP will disappear (without being silenced) as soon as the ECG signal from the telemetry device is available at the Information Center via standard telemetry transmission.

SpO₂T Manual Mode

When a telemetry device with a short range radio connection supplies SpO₂T to the monitor, the monitor will have a manual measurement mode available. This allows SpO₂ measurements to be made on request and not continuously, helping to save battery power. To ensure there is no gap in SpO₂ measurements when moving from standard telemetry transmission to short range radio transmission, the measurement mode will always be set to continuous in this situation unless manual mode is set in both the telemetry device and the monitor.

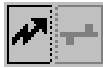
Unpairing the Monitor and Telemetry Device

If the patient will no longer be monitored with the telemetry device, or only with the telemetry device and no longer with the monitor, you need to end the device pairing. After unpairing, the Information Center will receive data exclusively from the monitor or from the telemetry device:

- select the **Unpair To Mon.** SmartKey to end pairing and have the Information Center receive the measurement data from the monitor



- select the **Unpair To Tele** SmartKey to end pairing and have the Information Center receive the measurement data from the telemetry device



or

use the Unpair function at the Information Center.

NOTE

The SmartKeys and pop-up keys for unpairing appear only on the monitor which is directly involved in pairing.

Temporarily Stopping the Short Range Radio Connection

To temporarily disable the SRR connection for this device, for example, in case of interference:

- Open the **Equipment** window - either directly in **Main Setup** or by selecting the bed label in the information line.
- Select the telemetry device.
- Select **Disable SRR** in the menu displayed.

This closes the SRR connection and the telemetry device switches over to standard telemetry transmission.

To return to SRR use:

- Select **Enable SRR** and press the check button on the telemetry transceiver.

Setting Up Measurements

The **Setup ECG** and **Setup SpO₂T** pop-up keys give you access to the measurement setup menus. The **Measmt. Select.** pop-up key takes you directly to the **Measurement Selection** window where all connected measurement devices are shown.

Enhancing Telemetry Monitoring with the Monitor

You can use an MP5T, MP5SC, or MP5 monitor without a connection to an Information Center to view measurement data from a telemetry transceiver at the bedside. You can also use MP5T or MP5 to make additional measurements and send this measurement data to the Information Center via the telemetry transceiver. The monitor can so be used as a mobile viewer and measurement device, and is set up to simplify the assign/unassign procedures when used with short range radio.

Monitor and Telemetry Transceiver Requirements

The monitor and the telemetry transceiver need a direct connection, either with a cable or with a short

range radio link. Monitors which can be used for cable connection have a socket labeled . Not all revisions of the telemetry transceiver can be used directly with the monitor, a message **Sending patient data to Telemetry Device...** will appear after connection when the telemetry device supports this function.

Data Sent to the Information Center

The data sent to the Information Center includes numerics from NBP, SpO₂, Pulse from SpO₂ and predictive temperature. INOPs from these measurements, battery INOPs and a general INOP generated by alarms from any other measurement (**More Bed Alarms**) will also be transmitted.

NOTE

The monitor must be configured appropriately to support direct connection to a telemetry transceiver; refer to the Configuration Guide for details.

Changing Assignment to a New Telemetry Transceiver

- 1 Connect the telemetry transceiver to the monitor (if a cable connection is used), **or** Assign the telemetry transceiver to the monitor; see “Assigning a Telemetry Transceiver with an SRR Adapter to a Monitor” on page 101.
- 2 Make the required measurements; the data will be automatically sent to the Information Center via the telemetry transceiver.

- 3 Disconnect the telemetry transceiver from the monitor (if a cable connection is used).

When a short range radio connection is used, it is not necessary to unassign the telemetry transceiver. This will happen automatically when the next telemetry transceiver is assigned. The patient is also discharged (if configured), ensuring that the measurement data is erased before data from the next patient appears. Always assign the telemetry transceiver before you start making measurements.

NOTE

When a direct connection is used: your monitor may be configured to automatically discharge the patient **either** when the telemetry transceiver is disconnected **or** when another telemetry transceiver is connected. Be aware that in the second case you must always connect the new telemetry transceiver before you start making measurements, otherwise the measured data will be erased by the discharge when you connect the new telemetry transceiver.

SpotCheck and Guardian Early Warning Scoring

Using an MP5SC, or an MP5 monitor with the appropriate option, you can collect vital signs at intervals. Each set of vital signs is saved as a SpotCheck record in the SpotCheck database and can be viewed in a SpotCheck trend. With its multi-patient database, the MP5SC can collect vital signs from multiple patients.

In addition, you can use Guardian Early Warning Scoring (EWS) to calculate a score based on the vital signs.

The goal of an early warning score is to help you recognize the early signs of deterioration in patients. Depending on the score calculated, recommended responses are displayed. There are no dedicated alarms associated with an early warning score (EWS).

WARNING

When using Guardian Early Warning Scoring, request a printout of the EWS scoring table and the recommended response lists from your configuration expert. Use them to verify that the configuration of the scoring functionality matches your hospital's requirements.

MP5 only The IntelliVue Information Center can pass the entered data and the early warning scores on to other connected systems. The presentation and handling of the information at the IntelliVue Information Center depends on its software version and configuration. Refer to your PIIC iX Instructions for Use for details.

Understanding Guardian Early Warning Scoring

An early warning score is an assessment aid used to help recognize the early signs of deterioration in medical patients and trigger an appropriate response. When the score reaches a predefined threshold, this triggers the recommendation of responses ranging from making more frequent assessments to calling a rapid response team. There are various types of scoring systems in use in healthcare institutions. A basic scoring system will often have variations that have been modified to reflect the needs of specific patient groups.

There are two basic types of scoring:

Single parameter scoring (e.g. SPS) - A score is given for each of the vitals or clinical observations based on the value measured or entered. Depending on the risk level associated with the score, a response may be recommended. If several parameters have scores requiring a response, all the responses will be listed.

Multiparameter scoring (e.g. MEWS, PEWS) - A subscore is given for each of the vitals or clinical observations based on the value measured or entered. When all the required vital signs and clinical observations have been entered or measured, the subscores are added together to give the total score. This type of scoring system is called an aggregated scoring system. Sometimes the parameters are grouped together (e.g. Respiratory, Cardiovascular) and the maximum subscore from the group contributes to the total score. Each subscore can have a color coding, to indicate the level of risk associated with it. The total score can also have color coding and a risk level, that determines the response that is recommended.

EWS on the Monitor

For early warning scoring on the monitor, a very flexible configuration program can be used to recreate electronically an existing paper-based assessment method. When your system was set up, one or more scoring protocols were configured. For each of these protocols many configuration decisions were made, including:

- Which vital signs, clinical observations, lab data and demographic data (age, weight, etc.) are needed for scoring
- Which responses are recommended for specific scores or risk bands
- How the data is displayed in the entry window
- How scores are displayed on the monitor
- How long measured or entered data remains valid
- How subscores are combined in multi-parameter scoring models

Due to this flexibility it is not possible to show a system here that corresponds exactly to the one you are using. Where necessary, typical examples are used when showing how to interact with the system.

SpotCheck Records Without Scoring

You can also collect vital signs and generate SpotCheck records without using any form of early warning scoring. To do this, switch to the **SpotCheck** profile:

- 1 Select the **Profiles** SmartKey.
- 2 Select the **SpotCheck** profile.
- 3 Select **Confirm**.

Selecting a Patient

MP5SC only When you go to a patient for the first time to collect vital signs, you need to identify them in the monitor. You have two options:

With a barcode scanner

- You can use a barcode scanner to open the Quick Admit window automatically and enter the scanned data.

The data you enter with a barcode scanner will also be automatically used for a search in the patient list on the monitor. For later data collection rounds, this can be a quick way of finding the patient in the patient list on the monitor. If the patient is found, the complete set of data will be displayed. You can then verify the data and, if it is the correct patient, select **Confirm** to enter the data in the monitor. If more than one patient matches the Quick Admit data, you will be asked to select the correct one from a list.

Manually

- You can manually enter the data after selecting **New Patient** or **Quick Admit**. For later data collection rounds, you can select the patient manually from the patient list on the monitor.

When a Patient is Selected

When the patient data are available at the monitor and you have confirmed them, you are ready to collect vital signs.

The SpotCheck record for the previous patient is automatically closed and, if so configured, stored in the SpotCheck database.

If you used quick admit and have entered only one or two required ID items, complete the rest of the patient demographic details later for a complete patient record.

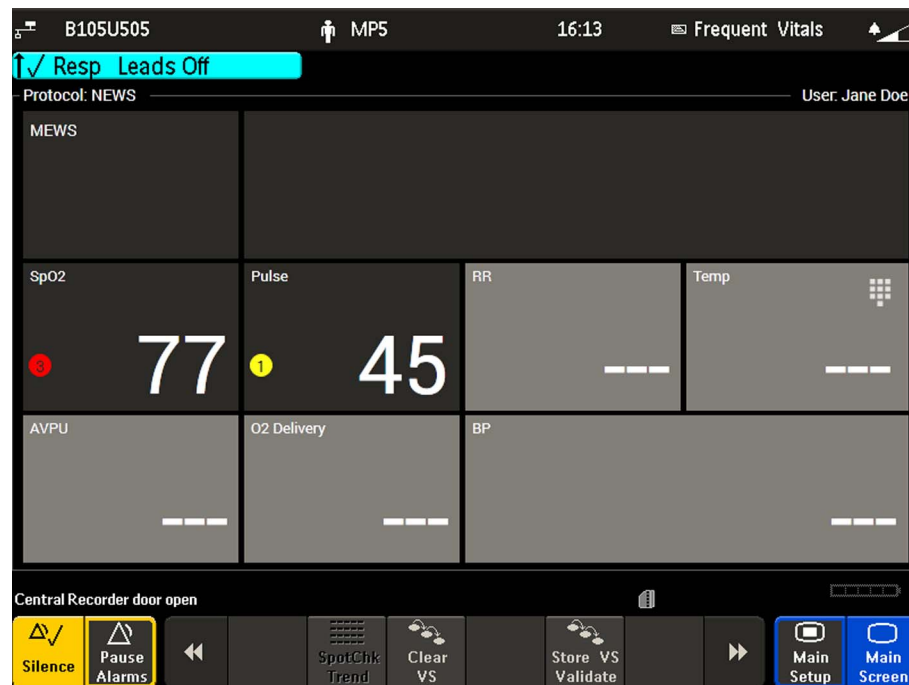
Collecting Vital Signs

- 1 To run SpotCheck/EWS you need a Screen with an embedded EWS window. If you need to switch Screens:
 - a. Select the current Screen name in the monitor info line.
 - b. Select **Change Screen** in the menu.
 - c. Select your EWS Screen from the list.
 Or select the **EWS/SpotChk** SmartKey, if configured.
- 2 If you are using the monitor with multiple patients (MP5SC only), select the patient as described in “Selecting a Patient” on page 242.
- 3 Check that the correct scoring protocol for this patient is shown at the top left of the EWS window. If not, change the protocol:
 - a. Select the protocol name on the screen.
 - b. Select the correct scoring protocol from the list.
- 4 Start collecting vital signs and entering observations. If the patient is continuously monitored, any relevant vitals currently being measured will appear automatically in the EWS window. Similarly any required lab data or demographic data that is available on the monitor will be entered automatically.

Other vitals may be measured on request by the monitor, or may need to be entered manually. All boxes with a light gray background require action from you:

- All vital signs or clinical observations **without** a keypad symbol  have only one way to enter data. Select the box to either start a measurement or open an entry window. If an entry window opens, select an observation from the list or enter the required data with the keypad and select **Enter**.
- Any vital signs **with** a keypad symbol  have two alternative ways to enter data. Select the box itself to start a measurement or select the keypad symbol to enter data manually.

All data boxes with a light gray background are **required**; they must all be filled for a complete SpotCheck record. All other data boxes are for optional data. When you have entered or measured data, the light gray background changes to dark gray.



- One complete set of vitals and observations, together with the calculated score(s), is referred to as a SpotCheck record. Once all the required vitals and observations have been entered or measured, the SpotCheck record will be automatically stored after the configured procedure time (unless configured not to save). Until the end of the procedure time, the background of the window is light gray, to indicate that the data has not yet been stored.
If you want to store values manually before the end of the procedure time, you can select **Store VS**, to store the values. On the MP5SC you can also select **Store VS New Pat** to store the values and close data collection for the current patient. The **Store VS** key can also be used to store an incomplete set of vitals at any time.
Depending on your configuration, the EWS trend data may be automatically displayed after a record has been stored.
If you want to break off the Early Warning Scoring procedure without storing the SpotCheck record, use the **Clear VS** key.
- If you want to leave the EWS procedure and return to your standard monitoring Screen, select the appropriate Screen from the Screen list, or select the **Previous Screen** SmartKey (if configured).

WARNING

Alarms: There will be no alarm indications for measurements in the EWS window.

Values: The values shown in the EWS window do not have the same annotation as the measurement values on other monitor screens. There is no special indication when a value has been manually entered and no timestamp showing when the value was measured/entered. Be aware that values will remain visible until the procedure time is at an end, even when the measurement itself is no longer providing current values.

Escalating Monitoring

If the patient's condition is deteriorating or a closer observation is indicated in a particular situation, it may make sense to check vital signs more frequently or switch to continuous monitoring including ECG. Special profiles are included in the monitor so that you can change the monitor settings appropriately by switching to a dedicated profile.

An MP5 monitor with the Guardian Early Warning Score option will have the appropriate profiles included.

When Frequent Vital Signs are Needed

If some vital signs need to be checked more frequently, for example, when the patient's condition is giving cause for concern or post-operatively, the monitor can be left with the patient and switched to a special profile. The **Frequent Vitals** profile provides:

- blood pressure measurements in automatic mode at 15 minute intervals
- continuous SpO₂ measurements
- the **Frequent Vitals** Screen with a tabular Vital Signs trend in the lower half of the Screen
- patient alarms with audible and visual indications
- the possibility to display one realtime wave, for example a Pleth wave.

To switch to the **Frequent Vitals** profile,

- 1 Select the **Profiles** SmartKey.
- 2 Select the **Frequent Vitals** profile.
- 3 Select **Confirm**.

Escalation When Scoring Indicates Deterioration

When the score indicates a potentially dangerous deterioration in the patient's condition, the recommended action may include calling a rapid response team (RRT) or similar.

To allow the monitor to be used for continuous monitoring of the patient's condition in this situation, you can switch to a continuous monitoring profile including ECG.

To switch profiles:

- 1 Select the **Profiles** SmartKey.
- 2 Select the **RRT** or **Resus** profile.
- 3 Select **Confirm**.

The **RRT** and **Resus** profiles provide:

- blood pressure measurements in automatic mode at 5 minute intervals
- patient alarms with audible and visual indications
- display of up to 3 realtime waves for continuous monitoring (for example ECG and Pleth waves)

Triggering Scoring Automatically

During continuous monitoring, early warning score data can be generated automatically, triggered by one or more of the following:

- a specific intermittent measurement (SpO₂, NBP, or cmRR)
- a patient alarm
- a schedule

Profiles designed for continuous monitoring (**Frequent Vitals**, **RRT** and **Resus**) have this automatic generation of SpotCheck records configured on.

During a one-minute interval after the trigger, the monitor collects all available measurements that are required for the current protocol. Depending on the protocol in use, the measurements and observations are assigned a score or a subscore and the record is saved.

Note that observations and measurements from a previous manual procedure may also be included. This is the case if they are still valid according to the configured measurement lifetime.

Setting Up Automatic Scoring

To set up automatically triggered scoring, select **Main Setup**, then **SpotCheck**, followed by **Automatic VS**.

- 1 Select **Interval** to enable the scheduled generation of scoring data.
- 2 Select **Interval time** to specify the interval for the schedule trigger.
- 3 Select **Patient Alarm** to enable triggering on patient alarms.
- 4 Select **SpO₂** to enable triggering on an SpO₂ measurement (using the CL SpO₂ Pod).
- 5 Select **NBP** to enable triggering on an NBP measurement.
- 6 Select **cmRR** to enable triggering on a cmRR measurement.

Viewing SpotCheck/EWS Trend Data

Each set of vital signs is saved as a SpotCheck record in the SpotCheck database and can be viewed in a SpotCheck trend. The database for the SpotCheck trend is separate from the one for the standard monitor trends.

There are four trend views:

- **Current Patient** view - shows a list of all SpotCheck records for the current patient.
- **All Patients** view - shows the most recent SpotCheck record for each patient.
- **All Records** view - shows all stored records for all patients, in the order they were stored during rounds.
- **Show History** - shows a list of all SpotCheck records for the patient currently selected in the **All Patients** or **All Records** view.

All except **Current Patient** view are only for monitors with multiple patients (MP5SC). To change to another view, select the **Change View** pop-up key. You can then select one of the available views.

Depending on your configuration, the EWS trend data may be automatically displayed after a record has been stored.

To view trend data, select the **SpotChk Trend** SmartKey. A tabular trend will be shown, with all measured and entered data and any calculated scores and subscores. The data columns are arranged according to the level of importance. You can use the up arrow and down arrow keys to scroll through the list of SpotCheck records.

Date	Time	EWS	HR/Pls	SpO ₂	BP	Temp	» 1
-	-	✓	60	95	-/- (-)	-	
9 Dec	16:34	10	60	95	222/111 (148)	41.0	
9 Dec	16:33	◇	60	95	-/- (-)	-	
9 Dec	16:33	5	60	95	165/110 (128)	38.3	
9 Dec	16:32	7	60	95	155/99 (118)	38.3	

- 1 This symbol indicates that more information is available than can be shown on the Screen. Use the paging keys << and >> to page back and forwards in the available data.

Viewing Data for the Current Patient

Depending on your configuration, the EWS trend data may be automatically displayed after a record has been stored. Which view is automatically shown can also be configured.

Otherwise, to view data for the current patient, select the **SpotChk Trend** SmartKey. A tabular trend will be shown, with all measured and entered data and any calculated scores and subscores. The data columns are arranged according to the level of importance. You can use the up arrow and down arrow keys to scroll through the list of SpotCheck records.

Date	Time	EWS	HR/Pls	SpO ₂	BP	Temp	» 1
-	-	✓	60	95	-/- (-)	-	
9 Dec	16:34	10	60	95	222/111 (148)	41.0	
9 Dec	16:33	◇	60	95	-/- (-)	-	
9 Dec	16:33	5	60	95	165/110 (128)	38.3	
9 Dec	16:32	7	60	95	155/99 (118)	38.3	

- 1 This symbol indicates that more information is available than can be shown on the Screen. Use the paging keys << and >> to page back and forwards in the available data.

Symbols Used in the Trend Views

The following symbols can appear in the trend views:

Symbol	Indicates
	SPS SpotCheck record - color depends on the risk level
	EWS score - color depends on the risk level
	EWS subscore - color depends on the risk level
	Manual SpotCheck record
	Automatic SpotCheck record
	Record triggered by a patient alarm
	Concern

Making Recordings

The trend data can be sent to a recorder using the recording pop-up keys.

	In single patient views	In multiple patient views
Record Selected	Makes a recording for the selected SpotCheck record.	Makes a recording for the selected SpotCheck record.
Record 8 h	Makes a recording of the last 8 hours of data for this patient.	Makes a recording of the most recent SpotCheck record for all patients within the last 8 hours.
Record All	Makes a recording of all available SpotCheck records for this patient.	Makes a recording of the most recent SpotCheck record for all patients.

At the beginning of the recording, the title, the type of recording and the time will be printed. If available, the patient's name, date of birth, ID and the type of scoring (protocol name) currently active will also be printed. The data from the SpotCheck record is printed in columns.

As the SpotCheck trends are in a separate database, you can only print data via the recording keys described above and not via the standard monitor trend or patient report functions.

Using Different Types of Scoring

If your department has more than one type of scoring configured, for example one type for patients receiving oxygen and one for patients not, you can switch from one type to another.

To switch to a different scoring protocol, depending on which screen is currently displayed, either:

- 1 Select the  symbol.
- 2 Select **Protocol**.
- 3 Select the required protocol from the list.

or

- 1 Select **Main Setup**.
- 2 Select **ProtocolWatch**.
- 3 Select **Protocol**.
- 4 Select the required protocol from the list.

Using EWS During Unattended Monitoring

When a patient is being continuously monitored with the MP5, SpotCheck records can be generated automatically, triggered by a specific intermittent measurement (SpO₂ or NBP), a patient alarm, or following a schedule.

Profiles designed for continuous monitoring (**Frequent Vitals**, **RRT** and **Resus**) have this automatic generation of SpotCheck records configured on.

Trends

Trends are patient data collected over time and displayed in graphic, tabular or histogram form to give you a picture of how your patient's condition is developing. Trend information is stored in the trends database for continuously-monitored measurements, such as ECG, as well as for aperiodically-measured parameters, such as noninvasive blood pressure.

Viewing Trends

Trend information can be viewed embedded as a screen element on specially-designed Screens, or you can open a trend window over the current Screen.

- To view trends embedded as a screen element, enter the **Change Screen** window, then select a Screen designed to show an embedded trend window.
- To open the tabular trends window over the current Screen, select **Main Setup, Trends**, then **Vitals**

Trend, or select the **Vitals Trend** SmartKey .

- To open the graphic trends window over the current Screen, select the **Graph Trend** SmartKey



The trend windows open displaying the most recent data and are updated as new data is stored. A timescale along the bottom or the top of the screen shows you where you are in the trends database. The preview column on the right-hand side shows the latest available measurement value. The preview column is updated every five minutes or whenever an NBP or other aperiodic measurement is completed.

A question mark (?) beside a value means that the data may not be reliable, due perhaps to an INOP condition in the measurement.

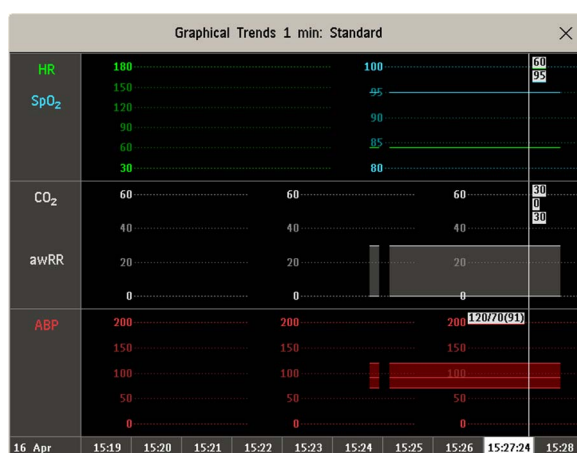
Your monitor screen may look slightly different to the examples shown in this chapter.

Trends Pop-Up Keys

When you open the graphic, tabular or histogram trends window, a selection of pop-up keys appears to let you navigate through the stored trend data and carry out trends-related tasks.

Pop-Up Keys	Selecting this pop-up key lets you....
Select Group	see a pop-up list of trend groups and select a group for viewing.
Select Interval	see a pop-up list of available data resolution settings and select the level of detail shown in the trend view.
Print/ Record	print a tabular trends report or make a tabular trend recording of the data in the current window. The report will use the current trend interval settings.
Print	print a graphic trends report or histogram report of the data in the current window. The report will use the current trend interval settings.
	move the cursor one step to the left or right to navigate through the trends database timeline.
	move the cursor one page to the left or right to navigate through the trends database timeline.
	jump to the beginning or the end of the trends database to see the most recent or oldest trend information stored.
	scroll up and down the screen to see measurement trends that do not fit in the current view.
Vital Signs	open the current trend view in tabular form. The displayed time period and resolution stay the same.
Graph Trend	open the current trend view in graphic form. The displayed time period and resolution stay the same.
Data Source	select a realtime SpO ₂ or realtime system pulse or trended data for display in the histogram.
Period	select a time period for the histogram.
Select Range	define the range of values to be displayed in the histogram by selecting an upper and a lower limit.
Column	select a column width for the histogram. For each width selection the resulting number of columns is shown.
Curve On/Off	switch the display of the cumulative value columns in the histogram on or off.
Adjust Cursor	open a new set of pop-up keys for switching on cursors and setting their positions.

Viewing Graphic Trends



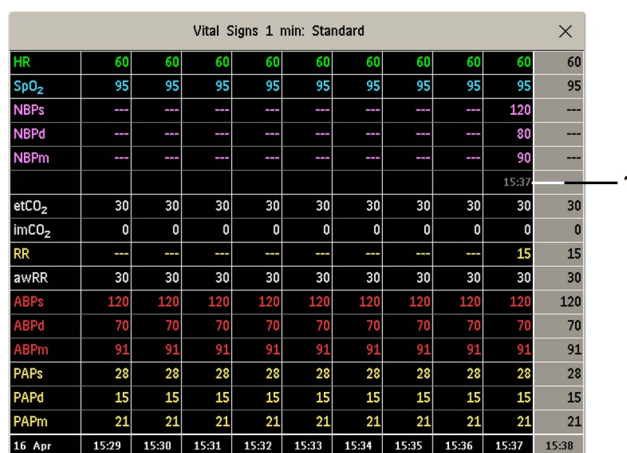
A cursor spanning all measurements in the trend group helps you to navigate through the trends database and shows you your current position in the database. When the cursor is moved across the time line, the values measured at the cursor time are shown in the right hand column.

In graphical trends, aperiodic measurement trends are shown as an asterisk, NBP has a special symbol.

To use the trend cursor to navigate in time through the trends database,

- 1 Select the graphical trend or the arrow pop-up keys to activate the cursor.
- 2 Use the arrow pop-up keys to move the trend cursor backwards and forwards in time, or
- 3 Place the cursor at a specific time by touching the graph.

Viewing Vital Signs Trends



- 1 Aperiodic values are shown with a timestamp

The currently-selected column is highlighted. The values can be configured to display in the same colors as the waves and numerics on the realtime display.

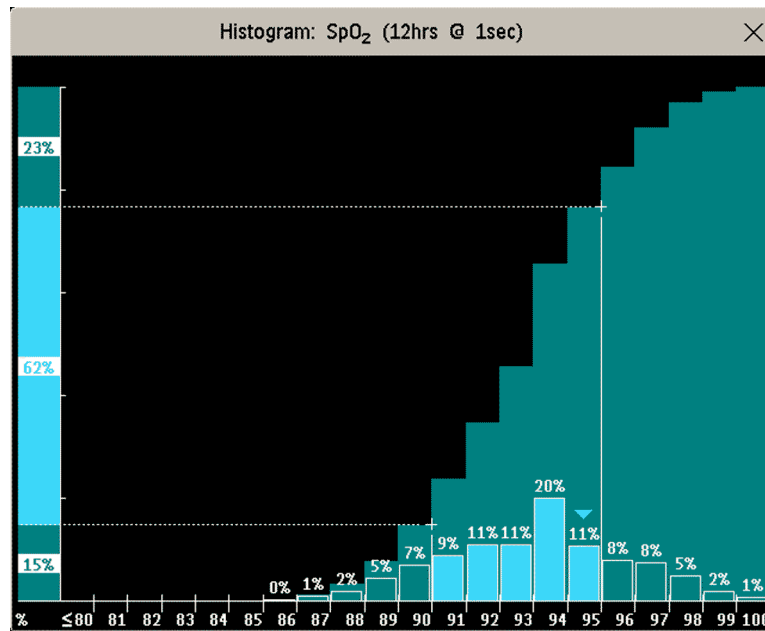
Any values available for display before the next scheduled update are shown in the right hand column, with a timestamp in brackets.

If more than one value is available for an aperiodic trend for a certain trend period, all measured values are stored in the database and the value closest to the timestamp is shown in the Vital Signs display marked with an arrow.

To view the Vital Signs trend with one column for each NBP measurement (see “Defining the Column Interval Using the NBP Measurement” on page 256):

- 1 With the Vital Signs trend open, select **Interval**.
- 2 Select **NBP** from the pop-up list.

Viewing Histogram Trends



The title line of the window shows the label of the trended measurement and the resolution of the data; in the SpO₂ histogram above, 1 second realtime samples.

The horizontal axis shows the range and unit of the displayed measurement. The vertical axis shows the percentage of time.

The columns in the foreground show how much of the time the measured values fell into this range on the scale. For example, in the histogram above, the SpO₂ value was between 93 and 94% during 20% of the last 12 hours. The display of the percentage value above each column, can be switched on or off by selecting the histogram. The arrow mark over a column shows that the currently measured value is also in this range. The columns are displayed in the same color as the measurement data.

The columns in the background show the cumulative percentage value: each of the foreground columns is added to the sum of those columns to the left of it. The cumulative columns can be switched off using the **Curve On/Off** pop-up key.

A question mark is displayed if less than two-thirds of the data are valid samples.

The pop-up keys in the window can be used to change the measurement, the time period and the range. You can also print out a histogram report.

The SpO₂ and System Pulse histograms can use trended data or realtime data with 1 second samples.

Using Cursors

You can set two cursors that span a "corridor", for example to divide a histogram into in-range and out-of-range areas. Or you can set both cursors to the same value and use them as one cursor to divide the histogram into an upper and a lower segment. The cursors are represented by a vertical line from

the x-axis and a dotted horizontal line from the y-axis. When two cursors are used, they can be locked using **Lock/ Unlock**, so that the distance between them is fixed. Moving a cursor will then move both together. Select **Lock/ Unlock** again to separate the cursors and move them independently again.

A summary column on the y-axis shows the lower, middle and upper ranges as determined by the cursor positions. When only one cursor is used there will be a lower and an upper range. Color shading is used to differentiate the ranges in the cumulative column and to highlight the columns between the cursors.

Setting Up Trends

Trends are set up in Configuration Mode. You can make temporary changes to trends settings such as trend groups, priorities, or scales in Monitoring Mode. The general settings for all Trends are under **Main Setup, Trends**.

Settings for a single segment in graphical trends or for the corresponding trend group can be made more easily in that segment menu.

Trend Groups

The measurements grouped in trend groups define the trends displayed together in the **Vital Signs** or **Graphical Trends** windows and printed in trends reports and recordings. The sequence of the measurements in the group defines the order in which they are displayed. Measurements listed between dotted line separators are displayed overlapping. The trend group **All** contains all available measurements, you cannot change the order or selection of this group.

To change the selection of measurements in a trend group, either use the **Change Group** setting in the **Segment** menu or:

- 1 Select **Main Setup, Trends**, then **Trend Groups**.
- 2 Select the Trend Group you want to change and use the pop-up keys to **Add**, **Change**, or **Delete** the selection of measurements trended.

To temporarily change the order in which the measurements are displayed in a group,

- 1 Select **Main Setup, Trends**, then **Trend Groups**.
- 2 Select the Trend Group and then the measurement you want to move and use the **Sort Up/Sort Down** pop-up keys.

Making Segment Settings

The **Graphical Trends** window is divided into measurement segments, each of which has its own settings.

To enter the segment menu,

- select the left hand column of the segment, where the measurement label is displayed.

Expanded View

To expand the segment to fill the **Graphical Trends** window,

- in the **Segment** menu, select **Expand** to have that segment enlarged to fill the window.

In the expanded view, you can also highlight a measurement to make it more easily visible (for example when multiple ST trends are in one segment). To highlight a measurement,

- in the **Segment** menu, select **Highlight** repeatedly until the highlight is on the required measurement.

To return the segment to its original size,

- in the **Segment** menu, select **Expand** again.

Trend Scales for Segment Measurements

To change the trend scales for a measurement in the current segment:

- 1 In the **Segment** menu, select the measurement label.
- 2 Select **Upper** to change the upper limit of the scale or **Lower** to change the lower limit of the scale.

Optimum Scale

To have the monitor automatically select an optimum scale for viewing, based on current values,

- in the **Segment** menu, select **Optimum Scale**.

This scale change is temporary. When the graphical trend window is closed the scale reverts back to the setting in **Parameter Scales**.

To switch off automatic optimum scaling,

- in the **Segment** menu, select **Optimum Scale** again.

Trend Group

To add or remove measurements for this trend group or change the order of the existing measurements:

- 1 In the **Segment** menu, select **Change Group**.
- 2 Use the **Add**, **Change**, **Sort Up** and **Sort Down** pop-up keys to change or re-order the group as required.

Number of Segments

In an embedded graphical trend window, you can select the number of segments to be displayed in the **Segment** menu:

- In the **Segment** menu, select **No. of Segments**.

Trend Interval

The trend interval defines the resolution of trend data shown on the Screen. High-resolution data is especially suited for neonatal applications, where the clinical situation may change very quickly. In adult monitoring, where the patient's status typically changes more gradually, a longer trend may be more informative.

To set the trend resolution, in the **Vital Signs** or **Graphical Trends** window,

- Select the **Select Interval** pop-up key and then select the required interval from the list.

Trend Priority

The monitor stores trend information for all monitored measurements, if configured to do so. If your configuration restricts the number of measurements trended, you must choose which measurements will be included. A priority list is used to select the trended measurements.

To see the measurement priority list for trending,

- 1 In the **Main Setup** menu, select **Trends**.
- 2 Select **Trend Priority**.

To add measurements to the priority list,

- 1 Select the pop-up key **Add** and choose from the pop-up list of available measurements.
- 2 Use the **Sort Up** and **Sort Down** pop-up keys to change the priority order.

Trend Parameter Scales

Parameter scales define how the trend waveform will appear on the screen and in trend reports. Separate scales can be set for adult, pediatric, and neonatal patient trends.

To change the trend parameter scales settings, either use the **Scale** setting in the **Segment** menu or:

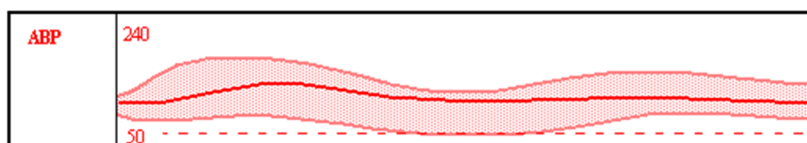
- 1 In the **Main Setup** menu, select **Trends**.
- 2 Select **Parameter Scales**.
- 3 Select the measurement or parameter you want to change from the list.
- 4 Select the pop-up key **Change** to call up the **Scale** menu.
- 5 In the **Scale** menu, select the parameter label you want to define settings for. Select **Adult**, **Pedi**, and **Neo** and use the pop-up keypad to enter new upper and lower scale definitions.

Graphical Trend Presentation

Graphical trends and screen trends for measurements with compound values (for example ABP or CO₂) can be viewed in line or band form.

To change the presentation style,

- 1 Select **Main Setup** then select **Trends**.
- 2 Select **Global Style** and choose
 - **Line** to display the trends as a continuous line
 - **Band** to fill the area between the trend lines, for example, between the systolic and diastolic pressures, with color.



This sample ABP trend shows the continuously-measured values for the systolic, diastolic and mean pressures displayed in band form.

Defining the Column Interval Using the NBP Measurement

You can have the NBP measurement determine the interval between the columns on the Vital Signs trend. Each NBP measurement will generate a column in the trend table. The values for the other measurements are added to the column to provide a complete vital signs set for the NBP measurement time.

To use the NBP measurement to determine the column interval:

- 1 Select **Main Setup** then **Trends**.
- 2 In the **Trends** menu, select **Setup VitalSigns**.
- 3 In the **Vital Signs** menu, select **Column** and then **NBP** from the pop-up menu.

Making Settings for Histograms

To make settings for histograms, first display the **Trends** window by selecting **Main Setup** then **Trends**.

Setting the Default Measurement

To set the default for the measurement data to be used in the histogram, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Data Source**.
- 3 Select either
 - **Realtime Data**, and then a realtime SpO₂ or Pulse, or
 - **Trended Data** and then select the required measurement from the trended data list.

Setting the Default Period

To set the default period for the histogram, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Select Period** and select the required time period from the list.

Setting the Unit for the Data Source

To set the unit for the selected measurement data source, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Unit** and select a unit from the list.

Switching Cumulative Value Columns On and Off

To switch the display of the cumulative value columns on or off, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Curve On/Off**.

Setting the Range for the Measurement

To set the range to be displayed on the x-axis, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Range**, then enter a value for the lower end of the range and the upper end of the range.

Displaying Percentages on Columns

To switch the display of the percentage values above the columns on or off, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Column Value**.

Switching the Cursor On and Off

To switch the cursor and the summary column on or off, in the **Trends** window,

- 1 Select **Setup Histogram**.
- 2 Select **Cursor**.

Setting Initial Cursor Positions

To set the positions of the cursors, in the **Trends** window,

- 1 Select **Setup Histogram**
- 2 Select **Cursor Range** then enter a value for the upper and lower cursors. If both have the same value only one cursor will be shown.

When viewing a histogram, the data source, the period, the range, the column width, the display of the cumulative value columns and the cursor positions can be changed using the pop-up keys.

Documenting Trends

To print a Vital Signs or Graphical Trends report,

- in the **Vital Signs** or **Graphical Trends** window, select the pop-up key **Print** to print a report for the trend group currently on the monitor screen.

Reports include the most recent information in the trends database and extend backwards in time according to the selected trend interval and your monitor's configuration. Trends reports can be printed on central or local printers.

To make a Vital Signs recording,

- in the **Vital Signs** window, select the **Print/ Record** pop-up key, then select the **Record Vitals** pop-up key.

Vital Signs recordings print the trend data for the current group and trend period shown in the **Vital Signs** window.

Trends Databases

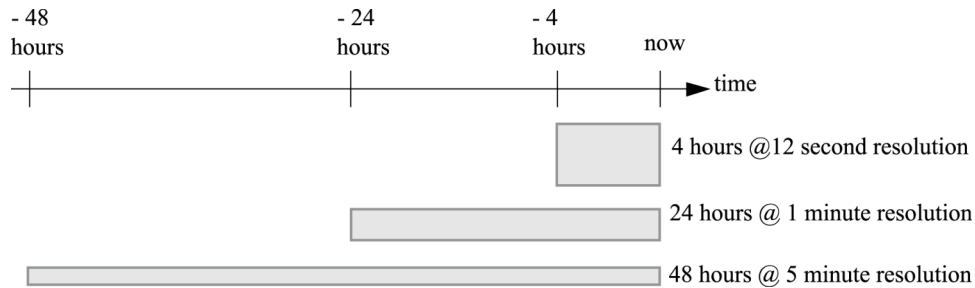
The trend databases store information for up to 16 measurements for up to 48 hours.

The values in the trends database are stored as measured by the monitor, they are not averaged values. The trend resolution defines how often a value is stored. In general, if more than one value is available for storage in the trends database, the most recent value is used. Some values in the trends are marked with arrows. This indicates that for this time period, more values were available and the most recent one is shown.

Example database configuration

In this example, we see that the monitor stores the most recent data at the highest resolution, older data are stored at a lower resolution.

"4 hours @ 12 second resolution" means that the monitor stores trend data every 12 seconds, for the most recent four hours.



Aperiodic Trends Database

Aperiodic trends do not count toward the maximum number of trends allowed by the trend configuration. Trend data for aperiodic measurements is stored in a separate database and timestamped with the measurement time.

Trending Multiple-Value Measurements

Some measurements generate multiple values, for example invasive pressure measurements can provide systolic, diastolic, and mean values. These values are trended as separate measurements.

Screen Trends

Trends configured to display permanently on special monitor Screens are called Screen Trends. The selection and number of measurement waves in the Screen Trend segment depends on your monitor configuration. Screen Trends are color-coded to match the measurement wave and numerics, and they can be viewed in graphical, tabular, histogram or horizon format.

If you do not see Screen Trends on the monitor Screen, select a different Screen, one that is configured to show Screen Trends. Screen Trends are only available on specially designed Screens.

Screen Trend information is taken from the Trends database. If you do not see a Screen Trend for a particular measurement on the Screen, check the trend priority list to ensure that this measurement is being trended.

Setting the Screen Trend Time

To set the **ScreenTrend Time** for all graphical, histogram and horizon screen trends ("global" trend time),

- 1 Select a screen trend then select **Setup Trend**, or select **Main Setup** then select **Trends**.
- 2 Select **ScreenTrend Time** and select the required time: 30 minutes, one, two, four, eight, or twelve hours.

This is now the Global screen trend time and defines the period of trend information shown for all screen trends.

To set a different **ScreenTrend Time** for a screen trend or a group of aligned screen trends,

- 1 Select a screen trend.
- 2 Select **Change TrendTime**.
- 3 Select the required trend time.

Selecting **Global** leaves the trend time set to the global screen trend time.

Changing the Selection of Screen Trends Displayed

- 1 Select the screen trend.
 - 2 Select **Change Trend** and select the required trend from the list of available trends.
Select **Blank** to remove the selected trend from the Screen.
If you do not see **Change Trend** in the screen trend menu, the trend is aligned to display with the measurement wave. Changing the wave automatically changes the trend.
- To display two or more screen trends overlapping,
- 1 Select the screen trend to open the screen trend menu,
 - 2 Select **Change Trend** followed by **Add Trend** and select a screen trend from the pop-up list.

Activating the Cursor for Screen Trends

To activate the cursor for Screen Trends:

- 1 Select the screen trend.
- 2 Select **Activate Cursor**.

You can now use the arrow keys to move the cursor across the time line. The values measured at the cursor time are shown next to the cursor.

To de-activate the cursor,

- Select **Main Screen**.

Changing the Screen Trend View

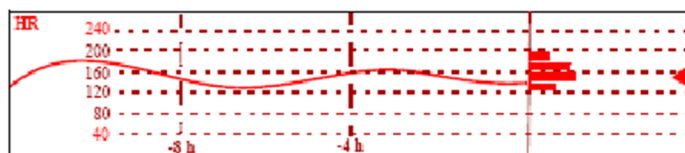
To switch between tabular, graphic, histogram and horizon views, select the screen trend then select **Change View** and select the required view.

Tabular View

Aperiodic measurements such as NBP, can be viewed as a screen trend in tabular form. The measured values and their timestamps are shown, with the measurement label.

The trend time for tabular screen trends depends on the space available on the Screen. Up to 30 measurements or 12 hours information can be shown.

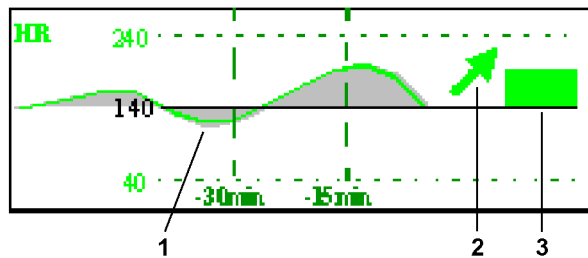
Histogram View



The histogram view presents a combination of graphical trend and histogram. The histogram is on the right hand side in a horizontal presentation with vertical gridlines representing 25%, 50%, 75% and 100%. Each column shows the percentage of time that the measurement values were in a specific range. This range is represented by the column's position in the graphical trend gridlines. The arrow mark next to a column shows that the currently measured value is in the range covered by that column.

If less than two-thirds of the samples are valid, a question mark will be displayed with the histogram, except when the histogram consists of intermittently measured data.

Horizon View



The horizon view presents trend information superimposed over a defined baseline or base range. This helps you visualize changes in your patient's condition since the baseline was set.

The horizon view is made up of:

- a horizon, drawn in white, as a reference point or baseline to help you visualize changes in your patient's condition. The horizon can be set to represent your patient's current condition, or a target condition and can be a single value or a range.
- a graphical trend, displaying patient data for the set TrendTime (1).
- a trend indicator arrow, indicating how the patient trend has developed in the set time period (10 minutes, 5 minutes or 2 minutes) (2).
- a deviation bar, showing how the currently measured value deviates from the set horizon (3). The height of the deviation bar is an indication of the extent of the change in your patient's condition relative to the (horizon) baseline.

Your monitor may not be configured to show all elements of the screen trend horizon view.

Setting the Horizon

The horizon is the reference value to which deviations in the measurements are compared.

To set the horizon:

- 1 Select the horizon trend.
- 2 Select
 - **Set High Horizon** to select the upper horizon value. If the high and low horizon values are the same, the horizon is a baseline - if the values are different the horizon is a range.
 - **Set Low Horizon** to select the lower horizon value.
 - **Auto Horizon** to set the horizon for the selected horizon trend to the currently-measured value.
 - **Auto All** to reset the horizon for all horizon screen trends to the currently-measured values.
 - **Set Horizon** to set the horizon to a specific value from a pop-up list.

Setting the Horizon Trend Scale

The horizon trend scale is defined with respect to the horizon. If your horizon is set to 100 and you select 20 as the horizon scale delta, the upper limit of the horizon scale will be 120 and lower limit 80.

To set the horizon trend scale delta,

- 1 Select the horizon trend.
- 2 Select **Set Scale Delta** and select a value to define the distance between the horizon and the upper and lower scale limits.

Be aware that changing the horizon trend scale can change the angle of the trend indicator, without the patient's condition having changed.

If a measurement exceeds the outer limits of the scale, the wave will be clipped and you must either reset the horizon or the horizon trend scale to display the values outside the scale limits.

Setting the Time Period for the Trend Indicator Arrow

The time period for which the trend indicator arrow is displayed can be set in the **Trends** window.

- 1 Select **Main Setup** then select **Trends**.
- 2 Select **HorizonArrowTime**.
- 3 Select 10, 5 or 2 minutes.

High Resolution Trend Waves

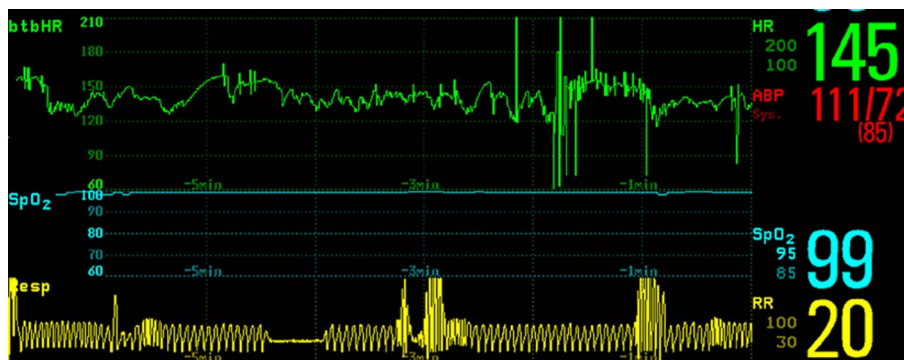
High resolution (hi-res) trend waves provide information for fast-changing parameters at a glance. They can help you to recognize trend patterns and to find interrelationships between measurements, by comparing changes in your patient's condition across different hi-res trend waves.

The hi-res waves are drawn at a speed of 3 cm/minute.

Hi-res trend waves use the wave scale as their display scale. Changing the wave scale changes the hi-res trend wave scale.

OxyCRG

OxyCRG is a combination of three hi-res trend waves, btbHR, SpO₂, and Resp, mainly used in neonatal monitoring.



Printing Hi-Res Trend Wave Reports

To print hi-res trend waves on reports, you can choose to print either

- all **VisibleWaves** - prints all waves and hi-res trend waves currently displayed
- **OxyCRG Waves** - prints hi-res trend waves for btbHR, SpO₂, and Resp.

For each hi-res trend wave, a maximum of six minutes of measurement data will be printed.

See the “Printing Patient Reports” chapter for more information on setting up reports.

Hi-Res Trend Wave Recordings

The selection of waves in hi-res trend wave recordings and the recording speed are defined by the pre-configured HiResTrd recording template. See “Recording” on page 279 for more information.

To start a hi-res trend waves recording,

- 1 select the **Recor- dings** SmartKey, if configured, or select **Main Setup** then select **Recordings**.
- 2 select the **HiRes Recording** pop-up key.

Event Surveillance

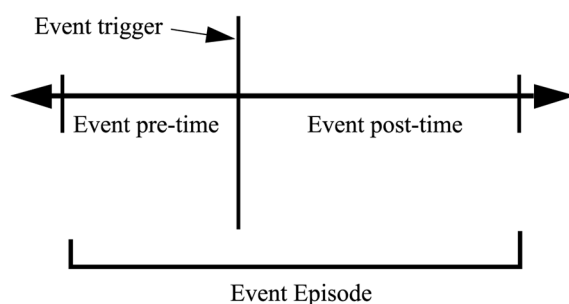
Events are electronic records of episodes in your patient's condition. You can trigger them manually, or set them to trigger automatically during pre-defined clinical situations.

The information the monitor stores for each event episode includes:

- waveforms for up to three measurements, ECG, SpO₂ and Respiration
- numeric vital signs for all the measurements monitored
- any alarm conditions active when the event episode was triggered

You can navigate through the event database to view events retrospectively, and you can document events on a recording or report marked with the patient name, bed label, and the data and time.

Event Episodes



When an event occurs, information for a predefined duration is stored. This is the event episode. It includes information from a defined period before the trigger, called the event pre-time. The episode time after the event is called the event post-time. If a further event occurs during the event post-time it changes a single event to a combined event (combi-event).

Manually-triggered event episodes document patient information from the time leading up to the event trigger; they do not have a post-time.

Neonatal Event Review - Event Episode	Pre-time	Post-time
HiResTrnd	1 minute	3 minutes
Four minutes, four samples per second.	2 minutes	2 minutes
	3 minutes	1 minute

Events Pop-Up Keys

Depending on the events view you choose, a selection of the events pop-up keys let you navigate through the stored events and carry out events-related tasks.

Pop-Up Keys		Selecting this pop-up key lets you....
Event Setup		open the Event Setup window.
Show Episode		open the Event Episode window to review the selected event in detail.
Show Review		open the Event Review window.
Manual Event		start a manually-triggered event capture.
CAR Histogram		open the window showing the CAR SpO ₂ histogram
		move the cursor left or right to the next event to navigate through the events database. Placing the cursor over an event highlights it and shows the event values for the selected event.
		jump to the first or last event in the event database.
Vitals View	Graphic View	toggle between a tabular and graphic version of the Event Episode window currently viewed.
Delete Event		delete the currently-selected event from the database. The monitor asks you to confirm this deletion. You cannot retrieve deleted events.
Print/ Record		access the printing and recording pop-up keys to document events.

Event Triggers

You can trigger event capture manually, for example, if you want to record a patient's condition before a procedure. You can also set events to trigger automatically, when the patient's values cross a predefined threshold value, or when a particular measurement or procedure is carried out.

The trigger condition for event groups is set in the monitor's Configuration Mode.

If You Use Alarm Limits As Event Triggers

The event capture is triggered automatically when your patient's values violate set alarm limits, or when a specified alarm condition, such as apnea, occurs. No events of this kind are triggered if alarms are switched off. Changing alarm limits changes the event trigger definitions.

The asterisk symbols beside the trigger tell you about the alarm triggers:

*** indicates a high priority (red) alarm

** indicates a lower priority (yellow) alarm. This category includes short yellow arrhythmia alarms, which may be configured to be shown as one star alarms (*) on your monitor.

Triggers without asterisk symbols are user-defined triggers.

If You Set User-defined Threshold Triggers

You can define event triggers that are independent of alarm limits. You must set a threshold value and a threshold time for the trigger. If you set the trigger threshold time to 12 seconds, the monitor triggers an event if the threshold is violated for more than 12 seconds.

If You Set User-defined Deviation Triggers

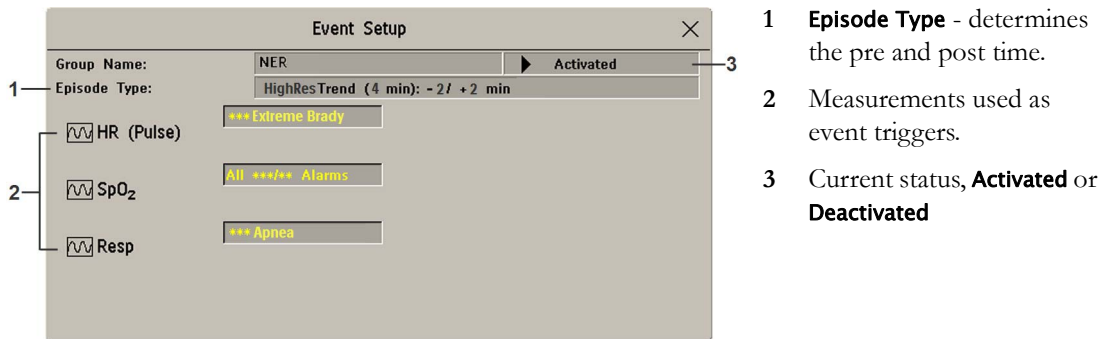
You can define event triggers that are independent of specific limits and based instead on deviations from the current values. You must set a deviation and a period of time in which the deviation occurs. There are three types of deviation available: **ANY Deviation**, **UP Deviation** where only changes in a positive direction are detected and **DOWN Deviation** where only changes in a negative direction are detected. The deviation can be defined either in relative terms as a percentage, for example 10%, or as an absolute value, such as 10 bpm.

Event Retriggering

If a condition that triggered an event persists and the values remain beyond the trigger threshold, a new event will not be triggered.

For a new event to be triggered by the same condition, the measured values for at least one of the triggers must cross back into the normal range and then recross the trigger threshold.

Setting Triggers



- 1 Select **Main Setup** then **Event Surveill.** followed by **Setup Events** to enter the **Event Setup** window.
- 2 Select the name of the episode type to set the episode pre/post time.
- 3 Set the event trigger for each measurement. Select each trigger name and select, if available, either an alarm trigger, or a user-defined trigger from the pop-up trigger list. If you select a user-defined trigger, set the required threshold level and delay time.
- 4 Set the trigger status to **Activated** to start event triggering. If the status is **Deactivated** event surveillance is effectively switched off.
- 5 Select **Confirm** to confirm your changes.

Triggering Events Manually

- To manually trigger an event, select the SmartKey **Manual Event**.

For manually-triggered events, patient information for the time leading up to the trigger moment is stored using the settings of the assigned event group.

Running a Car Seat Assessment Record

In the NER group you can run a Car Seat Assessment Record (CAR). This is a special period of event surveillance using the current setup of the NER group.

To start a CAR period:

- 1 Select the **Start CAR** pop-up key or SmartKey.
- 2 Select the required time period for the assessment.
- 3 Select **Confirm** to start the CAR.

If the NER group was not active it will be activated automatically.

During the CAR period an SpO₂ histogram is also generated with 1 second samples. For general information about the presentation of data in a histogram, see “Viewing Histogram Trends” on page 252. The CAR SpO₂ histogram is unique: it can only be accessed from the events function. It is generated from the beginning of the CAR period (contrary to the non-SpO₂ histograms which are generated from trended data retrospectively at the end of a time period). Settings are fixed for this histogram and cannot be changed when viewing it.

The Events Database

The maximum number of events that can be stored in the event database depends on the database configuration. The event database is set up in the monitor's Configuration Mode. Events are stored in the monitor's event database for the configured lifetime, either 8 hours or 24 hours. Deleted events cannot be retrieved. Events are automatically deleted when:

- their configured lifetime is over
- the storage capacity of the database is exceeded (storing a further event deletes the oldest event in the memory)
- a patient is discharged.

As the event database is cleared when you discharge a patient, you should ensure that you have documented any events you require for the patient records before you confirm the discharge.

Viewing Events

- To review all the events, use the **Event Review** window.
- To review individual event episodes in detail, use the **Event Episode** window.

To start viewing events, either:

- in the **Main Setup** menu, select **Event Surveill.** and then select the event view you require from the list, or

- select the **Event Surveill** SmartKey



and then select the event view you require from the list.

Event Counter

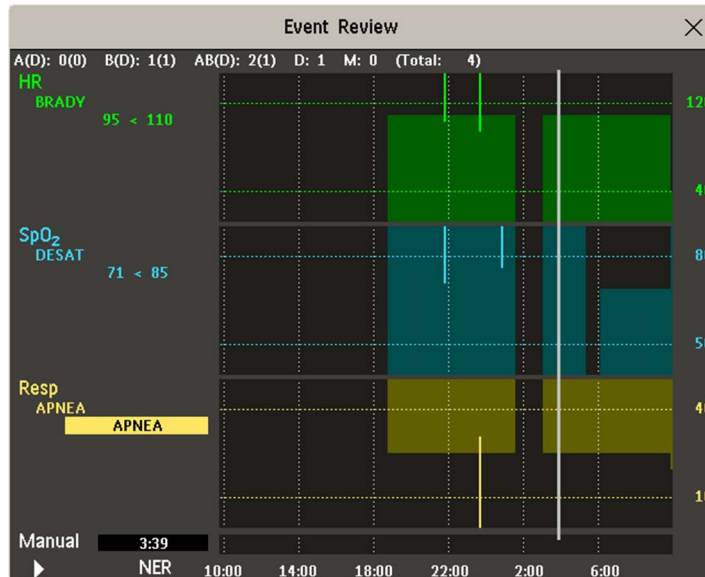
Apnea events (A), bradycardia events (B), and combinations of these events are counted and classified by the event counter in the Event Summary. If they are associated with a Desaturation (D), this is also marked. Manual events (M) are counted separately. For example, A(D):2(1) indicates that two apnea events occurred and one of them was associated with a desaturation.

Counting Combi-Events

If one or more events occur during the same Episode Time, the monitor combines them and displays them as distinct events in one event episode, called a combi-event. The first event is the trigger event, and the others are follow-up events. For example, if an apnea event is followed 40 seconds later by a brady event, the brady event is not counted as a single event but as part of the apnea event.

Event Review Window

To enter the **Event Review** window, select the graphic event summary, if available, or select the events pop-up key **Show Review**.



Event bars:

Each event bar represents one event. The height indicates the event severity. Bars that extend over more than one channel represent combi-events. Manually-captured events are marked with a bar above the timeline instead of in the measurement channels.

Event values:

Event information for the currently-selected event is shown on the left of the review window. The trigger measurement is highlighted.

- If an alarm triggers the event, the monitor shows the alarm conditions that triggered the event.
- If the event trigger was user-defined, instead of an alarm condition the monitor shows for example SpO₂ 94<96, where the second number is the current event trigger threshold and the first number is the maximum deviation from the set limit.

Trigger threshold:

The horizontal lines show the trigger thresholds. Gaps in the line indicate that the trigger was inactive for a while, possibly because alarms were switched off or because there was an INOP condition in the group measurements.

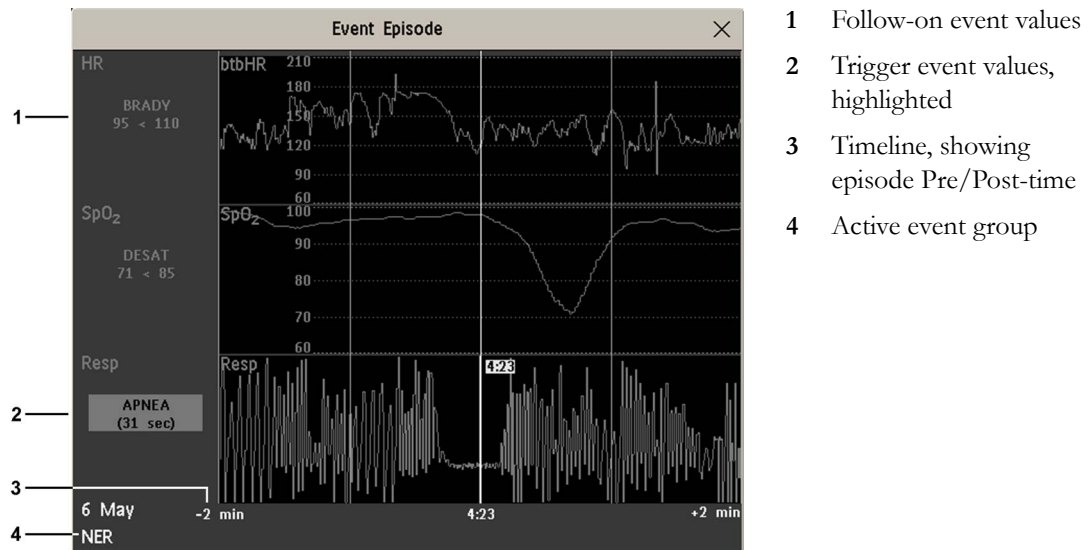
Timeline:

The timeline at the bottom indicates the period currently stored in the event database.

Event Episode Window

To enter the **Event Episode** window, select the pop-up key **Show Episode**.

The **Event Episode** window shows four minutes of high-resolution event information.



The event values to the left of the measurement channels show the trigger threshold set and the maximum amount by which this limit was exceeded. In this example, Desat 71<85 tells you that 71 was the lowest SpO₂ value measured during the event time and that the Desat trigger threshold was set to 85 when the event was triggered. If the event was manually triggered, the event value boxes display **Manual**.

Annotating Events

- 1 To annotate an event, in the **Event Episode** window, select the pop-up key **Select Annotatn**.
- 2 Select the required annotation from the pop-up list of available annotations for the currently active event group.

Up to 20 annotations can be configured to let you add commonly-used clinical notes to event episodes for documentation purposes. To see the complete list of available annotations, in the **Event Setup** menu, select **Event Annotation**.

Documenting Events

You can print a report or make a recording of the events history stored in the database or of individual event episodes or a Car Seat Assessment Record.

Documenting Event Review

- 1 In the **Event Review** window, select the pop-up key **Print/ Record**. This calls up the event documentation pop-up keys.

- 2 For a graphic Event Review recording, select the **Record Graphic** pop-up key.
For a tabular Event Review recording, select the **Record Tabular** pop-up key.
For a CAR review report, select the **Print CAR** pop-up key
To print an Event Report, select the **Print Review** pop-up key.

Documenting an Event Episode

- 1 In the **Event Episode** window, select the pop-up key **Print/ Record**. This calls up the event documentation pop-up keys.
- 2 To make an Event Episode recording, select the **Record** pop-up key.
To print an Event Episode, select the **Print Episode** pop-up key.

Event Recordings

Event Review Recordings

Each event review recording strip begins with a summary of the events stored in the event database. Recording strip annotation is explained in “Recording” on page 279.

In graphic event review recordings, events are represented by bars.

The timeline reflects the period stored in the database, either 24 hours (divided into 4 hour sections) or 8 hours (divided into one-hour sections).

In tabular event review recordings, the events stored in the event database are shown in chronological order, with a number and time-stamp.

The measurements in the event group are shown in the next columns, marked "Parameter 1, Parameter 2...", along with the event values measured at the time of the event. For each event, the trigger values are shown.

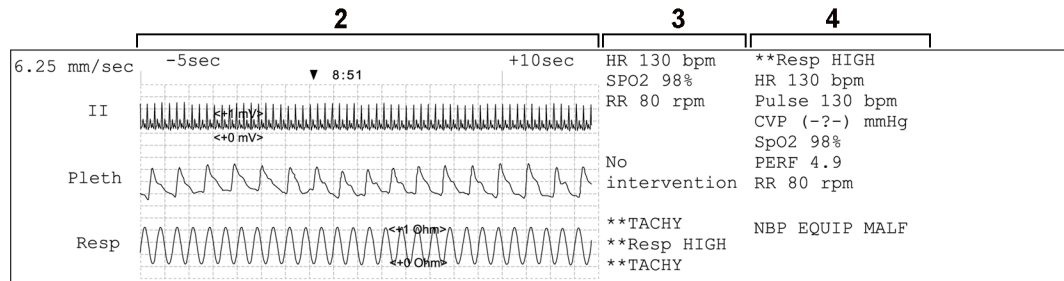
Event Episode Recordings

Event episode recordings are divided into four sections.

- 1 The first section shows the patient information and the event group of the episode with the event values for the group measurements. The trigger symbol marks the event trigger.

91MIN	Green, Sarah
37549201	
23 Jan 02 10:43	NER
Standard:HR(Pulse)	
	TACHY 130>120
SpO2	
	Resp HIGH 80>75

- 2 The second section (2 below) shows the waveforms recorded during the episode. The trigger moment is marked with a triangle and divides the episode into the pre/post time. Any calibration marks and grid marks on the screen are automatically printed on the recording.



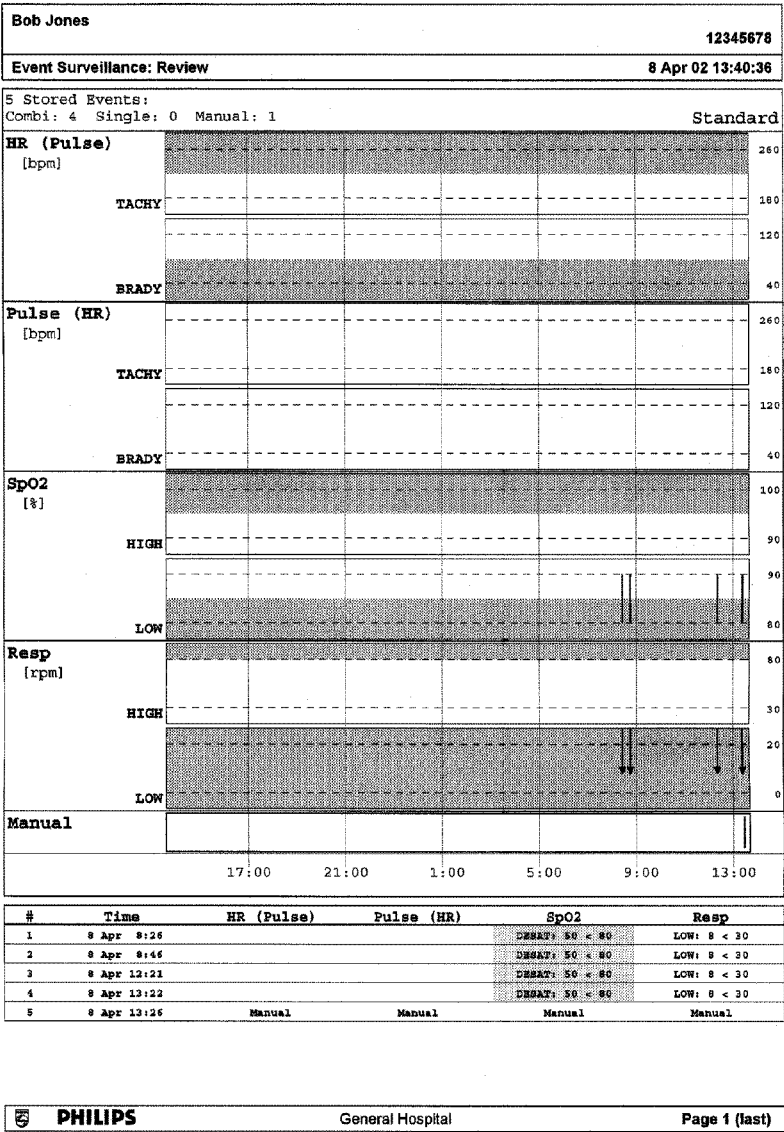
- 3 The third section (3 above) shows the most important vital signs information, including numerics, active alarms, and any annotations made on the event episode.
- 4 The fourth section (4 above) shows the numerics for all the currently monitored vital signs and any alarm conditions or INOPs active at the time the event was triggered.

Event Reports

Event reports can be printed on A4 and letter size paper.

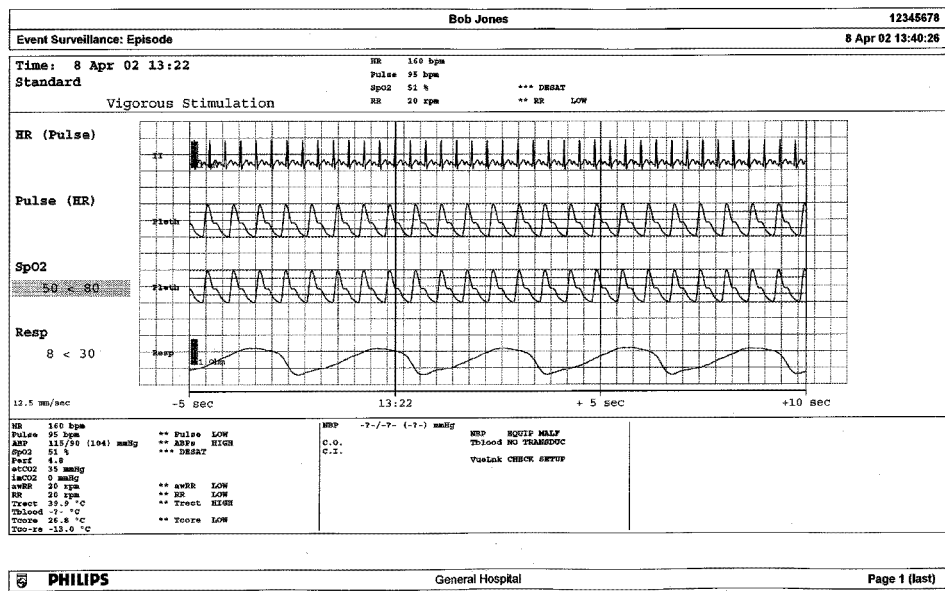
Event Review Reports

The event review report documents all the events stored in the event database.



Event Episode Reports

The event episode report documents the patient information from the currently-selected event. See “Event Recordings” on page 271 for an explanation of the report elements.



ProtocolWatch

ProtocolWatch (PW) is a clinical decision support tool. It allows you to run a clinical protocol which can monitor developments in the patient's condition, taking into account:

- measured values from the monitor
- values manually entered by you (for example manual temperature measurements, lab values)
- your assessment of patient status

ProtocolWatch notifies you when certain conditions or combinations of conditions occur and it documents developments in a log which can be printed.

Severe Sepsis Screening

Severe Sepsis Screening is a protocol implemented for the ProtocolWatch application. It is a computerized implementation of the "Surviving Sepsis Campaign: International Guidelines for Management of Severe Sepsis and Septic Shock: 2012" Crit Care Med; 2013 41(2) 580-637. Philips does not make any claims about their effectiveness to reduce the morbidity or mortality associated with severe sepsis.

Severe Sepsis Screening assists you in recognizing the early signs and symptoms of sepsis by comparing the state of your patient to the defined criteria. Use of the protocol requires thorough knowledge of the Sepsis Definitions in the SSC Guidelines for Management of Severe Sepsis and Septic Shock. Severe Sepsis Screening is not a diagnostic or therapeutic tool and is not intended to replace the competent judgment of a clinician.

In Severe Sepsis Screening the measurement values and patient status are compared to the Severe Sepsis Screening criteria. When these criteria have been met, the clinician confirms the presence of infection and sepsis-related organ dysfunction and can authorize entering the Sepsis Resuscitation Bundle.

On the MP5 monitor only Severe Sepsis Screening is implemented. If at the end of this phase sepsis has been confirmed, the patient will normally be transferred to an intensive care unit for treatment in the sepsis resuscitation and management phases. In this case you can connect the MP5 to another IntelliVue monitor with the full version of the SSC Sepsis Protocol and transfer the current state, the settings and the log.

CAUTION

It is not possible to transfer SSC Sepsis Protocol data from an MP5 monitor with release F.0 software to another monitor with release G.0 software or higher and vice versa.

Severe Sepsis Screening and this description are based on the SSC Guidelines for Management of Severe Sepsis and Septic Shock from January 2008 (including the Amendment from October 2011) and the SSC Bundle definitions from January 2005. To check the version of the Guidelines and Bundle definitions on the monitor,

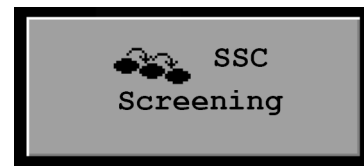
- Select **Main Setup**, **Revisions**, **Protocol Watch** and then **SSC Sepsis**

Orientation On The Screen

At the top of each window there is an orientation line showing the phases available on your monitor, with the currently active phase highlighted.

You can also place the ProtocolWatch symbol, together with the currently active phase, on the main screen, in one of the numeric positions. This allows you to see at a glance which phase is currently active, even when no SSC Sepsis Protocol window is currently displayed.

If you need to enter data or perform an action in an SSC Sepsis Protocol window, the symbol will turn into a SmartKey.



Suspending the Protocol for 24 Hours

To suspend the protocol for 24 hours:

- 1 Select **Main Setup** then **ProtocolWatch** followed by **Suspend for 24 hours**.
- 2 Select **Confirm**.

The protocol will resume activity after 24 hours with Severe Sepsis Screening.

Severe Sepsis Screening

As soon as an adult patient is connected to the monitor, and heart rate or pulse is being measured, the protocol begins to observe heart rate, temperature and respiration rate values in the background. If temperature or respiration rate is not being measured continuously, a pop-up window appears at 4-hour intervals to ask for manually measured values. These values are all compared to the screening criteria: HR above 90, Temp above 38.3°C (100.9°F) or below 36.0°C (96.8°F), RR above 20.

If any one of the values fulfills the screening criteria, the first **Severe Sepsis Screening** window appears.

The measured value which has fulfilled the criteria is shown highlighted. There are check boxes for the infection signs and symptoms listed,

- if the monitor has measured values which meet the screening criteria, and
- for all signs and symptoms which cannot be measured by the monitor.

Check the box if you can confirm that this sign or symptom is **present** and **new**. If the patient is mechanically ventilated, the **Mechanically ventilated** box must be checked. If you have manually measured temperature or respiration rate, you can enter the values using the **Enter RR** and **Enter Temp** keys.

Select **Confirm** when the check boxes reflect the current patient status.

Select **Remind 15 min** if you want to delay filling out this screen. (When you enter the screen manually this key will be a **Cancel** key, as no action is required in this case.)

Changing Conditions

The window reappears if:

- a previously fulfilled criteria is again fulfilled
- a new HR or RR criteria is fulfilled,
- the HR or RR value which previously fulfilled the criteria now triggers a **** RR High, ** HR High** alarm or a *****xTachy xxx>yyy** alarm,
- after 8 hours (configurable to 12 hours) if at least one infection sign is still present.

Two Or More Infection Signs Or Symptoms Confirmed

If you have confirmed two or more infection signs in the first Severe Sepsis Screening window, a new pop-up window appears asking **Is the patient history suggestive of a new infection?**

If you select **Yes**, the next screen appears requesting a lactate measurement.

If you select **No**, the screening phase continues and the first Severe Sepsis Screening window reappears in the situations described in “Changing Conditions” above.

Lactate Measurement

To enter the Lactate value, select the **Enter Lact** key. If the value entered is > 4 mmol/l the check box is automatically checked.

Select **Confirm** when a value has been entered. What follows depends on the Lactate value:

- If **Lactate is > 4 mmol/l**: the value meets the criteria for severe sepsis and a window appears recommending authorized clinician review before entering the Sepsis Resuscitation Bundle.
- If **Lactate is ≤ 4 mmol/l**: a further window appears requiring your input to determine on the basis of blood pressure values whether the patient meets the criteria for severe sepsis.

Hypotension Evaluation

If the Lactate value was not above 4 mmol/l, the next window asks whether the patient has persistent hypotension.

The protocol defines Hypotension as:

- $SBP < 90\text{mmHg}$ (12.0kPa), or
- $MAP < 70\text{mmHg}$ (9.3kPa), or
- $SBP \text{ decrease } > 40\text{mmHg}$ (5.0kPa) below baseline.

You can see this definition in the window by selecting **Show Details**.

If the patient has persistent hypotension as defined, select **Yes**. This acknowledges that the patient meets the criteria for severe sepsis and a final window appears recommending authorized clinician review before entering the Sepsis Resuscitation Bundle.

If the patient does not have persistent hypotension, select **No**. After an hour a screen appears asking **Is the previously acknowledged infection still present?**

If you select **Yes**, the window for the Lactate measurement will reappear. If you select **No**, screening continues - comparing heart rate, temperature and respiration rate values against the screening criteria.

Authorized Clinician Review

To review the protocol, select **Protocol Log**. You can also print out the log to document the screening phase.

Select **Confirm** to complete the screening phase and, if you have the appropriate monitor option, continue to the Sepsis Resuscitation Bundle phase.

Viewing and Printing the Protocol Log

The Protocol Log stores all user interactions, alarms and phase transitions while the SSC Sepsis Protocol is running.

To view the Log select **Main Setup** then **ProtocolWatch** followed by **Protocol Log**

You can choose between three different views of the Protocol Log:

- **Summary View** - a short form which does not include when the windows were triggered
- **Full View** - a complete log of all user interactions, alarms and phase transitions
- **Phase View** - you can view log entries for one phase by selecting that phase on the orientation line

When the Log consists of several pages, you can move through the pages with the **Previous Page** and **Next Page** keys.

To start a Protocol Log printout, select **Print**.

The log is cleared whenever a patient is discharged.

Always Discharge Patients

It is essential that patients are discharged when monitoring ends. As a reminder, the monitor can be configured to display a pop-up window when the monitor has been switched off, in Standby mode, or not monitoring basic vitals for a certain time. The window asks whether a new patient is being monitored and offers a pop-up key to discharge the previous patient if this is the case. The window must be configured in Configuration Mode.

When the previous patient is discharged, this clears the protocol log, resets the timers and deletes manually entered measurement values.

Recording



The optional integrated recorder records numerics for all active measurements and up to three waveforms.

Central Recording

For central recording from the bedside, your monitor must be connected via a network to an Information Center. You can use either the M1116B or 862120 2-Channel Recorder or the standalone M3160A 4-Channel Recorder. Recordings made on the M3160A may look slightly different to those described here. See the documentation supplied with the Information Center for information on the 4-Channel Recorder.

Starting and Stopping Recordings

The recordings pop-up keys let you start and stop recordings. Select the **Recordings** SmartKey to call up the line of pop-up keys. Scroll right or left to see any pop-up keys not displayed.

Delayed Recording	Vital Signs
RT A Recording	Alarm Limits
RT B Recording	ST Segments
Select Waves	ECG QT

HiRes Recordng	Setup Recordng
All ECG Waves	Stop All Recordng

Quickstarting Recordings

To quickstart any type of recording using a preconfigured recordings template,

- Select the **Recor– dings** SmartKey and then select the pop-up key of the recording type you want to start.

Alternatively, you can

- Select the **Main Setup** SmartKey, select **Recordings**, then select the recording type.

To quickstart a delayed recording,

- Select the SmartKey **Delayed Record** to immediately start a delayed recording.

Extending Recordings

Timed (non-continuous) recordings stop when their runtime is over. Continuous recordings continue until stopped manually or by an INOP condition.

- To extend an ongoing recording by its runtime, reselect its **Start** pop-up key once.
- To make an ongoing recording continuous, reselect its **Start** pop-up key twice within 5 seconds.

Stopping Recordings

Recordings stop automatically when the preset runtime is over, when the recorder runs out of paper, when you open the recorder door or when the recorder has an INOP condition.

- To manually stop a recording, select the **Recor– dings** SmartKey and then select the pop-up key **Stop All Recordng**.

Recording Without a Template

To record without a pre-configured template, selecting the waves you require,

- 1 *Either:* Select the **Recor– dings** SmartKey then select the pop-up key **Select Waves**.
Or: Select the SmartKey **Record Waves**.
- 2 Use the pop-up keys to choose up to three measurement waves to be printed on the recording. If you want fewer than three waves on the recording, select the waves you want then select the **Continue** pop-up key.
- 3 Select one of the recording speed pop-up keys to set the required recording speed.
- 4 Select the **Start** pop-up key to start the recording.

Select Waves recordings use default values for any recorder settings not defined: runtime is continuous, overlapping is set to non-overlapping.

Overview of Recording Types

This table details settings for local recordings. For details on recordings made on the central recorder, see your Information Center Instructions for Use.

	Delayed	Alarm		Realtime (RT)	All ECG Waves	HiRes Trend	Procedure or Context
Type of recording	manual	automatic, triggered by defined alarm conditions		manual	manual	manual	manual, use the context window's pop-up keys to start
Recording Destination	local recorder and central	local recorder	printer	local recorder and central	local recorder only	local recorder only	local recorder only
Information recorded	from the start trigger minus the delay time	from the start trigger minus the delay time	n/a	from the start trigger	from the start trigger, in realtime	from the start trigger minus delay time	defined by the context
Number of waves	up to 3	up to 3	n/a	up to 3	all ECG waves currently monitored and available	up to 3 high-resolution trends (beat-to-beat) waves	up to 3 waves, or specific to the context, e.g. a wedge procedure
Speed	50, 25, 12.5, 6.25, 2.5 mm/sec	50, 25, 12.5, 6.25, 2.5 mm/sec	n/a	50, 25, 12.5, 6.25, 2.5 mm/sec	25 mm/sec	1, 2, 2.5, 3, 6 cm/min	defined by the context
Runtime	15, 20, 25, or 30 seconds	15, 20, 25, or 30 seconds	n/a	6, 8, 10, 15 seconds or continuously	4 seconds per wave	10 minutes, or continuously	defined by the context
Stops	automatically	automatically	n/a	automatically if limited, manually if continuous	automatically	automatically if limited, manually if continuous	defined by the context
Delay Time	10, 15 seconds	10, 15 seconds	n/a	none	none	6, 5, 4, 3, 2, 1 minutes	defined by the context
Overlap	up to 3 waves	up to 3 waves	n/a	up to 3 waves	none	up to 3 waves	defined by the context
n/a = not applicable							

All ECG Waves Recordings

An **All ECG Waves** recording shows a 4 second recording of each lead with a calibration bar preceding each ECG lead. All available leads are recorded sequentially in the standardized lead order. The recording is realtime, that is, the information recorded is not simultaneous.

Creating and Changing Recordings Templates

To save you defining recording settings each time you start a recording, you can create templates for commonly-used types of recordings in the **Setup Recording** menu. You can create templates for one delayed recording, one alarm recording, two realtime recordings, and one high resolution recording. **All ECG Waves** recordings do not need to be configured, they always use the same format.

Changing recordings templates changes the settings that will be used each time a recording of this name is triggered.

- 1 Select the **Main Setup** permanent key to call up the **Main Setup** menu.
- 2 Select **Recordings** to enter the **Setup Recording** menu.

- 3 Select the name of the template you want to create or change. Each recording name is linked to a recording type, delayed, alarm, realtime, and hi-res trends. Recording names can be changed in the monitor's Configuration Mode.
- 4 Design the template by selecting each menu item and entering the information for the template.
 - **Recorder:** choose which recorder the recording will print to (**Local**, **Central 2-Ch**, or **Central 4-Ch** recorder, or **Printer** (for realtime reports in alarm recording only)). For alarm recordings only the **Local** recorder can be selected. Alarm recordings on the central recorders must be set up at the PIIC/PIIC iX.
 - **Channel 1, Channel 2,** etc.: choose which waveform to record in each channel. If the wave assigned to a recording channel in a particular template is not available when a recording is triggered, the channel is left blank on the recording strip. The pop-up list of available (currently monitored) waves differs according to the recording type:
 - Realtime, delayed and alarm recordings: the list shows all the currently available waves.
 - High-resolution recordings: the list shows all the available high-resolution waves.
 In addition to the currently available waves, you can choose from several other settings which make an automatic allocation when the recording starts:
 - **Alarm Par** will always record the measurement in alarm in the chosen recorder channel
 - **Primary Lead** will always record the current primary lead in the chosen recorder channel
 - **SecondaryLead** will always record the current secondary lead in the chosen recorder channel
 - **Any Agent** will always record the currently selected anesthetic agent.
 For high-resolution recordings only the **Any Agent** setting is available.
- **Overlap:** define whether the recorded waveforms will be printed overlapping or beside each other.
- **Speed:** choose the recording print speed.
- **Delay Time:** Delayed recordings start documenting on the recorder strip from a pre-set time before the recording is started. This interval is called the "Delay Time" and can be set as specified in "Overview of Recording Types" on page 280. This setting can only be changed in Configuration Mode.
- **Run Time:** see how long this type of recording is configured to run. This setting can only be changed in Configuration Mode. Continuous recordings run indefinitely.

Central Config: if available in the **General** menu, select this setting to use the recording settings made for the centrally-connected recorder.

Changing ECG Wave Gain

The **ECG Gain** setting in the **General Recording Setup** window defines how every recorded ECG wave, irrespective of template or recording type, will appear on the recorder strip. This does not affect the displayed ECG wave, or printed ECG reports.

To change the ECG gain setting for recordings,

- 1 In the **Setup Recording** menu select **General**.
- 2 Select **ECG Gain**.
- 3 Select the required setting:
 - **Auto:** the wave recording will use the same scale as the ECG wave on the monitor screen
 - **5 mm/mV, 10 mm/mV, 20 mm/mV:** the wave recording will use a scale of 5, 10, or 20 millimeters per millivolt.

Recording Priorities

Manually-started recordings have priority over automatically-started recordings. If an automatically-triggered alarm recording is running, and a realtime or delayed recording is manually started, the alarm recording is stopped and the manually-requested recording is started.

More recent manually-started recordings have priority over older manually-started recordings. If a manually-started recording is running, and another manually-started recording is triggered, then the older recording is stopped and the more recent manually-started recording is started.

Alarm recordings are prioritized according to alarm priority. If an alarm recording triggered by a yellow alarm is running and a new alarm recording is triggered by a red alarm, the yellow alarm recording is stopped and the red alarm recording is started.

Sample Recording Strip

The information printed on the recording strip includes the patient name and MRN, bed number, date and time of recording, recording speed, and (except when the information is printed above the waves) recording code. Active alarm and INOP messages as well as numerics for all currently monitored measurements are also printed.

Recording strip annotations are printed at the beginning of the recording strip, either before or above the waves depending on the configuration. The annotations are updated at regular intervals, every 15 minutes for recordings made at speeds lower than 6.25 mm/s, and every 60 seconds for recordings made at speeds greater or equal to 6.25 mm/s. When annotations are configured to appear above the wave, it may not be possible to print them all when the runtime of the recording is too short.

		4		5
3	90DIN	25 mm/sec	HR 120 bpm	imCO ₂ 0 mmHg
2	23 Jan 02 10:43	Bed 3	SPO2 95%	awRR
	Green, Sarah	37549201	Pulse 120 bpm	RR 15 rpm
			PERF 10.0	Tnaso 37.0°C
1	*** EXTREME BRADY		ABP 120/70 (91) mmHg	
	** ABPs HIGH		PAP 28/15 /21) mmHg	
	** PAPd HIGH		NBP 120/80 (90) mmHg	23 Jan 02 10:31
	SOME ECG ALARMS OFF		etCO ₂ 40 mmHg	

- 1 Alarms and INOPs
- 2 Patient information and medical record No.
- 3 Recording strip code
- 4 Recording Speed
- 5 Measurement numerics

Recording Strip Code

The recording strip code printed in the first line of the initial annotation has up to seven characters, specifying recording type, operating mode, application area, patient category, and delay time, if applicable. It is only included when annotations are configured to appear before the waves.

	Code	Meaning
Recording type	90	Realtime
	8A	Delayed
	0B	Alarm
	91	Context (Procedures)
Operating mode	M	Monitoring
	D	Demo
	C	Configuration
	S	Service
Application area	I	ICU
	O	OR
	C	CCU
	N	NICU
Patient category	A	Adult
	P	Pediatric
	N	Neonatal

Recorded Waveforms

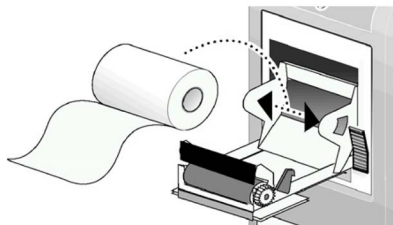
A selection of up to three waveforms is recorded, marked with wave labels and wave scale information. Wave scale information can be in the form of a calibration bar, like the 1 mV calibration bar for ECG, or calibration steps before the waveform starts.

Maintaining Recording Strips

Recording ink sometimes fades when covered with transparent tape. Avoid covering any part of a recording that is clinically relevant (annotation or waveforms) when taping a recording strip to a patient record or other patient documentation.

Reloading Paper

- 1 Press the latch on the right side of the recorder door to open the door.
- 2 Remove the empty core.
- 3 Insert a new roll and secure it in place on the paper holder. The paper feeds from the bottom of the roll and over the top of the recorder door.



Recommended paper: M4816A and M4817A.

- 4 With at least one inch of paper extending beyond the edge of the door, swing the recorder door up and push it firmly closed.

- 5 To test if paper is loaded correctly, start a recording. If no printing appears, paper may be loaded backwards. Try reloading the paper.

CAUTION

When the recorder is disabled (for example, door open, or out of paper), any alarm recordings will be sent to the central station recorder, if there is one. If no recorder is available, alarm recordings may be lost during the time the recorder is disabled. The message **No alarm recording available** will be displayed. This message is not shown if **Printer** is configured as the alarm recording destination.

Recorder Status Messages

Recorder Status Messages	Explanation
For example: Local alarm recording running	The named recording is currently running.
No Central alarm recording available No local alarm recording available	No alarm recording can be made on the selected recorder. Try selecting another recorder. If a local recorder was selected, the monitor will try to reroute the recording to a central recorder. Recordings configured to a central recorder cannot be rerouted to a local recorder. Alarm recordings may be lost. Try configuring Printer as the alarm recording destination.
No alarm recording available	No recorder available. Alarm recordings will be lost. Try configuring Printer as the alarm recording destination.
Central Recorder out of paper Local Recorder out of paper	The named recorder is out of paper.
Central Recorder door open Local Recorder door open	The door of the specified recorder is open.

Printing Patient Reports

Starting Report Printouts

Most patient reports can be printed by selecting **Main Setup** then **Reports** (or the **Print Reports** SmartKey) and then selecting the report name in the top half of the **Reports** menu. Report names are shown only for reports that have been correctly set up.

Data from the time of the print request is printed, even if the print job is delayed in the printer queue.

Your monitor can also be set up to automatically print all reports when a matching printer is available. To set this up,

- 1 Select **Main Setup**, then select **Reports**.
- 2 Select **Auto Print Dbs**.
 - **Always** will print all reports when a matching printer is available.
 - **Never** will print no reports automatically; all reports stored in the database must be manually sent to the printer. See “Checking Report Status and Printing Manually” on page 292.

Printout Location

Depending on availability, reports can be printed:

- on printers connected to the Information Center,
- to an IntelliVue XDS Application print service,
- to an external PC-based print server with Philips server software,
- into the print database.

Print jobs stored in the database are automatically printed when a print device with a matching paper size becomes available.

Print jobs in the print database are **not deleted** after a patient discharge. A new patient can be admitted and their reports are saved in addition to the previous reports. Always admit your patient so that reports can be clearly assigned to a patient.

Starting the Different Types of Report

Report types	Report contents	How to start printing reports
Vital Signs Report	Depends on selected trend group, data resolution, and period.	In the Vital Signs window, select Print/ Record , then select Print .
Graphic Trends Report		In the Graphical Trends window, select Print .
Events Reports	Event Episode	In the Event Episode or Event Review window, select the pop-up key Print/ Record , then select Print Review or Print Episode .
	Graphic or tabular Event Review	
ECG Reports	Depends on format selected.	Select the ECG Report A or ECG Report B SmartKeys, if configured, or the Print Reports SmartKey followed by ECG Report A or ECG Report B .
12-Lead Report	Captured ECG waves, measurement values, ST Map (optional) and analysis results from the Information Center (PIIC iX only)	In an active 12-Lead application window, select the Print Report pop-up key.
ST Map Report	ST data in a transversal and/or horizontal multi-axis diagram,	In the ST Map (Current) or ST Map (Trend) window, select Print .
Wedge Report	Wedge numerics and reference wave	In the Wedge window, select the Print Wedge pop-up key.
Drug Calculator Report	Titration Table	In the Titration Table window, select the Print Titr.Tbl pop-up key.
	Drip Table	In the Drip Table window, select the Print Drip Tbl pop-up key.
Alarm Limits Report	Graphic and numeric report of all current alarm limits	In the Alarm Limits window, select Print Limits .
Realtime Reports, including oxyCRG Reports (Neonatal Event Review)	Patient data and numerics, and either: all displayed waves OR all measured waves OR all measured RT waves OR all measured HiRes waves, OR oxyCRG waves (RT waves: ECG Primary lead, Pleth, Resp; HiRes waves: btbHR, HiRes SpO ₂ , HiRes Resp)	Select the Realtime Report SmartKey, if configured.
Battery Report	Battery serial numbers, information on the currently-measured and potential charge status of the battery or batteries	In the Battery Status window, select Print Status .
Central Report A/B/C	These are reports configured at the Information Center. Monitors connected via the IntelliVue Instrument Telemetry wireless network can have these reports available.	In the Main Setup select Reports then Central Report A , Central Report B or Central Report C .

Stopping Reports Printouts

To stop Reports printing, in the **Reports** menu, select

- **Delete Report** to stop the current print job
- **Delete All Repts** to cancel all queued report printouts
- **Scheduled Rep.** to select **Off** and switch off scheduled reports.

Setting Up Reports

The content you define in the individual **Setup Reports** menus will be used in all reports of this type: for example, if you set a print speed of 50 mm/sec in the **ECG Reports** menu, every ECG report will be printed at this speed, irrespective of format.

ECG report layout and Auto Reports settings must be defined in Configuration Mode.

Setting Up ECG Reports

The settings you choose in the **ECG Reports** menu apply for all ECG-A and ECG-B reports printed. To set up ECG Reports,

- 1 Select **Main Setup, Reports**, then **ECG Reports**. Note the report layout configured for your monitor, either **Internat** or **Cabrera**. This setting is inactive ("grayed-out") in Monitoring Mode and can only be changed in Configuration Mode.
- 2 Select **ECG Gain** and set the required ECG gain to define how ECG waves will appear on the ECG report printouts.
- 3 Select **Speed** and select the report print speed.
- 4 Select **Annotation** and switch to **On** if the printed ECG wave should be annotated with beat labels. See the "ECG, Arrhythmia, ST and QT Monitoring" chapter for a list of beat labels. Pace pulse marks are automatically printed beside the wave for paced patients.

Setting Up Vital Signs and Graphic Trend Reports

The settings you choose in the **Vital Signs Report** and **Graphical Trend Report** menus apply for all Vital Signs and Graphic Trend reports printed.

To set up Vital Signs and Graphic Trend reports,

Select **Main Setup, Reports**, then **Vital Signs Rep.** or **Graph Trend Rep.**

- 1 Select **Trend Group** and select the group you want to print on the report. The groups available depend on your monitor's trend configuration.
- 2 Select **Period** and select the period of time for which trend data should be printed on the report. If **Automatic Period** is configured to **On**, all trend data for the current patient will be printed, irrespective which trend period is selected.
- 3 Select **Interval** (Vital Signs Reports only) and select the resolution of the trend data printed on the report.

Setting Up Auto Reports

Auto Reports print automatically when a specified trigger occurs. There are two types of Auto Reports: Scheduled Reports, which print at predefined intervals, and End Case Reports, which print when a patient is discharged using the End Case function. An Auto Report can be both a Scheduled Report and an End Case report.

To set up Auto Reports,

- 1 Select **Main Setup, Reports**, then **Auto Reports** and select the Auto Report you want to set up (A, B, C, or D).
- 2 Select **Report** and assign a report type to the Auto Report.

- 3 Select **End Case Report** and switch to **On** if you want the selected report to print automatically when you select **End Case** to discharge a patient.
Switch **End Case Report** to **Off** if the report is a Scheduled Report only.
- 4 Select **Scheduled Rep.** and toggle to **On** if you want the selected report to print at predefined intervals, starting at a predefined time of day. The start time you set applies for every following day. For example, if you set a start time of 07:00 and a repeat time of six hours, the first report will print at 07:00 every day, the next at 13:00 and so on.
 - To set the time of day at which you want the report to print every day: select **Start Hour** and **Start Minute** and select the required time from the pop-up list
 - To set the time interval in minutes between two scheduled reports: select **Rep. Freq. (h)** and **Rep. Freq. (min)** and select the time interval from the pop-up list.

If you are setting up an end case report, these settings will be inactive ("grayed-out").
Switch **Scheduled Rep.** to **Off** if the report is an End Case Report only.
- 5 Repeat the procedure for all Auto Reports you want to set up.
All Auto Reports or Scheduled Reports set to **On** print automatically at the predefined trigger.

Be aware that the monitor's memory for reports is limited. The number of reports that can be stored depends on the size of the reports and the size of the printing database; the maximum is 30 reports. If the memory is full, reports cannot be saved on the printing database and therefore cannot be printed.

If you set up regular scheduled reports, and you have long case durations, make sure that the print database is configured to **Large** and plan to print reports at appropriate intervals in order to avoid losing information due to a full memory.

Setting Up Individual Print Jobs

To adjust the appearance of individual print jobs, in the **Reports** menu,

Select **Main Setup, Reports**, then **Setup Reports** to enter the **Setup Reports** menu.

- 1 Select **Report** and then select the report you want to set up.
- 2 Select **Report Type** and then select the reports template you want the report selected in Step 2 to use. The selection of templates listed depends on the report type selected.
Each template includes patient demographic data, and each Realtime Report also includes alarm and INOP information. In addition, the templates include:
 - VisibleWaves:** all waves currently visible, in the order they appear on the screen.
 - All Waves:** all measured waves.
 - RT Waves:** all currently measured realtime waves, according to the monitor's priority list.
 - HiRes Waves:** all measured HiRes waves
 - OxyCRG Waves:** the OxyCRG/Neonatal Event Review waves.
 - Vital Signs:** trend information in tabular form.
 - Graph Trend:** trend information in graphic form.
 - ECG3x4, ECG6x2, ECG12x1, ECG4x2, ECG8x1, ECG12x1 (2P):** ECG reports.
 - Episode:** a single patient event episode.
 - Review:** an overview of patient events
 - Alarm Limits:** a list of all currently set alarm limits.
- 3 Select **Report Size** to set the paper size to be used for the report: **Unspecified** to use the default size for the template chosen, **Universal, A4, Letter, LrgUniversal, A3, or Ledger**. The list of available sizes depends on the report type selected.

- 4 Select **Orientation** to set the orientation of the report printout: **Unspecified** to use the default size for the template chosen, **Landscape** or **Portrait**.
- 5 Select **Target Device** and choose which printer the print job will be sent to: **Unspecified** to use the default printer, or choose from the list of printer names defined at the Information Center or in the monitor's Configuration Mode (for example, **Remote 1** or **Database**).

Some settings may be inactive ("grayed-out") in this menu for reports that can only be started in a special window.

Checking Printer Settings

The printer settings for your monitor are defined in Configuration Mode. The printer settings **Paper Size**, **Resolution**, **Color Support**, and **Duplex Option** for the active printer are visible but inactive ("grayed-out") in the **Setup Printers** menu. When **Print Database** is selected as active printer only the **Paper Size** setting will be shown.

- To enter the **Setup Printers** menu, in the **Reports** menu, select **Setup Printers**.

If you are using an IntelliVue XDS Application print service, you may see XDS printers in the **Setup Printers** menu that have "Local" or "Remote" in their name. Their names and settings can only be configured in the XDS Application. Refer to the IntelliVue XDS Application Installation and Configuration Guide for full details about the configuration possibilities.

Printing a Test Report

A test report can be printed in Configuration mode, refer to the Service Guide for details.

Switching Printers On or Off for Reports

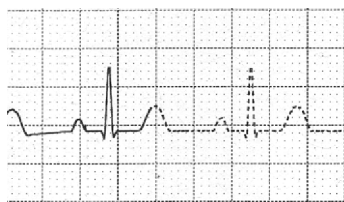
You can enable or disable printer status to switch individual printers on or off for report printouts.

- 1 In the **Setup Printers** menu, select **Printer** and then select the name of the device you want to switch on or off for Reports printing from the pop-up list.
- 2 Select **Printer Status** to switch between the settings **Enabled** and **Disabled**. If you set this to **Disabled**, no reports will be printed to the named printer.

If the monitor detects that no printer of a particular type is available, the **Printer Status** setting will automatically be set to **Disabled** and "grayed out".

Local printers from the XDS Application print service are always enabled and cannot be disabled here.

Dashed Lines on Reports



If a section of a wave on a report is drawn with dashed lines, this tells you that a setting that affects the appearance of the wave on the screen was changed while the report was printing.

For example, if you change the wave scale while a report is printing, the wave scale and wave size are changed immediately on the monitor screen and on the report. To indicate that the scale information printed at the beginning of the report no longer matches the currently used scale, the wave will be printed using dashed lines, starting from the moment the change took place.

Some examples of settings that cause dashed lines in reports if changed during printing are: Filter mode, ECG lead placement, wave scale, measurement unit, paced/non-paced setting, and measurement mode. Note that as ECG waves are drawn with a fixed gain on reports (either 10 mm/mV or 20 mm/mV), changing the ECG wave scale will not cause dashed-line reports.

To avoid dashed lines on reports, wait 15 seconds after changing a setting before you trigger a report.

Unavailable Printer: Re-routing Reports

If you send a report to be printed on a printer that is not available, for example, because it has run out of paper, this print job is suspended and stored in the monitor's memory.

If the target device of this print job was set to **Unspecified**, the monitor will periodically try to resend the print job to the first printer listed in the **Setup Printers** menu under **Printer** that is set to **Enabled** and that has paper of the correct size.

To allow the report to print, you must either solve the problem with the target printer, or re-route the print job to another printer with paper of the correct size. To re-route a print job,

- Enable the new target printer by selecting it in the **Setup Printers** menu and toggling to **Enabled**. As the monitor tries to send the report to the printers in the order they are listed, you must make sure that all the printers above the new target printer are disabled.

If the target device of the print job was set to a specific printer, re-routing is not possible.

Checking Report Status and Printing Manually

A list of all print requests which are waiting, printing or stored can be viewed in the **Report List**. To view the list, in the **Reports** menu, select **Report List**.

The following information is displayed for each print request:

- Report title
- Patient name (except for system reports such as the battery status report)
- Request date and time
- Report paper format
- Job status: **Preparing, Printing, Waiting, In Database, Retry, Cancelling, Error**.

Individual reports can be deleted from the list with the **Delete Report** key, and all reports with the **Delete All Repts** key.

CAUTION

The **Report List** includes privacy information, in the form of the patient name with the related report title and date. It is advisable to provide controlled access to this data to ensure confidentiality.

Printing Manually

Those jobs shown in black will be printed automatically when a matching printer is available. If the **Auto Print Dbs** setting is **Host Only** or **Never**, some or all reports will not be printed automatically and will be shown in gray. Any jobs shown in gray must be printed manually; to do this,

- 1 In the **Report List**, select the required report
- 2 Select **Print Report**.

Selecting **Print All Reps** will send all reports to the printer.

Printer Status Messages

Printer Status Message	Possible causes and suggested action
Print job queued for <Printer Name>	The report has been placed in the queue for the named printer.
Print job could not be queued (insufficient resources)	The printer queue is full and the monitor cannot accept another report request. Wait until some more reports have been printed, then try again, OR
Print job could not be queued (queue is full)	A report has been triggered that uses a paper size unavailable with the target printer. Try another printer, if available, or change the paper size of the print request.
Print job could not be queued (no matching printer found)	
Cancelling all print jobs	Delete All Reps has been selected in the Reports menu, OR The Operating Mode has been changed from Monitoring Mode to Demonstration or Service Mode.
Cancelling the active print job	The current report is being canceled as the result of a user request.
Cancelling print jobs due to patient discharge	When a patient is discharged, all queued reports are canceled except those stored in the print database.
Cancelling # print jobs due to hotstart	The monitor has restarted and all report requests have been canceled except those stored in the print database. "#" is the number of reports canceled.
Printing failed: No report configured!	A report has been triggered which has not been correctly set up. Enter the setup menu for the report type to set up the report.
Printing on <Printer Name>...	A report is in progress, or the monitor is waiting for the central printer to accept the print job.
Printer <Printer Name> unavailable – > job suspended	The chosen device is unavailable. Check that the printer is properly connected and that paper is available. The requested report will start printing when the printer becomes available.
Print database full –> job suspended	The requested report does not fit into the print database. You can select another printer to print the report (see “Unavailable Printer: Re-routing Reports” on page 292). Alternatively you can delete another report from the Report List (using the Delete Report key) to create space for your report.

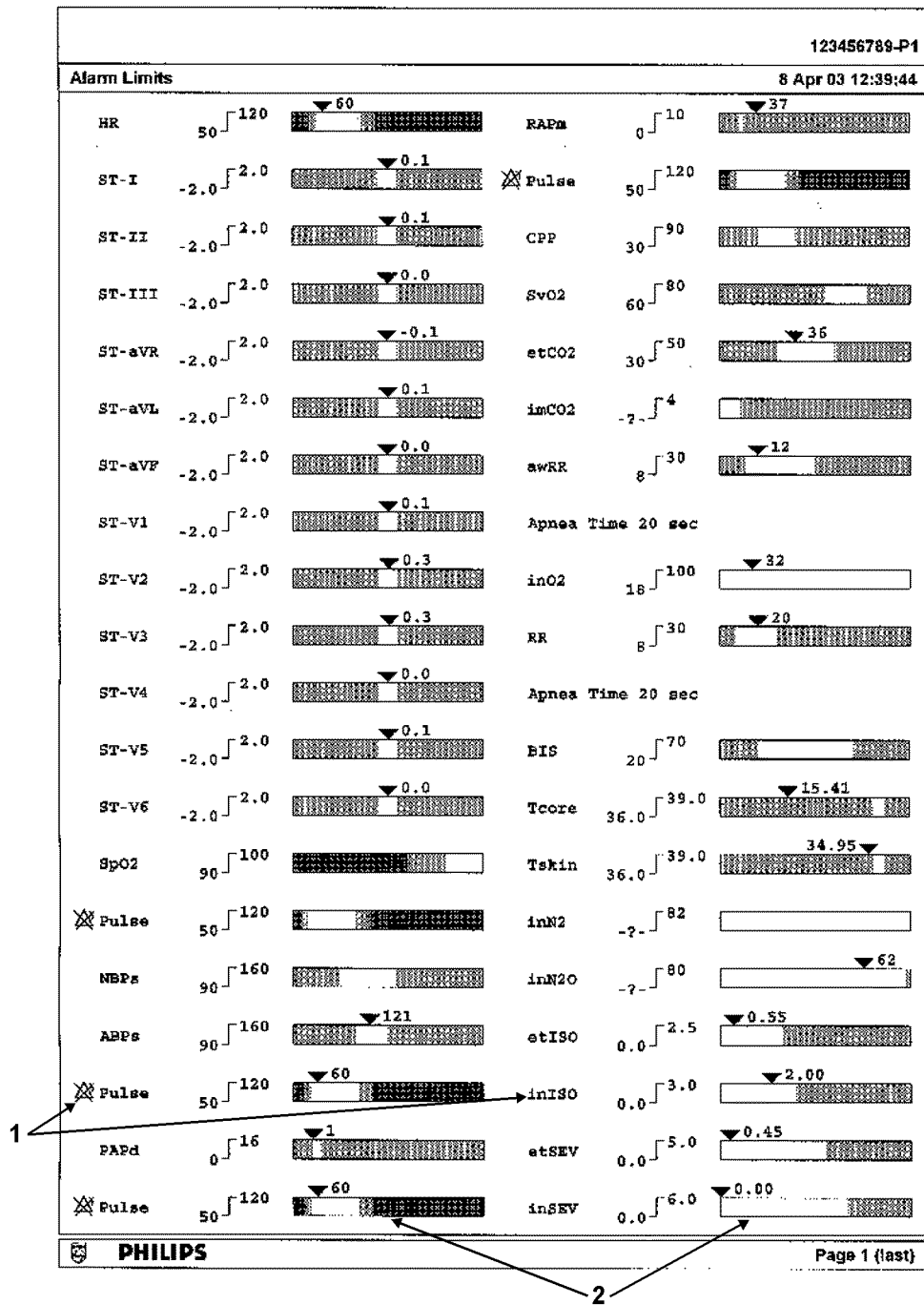
Printer Status Message	Possible causes and suggested action
Job on <Printer Name> failed (data unavailable)	A report cannot be started on the requested printer. One of three reasons is shown in the status message: • data unavailable - the connected X2 has been removed before the data for the report was transferred. • printer unavailable - make sure the printer is plugged in, switched on, and has paper loaded. • data requisition error - an internal error has caused data required for the report to be unavailable, try starting the report again.
Job on <Printer Name> failed (printer unavailable)	
Job on <Printer Name> failed (data requisition error)	
Print job on <Printer Name> done	The report has been printed.

Sample Report Printouts

Each report header contains the patient's bed label, last name and first name, middle name (if there is enough space) the patient ID, the date and time, and the name of the report. The report footer contains the hospital label and page number, and the last page contains a note to mark the report end.

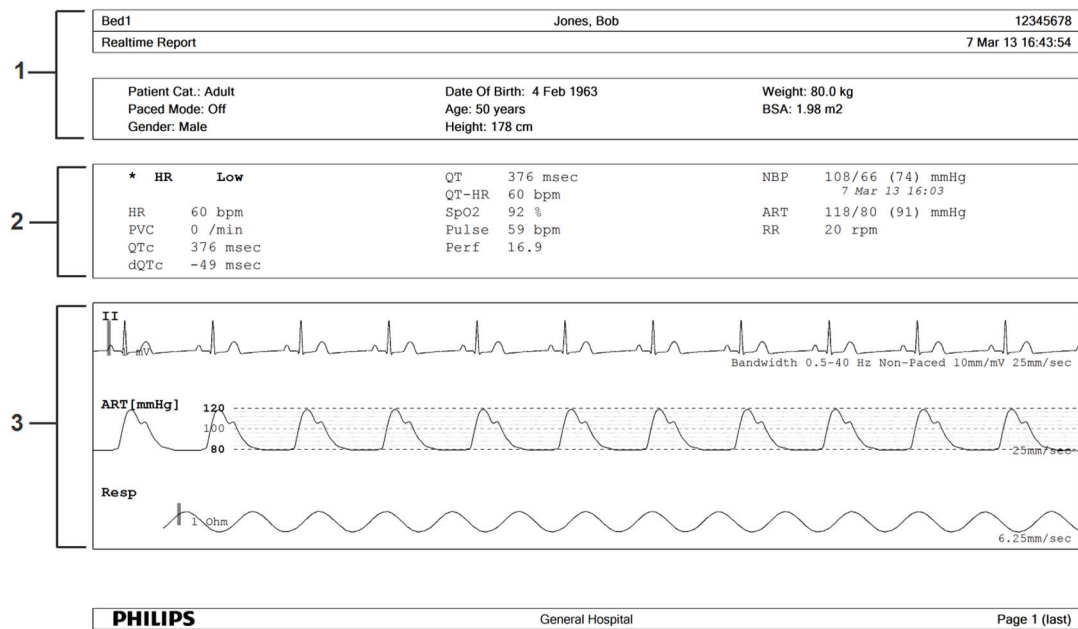
The monitor may be configured to leave a space on the top left or right of the report printout to enable you to stick a patient address label on it. This setting is called the **Addressograph** and it can only be changed in the monitor's Configuration Mode.

Alarm Limits Report



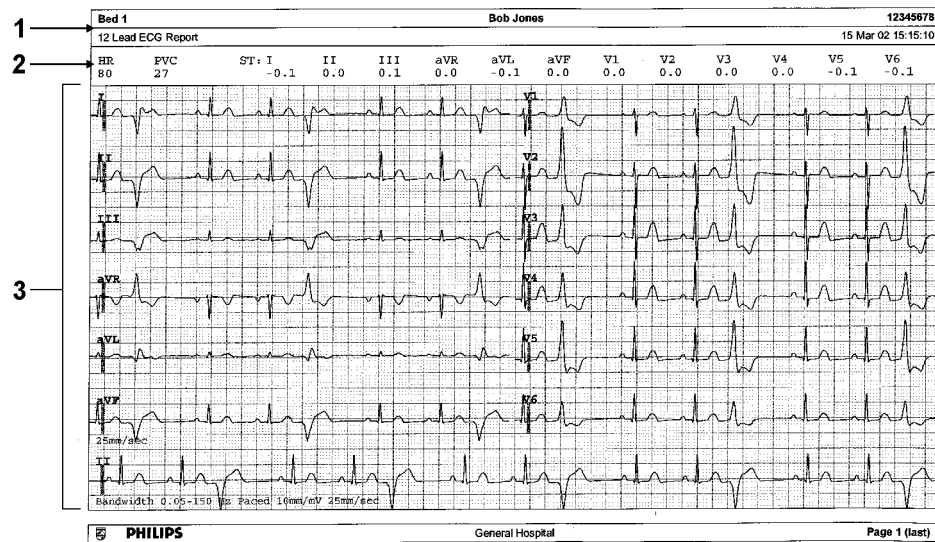
- 1 Measurement labels, with alarms off symbol where alarms are switched off
- 2 Graphic view of current alarm limits in relation to currently monitored measurement value

Realtime Report



- 1 Patient demographic information, time stamp
- 2 Active Alarms and INOPs, followed by vital signs
- 3 Measurement waves section

ECG Reports



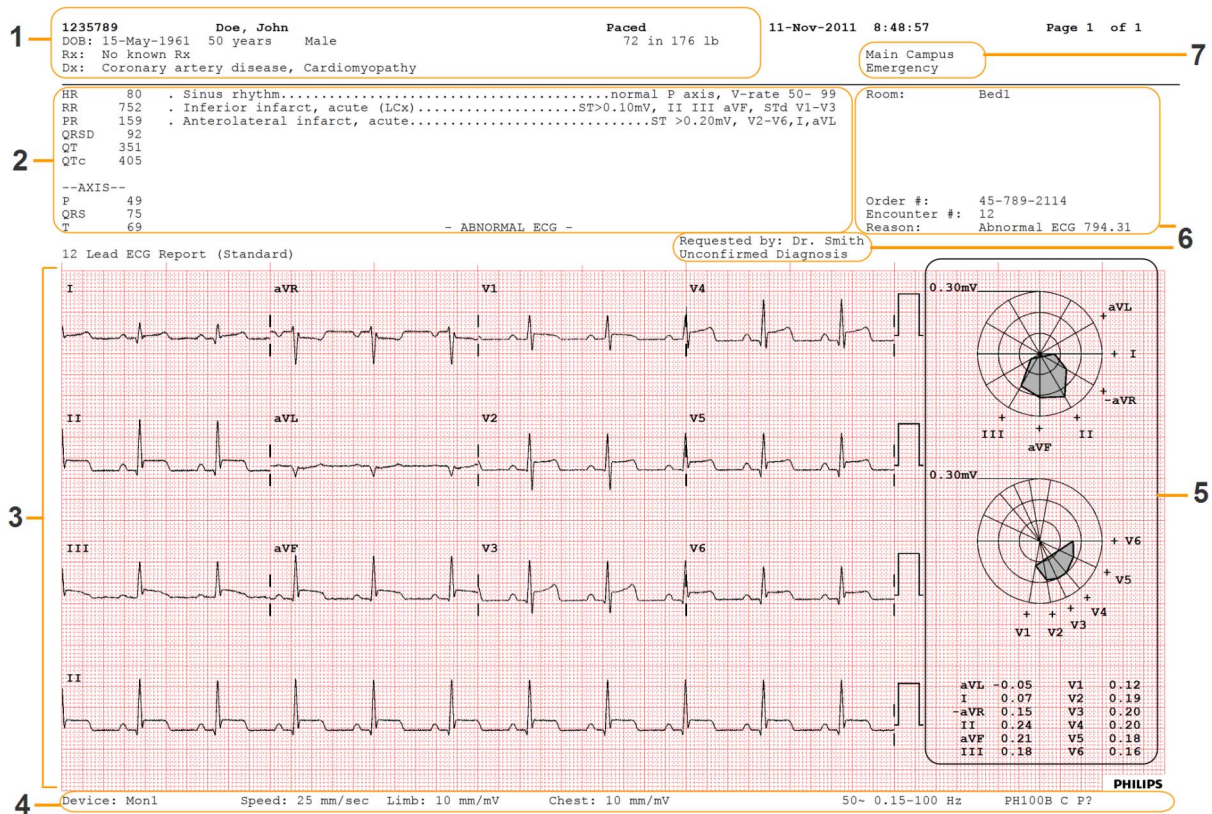
- 1 Patient information
- 2 Numeric block

3 Wave area

Below the header on ECG Reports, the numeric block shows the current HR, PVC, and ST values. The wave area shows the printed waves for all available ECG leads. A 1 mV calibration bar is printed at the beginning of each wave. With the 3X4, 6X2, and 2X4 formats, a rhythm stripe prints a longer section of the ECG wave from the primary ECG lead for ECG rhythm evaluation. The ECG signal bandwidth, the patient's paced status, the ECG gain, and the print speed are printed at the bottom of the wave area. Pace pulse marks are automatically printed beside the wave for paced patients. Beat labels can be set to print on the rhythm stripe. The 12X1 (2P) format prints the report over two pages.

ECG Report type	Available Formats	Available Paper Sizes
12-Lead ECG	3X4 landscape	A4, letter, A3, ledger
	6X2 landscape	A4, letter, A3, ledger
	12X1 portrait	A4 and letter only
	12X1 landscape	A4, letter, A3, ledger
	12X1 (2P) landscape	A4, letter (2 pages)
Multi-lead ECG	2X4 landscape	A4, letter, A3, ledger
	8X1 portrait	A4 and letter only
	8X1 landscape	A4, letter, A3, ledger

12-Lead ECG Report



- 1 Patient data
- 2 Analysis data from the Information Center (PIIC iX only)
- 3 12-Lead wave area
- 4 Data related to the wave presentation
- 5 ST Map with related ST numerics (optional)
- 6 Administrative data - including optional custom text fields
- 7 Hospital ID data - Institution, facility and department, if configured

Other Reports

See the sections on Trends and Calculations and the chapter on Event Surveillance for other example reports.

Using the Drug Calculator

Drug mixtures for intravenous (IV) drug infusions combine information on drug dose, rate, amount, volume, concentration, and standardized rate. The Drug Calculator helps you to manage infusions by calculating one of these values at a time.

Term	Definition	Units
Dose	total quantity of drug to be delivered to the patient over time	amount units per time or per kg/time, if the drug is weight-dependent
Rate	volume of the mixture to be delivered to the patient over time	ml/hour
Amount	amount of drug to be added to diluent to make up a mixture	ng, mcg*, mg, g, mUnit, Unit, where g stands for gram
Volume	quantity of mixture of diluent and drug	ml
Concentration	ratio of the amount of drug to the solution volume	amount units per ml
Standardized Rate	1 ml volume of the mixture to be delivered to the patient per hour	ml/hr

*Be aware that your hospital may use either 'µg' or 'mcg' as an abbreviation for microgram. These abbreviations are equivalent.

WARNING

Before you administer any drug, always check that the correct calculation units and patient category are selected. Consult your pharmacy if you have questions.

Decisions on the choice and dosage of drugs administered to patients must always be made by the physician in charge. The Drug Calculator performs calculations based on the values input during use, it does not check the plausibility of the calculations performed.

Accessing the Drug Calculator

To access the Drug Calculator, select **Main Setup** then **Calculations** followed by **Drug Calculator**, or

select the  **Drug Calc SmartKey**, if configured.

Performing Drug Calculations

Using the service Support Tool, a list of drugs can be configured for the monitor containing pre-defined dosage recommendations and unit settings. Selecting the arrow beside the drug name in the **Drug Calculator** window opens a list of configured drugs. Contact your pharmacist if you have any questions about the drugs in the list.

If **ANY DRUG** is the only entry in the list of drugs, no drugs have been pre-configured for your monitor. Drug calculations can be performed for non-specific drugs.

You must have a Support Tool to add additional drugs to the Drug Calculator.

About the Rule of Six

If the Rule of Six has been enabled for use with individual drugs in your Drug Calculator, you can use the formula in crisis situations to quickly calculate the amount of a drug needed to yield a target dose for continuous infusion for neonatal or pediatric patients (the drug amount is given in "mg", the patient weight in "kg"). The Rule of Six can only be used with the dose unit mcg/kg/min.

CAUTION

JCAHO (Joint Commission of Accredited Healthcare Organizations) recommends disabling the Rule of Six. The configuration is not JCAHO-compliant if Rule of Six is enabled.

The Drug Calculator uses the following formula for Rule of Six calculations, based on the patient's weight:

- For a target dose of 0.1 mcg/kg/min, the Drug Calculator multiplies 0.6 x patient weight to calculate the amount you need to add to the IV solution to equal a total of 100 ml.
- For a target dose of 1.0 mcg/kg/min, the Drug Calculator multiplies 6.0 x patient weight to calculate the amount you need to add to the IV solution to equal a total of 100 ml.

Performing Calculations for a Non-Specific Drug

The screenshot shows the 'Drug Calculator' window with the following fields and values:

Field	Value	Unit
Drug Selection	ANY DRUG	
Dose	2	mg/min
Rate	480	ml/hour
Amount	25	mg
Volume	100	ml
Concentr.	0.25	mg/ml
1 ml/hr	0.004	mg/min
Weight	150	lb

Numbered callouts point to the following elements:

- 1: ANY DRUG selection
- 2: Entry fields for Dose, Rate, Amount, and Volume
- 3: Calculated standardized rate (1 ml/h) and concentration (Concentr.)
- 4: Weight used for weight-dependent dose units

- 1 **ANY DRUG** selection
- 2 Entry fields for **Dose**, **Rate**, **Amount**, and **Volume**
- 3 Calculated standardized rate (**1 ml/h**) and concentration (**Concentr.**)
- 4 **Weight** used for weight-dependent dose units

If a list of drugs has not been configured for your monitor, you can use the Drug Calculator to calculate drug doses for a single, generic drug called **ANY DRUG**. Selecting the arrow beside the drug name in the **Drug Calculator** window shows that there are no other drugs configured.

- 1 Enter three of these four values: dose, amount, volume, rate of the infusion solution.
To enter values, select the correct unit, then select each value field and use the pop-up keypad to enter the correct value.
- 2 If you have chosen a weight-dependent dose unit, you must enter the patient weight now or choose a different unit.
If available, the patient weight from the **Patient Demographics** window is entered automatically in the **Drug Calculator** window when the Drug Calculator is accessed. To change the patient weight, select the **Weight** key then use the on-screen keypad to enter the correct value. This will not change the patient weight stored in the patient demographic information.
- 3 When you have entered three values, the Drug Calculator automatically calculates the unknown fourth value and shows it in the highlighted field. Standardized rate and concentration are also calculated.

Performing Calculations for a Specific Drug

The screenshot shows the 'Drug Calculator (Adult)' window for 'Demo Dobutamine'. It includes fields for Patient Category (Adult, Pedi, Neo), Dose (40 mcg/kg/mn), Rate (163.29 ml/hour), Amount (250 mg), Volume (250 ml), Concentr. (1 mg/ml), and Weight (150 lb). A vertical scale on the right indicates the current value (163.29) is within the recommended range (200-250). Numbered callouts 1 through 5 point to specific features: 1. Patient category (Adult, Pedi, Neo), 2. Entry fields for Dose, Rate, Amount, and Volume, 3. Calculated standardized rate (1 ml/h) and concentration (Concentr.), 4. Reset Values key, and 5. Weight used for weight-dependent dose units.

- 1 Patient category (**Adult**, **Pedi**, **Neo**)
- 2 Entry fields for **Dose**, **Rate**, **Amount**, and **Volume**
- 3 Calculated standardized rate (**1 ml/h**) and concentration (**Concentr.**)
- 4 **Reset Values** key reverts to the configured values for this drug
- 5 **Weight** used for weight-dependent dose units

- 1 Select the arrow beside **ANY DRUG**, then select the required drug from the list of drugs. This opens the window for the selected drug.
- 2 Select the correct patient category for your patient.
If you have a neonatal or pediatric patient, the **Rule of 6** choice may be available. Select if required.
- 3 Enter the patient weight, if necessary.
If available, the patient weight from the **Patient Demographics** window is entered automatically in the **Drug Calculator** window. To change the patient weight, select the **Weight** key then use the on-screen keypad to enter the correct value. This will not change the patient weight stored in the patient demographic information. Select the weight unit shown to change between lb and kg.
- 4 When a specific drug is selected, the initial values for **Dose**, **Amount** and **Volume** are the configured Start values for this drug. The **Rate** is then calculated. If other values are required you can calculate any value by entering the remaining three values as described in "Performing Calculations for a Non-Specific Drug" on page 301.

The column on the right of the window shows either drug dose or dosage rate, whichever is the calculated value. The current calculated value is shown on a scale with the recommended range in green. If the current calculated value lies outside the recommended range it is shown in red.

If you have changed values in the Drug Calculator and you want to revert to the configured values, select **Reset Values** key at any time.

Charting Infusion Progress

Drip Table					✕
Dobutamine			Amount	Volume	Drip Time
Dose	12	mcg/kg/mn	16.67	16.67	0:21:36
			33.33	33.33	0:43:12
			50	50	1:04:48
			66.67	66.67	1:26:24
Rate	46.38	ml/hour	83.33	83.33	1:48:00
			100	100	2:09:36
			116.67	116.67	2:31:12
			133.33	133.33	2:52:48
Amount	250	mg	150	150	3:13:48
			166.67	166.67	3:35:24
			183.33	183.33	3:57:00
			200	200	4:18:36
Volume	250	ml	216.67	216.67	4:40:12
			233.33	233.33	5:01:48
			250	250	5:23:24
Drip Time	5:23:24	hr:min:sec			

The **Drip Table** shows you at a glance how much of the infusion has been administered to your patient and how much time is left.

- To see the **Drip Table**, in the **Drug Calculator** window, select the **Drip Table** pop-up key.

If the Drip Time exceeds 24 hours, the Drip Time timestamp shows:

$$- \quad - \quad \begin{array}{c} \bullet \\ - \\ \bullet \end{array} - \quad - \quad \begin{array}{c} \bullet \\ - \\ \bullet \end{array} - \quad - \quad \bullet$$

Using the Titration Table

Titration Table						✕	
Dobutamine			Dose		12 mcg/kg/mn		
3	Dose increments		Rate		46.38 ml/hour		
2	From a low of	0 mcg/kg/mn	Amount		250 mg		
	To a high of	50 mcg/kg/mn	Volume		250 ml		
	In increments of	1 mcg/kg/mn	Weight		142 lb		
Dose	Rate	Dose	Rate	Dose	Rate	Dose	Rate
1	3.86	11	42.51	21	81.16	31	119.8
2	7.73	12	46.38	22	85.02	32	123.67
3	11.59	13	50.24	23	88.89	33	127.53
4	15.46	14	54.1	24	92.75	34	131.4
5	19.32	15	57.97	25	96.62	35	135.26
6	23.19	16	61.83	26	100.48	36	139.13
7	27.05	17	65.7	27	104.34	37	142.99
8	30.92	18	69.56	28	108.21	38	146.85
9	34.78	19	73.43	29	112.07	39	150.72
10	38.65	20	77.29	30	115.94	40	154.58

- 1 Currently set values for **Dose, Rate, Amount, Volume, and Weight**.
- 2 Minimum dose, maximum dose and increments used for the table.
- 3 Shows whether **Dose increments** or **Rate increments** are the basis of the table.

Use the **Titration Table** to see at a glance what dose your patient would receive of a drug at different infusion rates. By clicking on the blue title row of the table you can switch between the **Dose increments** and **Rate increments** view.

Values outside of the recommended range are shown in red.

To see the **Titration Table**,

- in the **Drug Calculator** window, select the pop-up key **Titr. Table**.

The **Titration Table** is configured with the service Support Tool.

Documenting Drug Calculations

- In the **Drug Calculator** window, select the pop-up key **Record DrugCalc** to immediately start a recording of the current drug calculation.
- In the **Titration Table** window, select the pop-up key **Print Titr.Tbl** to print a report of the current Titration Table.
- In the **Drip Table** window, select the pop-up key **Print Drip Tbl** to print a report of the current Drip Table.

Using Timers

With the Timers function you can set timers to notify you when a specific time period has expired.

CAUTION

Do not use the timers to schedule critical patient-related tasks.

Viewing Timers

You can view currently active timers in the **Timers** window or directly on the Main Screen (if a timer has been substituted for a numeric).

To open the **Timers** window:

- Select the **Timer** SmartKey



or

- Select **Main Setup** then select **Timer**

The maximum number of timers which can be active depends on your monitor model.

For a timer with a defined run time a progress bar is shown with the run time for that timer. Next to the progress bar the elapsed time or the remaining time is shown, depending on whether the timer is counting up or down. On the left, the label of the timer and a symbol indicating the type of expiry notification is shown.

Timer Types

There are four types of timer: **Basic**, **Enhanced**, **Cyclic** and **No Limit**. A **Basic** timer has a single, defined run time and progress is shown in the progress bar. An **Enhanced** timer is like a **Basic** timer but the progress bar shows progress beyond the end of the run time. A **Cyclic** timer is like a **Basic** timer but restarts automatically when the run time is expired. A **No Limit** timer has no run time or progress bar and shows the time elapsed since the timer was started.

The type of timer is set in the monitor's Configuration Mode and is associated with the timer label.

Timer Setup Pop-up Keys

When you open the **Timers** window and select a timer, then select the setup key, the setup window opens and a selection of pop-up keys appear to let you activate and control the timers.

Pop-Up Keys	Selecting this pop-up key lets you....
Start	start the timer.
Stop	stop the timer, allowing either restarting after a pause (Start key) or clearing (Clear key).
Clear	clear the timer, ending this timer episode.
Timers	return to the timer window showing all active timers

Setting Up Timers

The timer type, display color of the timer and whether a window automatically pops up on expiry are settings made in Configuration Mode for each timer label.

The remaining timer settings can be made in Monitoring Mode. If you change settings when a timer is running it will not be stopped. The timer will continue to count but the new settings will be applied.

To display the setup window for a timer,

- in the **Timers** window, select the required timer, then select the setup key or
- select a timer on the Screen then select **Setup Timers**.

Timer Label

You can select from a variety of specific labels, for example **Tourniquet**, **Infus**, **Docu** or from four non-specific labels **TimerA**, **TimerB**, **TimerC**, and **TimerD**. When you assign a label to a timer, the monitor automatically applies the associated configuration settings to this timer, but the timer continues counting and is not reset.

To select a label, in the **Timers** window:

- 1 Select the required timer and display the **Setup** window.
- 2 Select **Label**.
- 3 Select a specific or non-specific label from the list.

Run Time

The run time can be set between 1 minute and 96 hours. **No Limit** timers have no run time.

To set the run time, in the **Timers** window:

- 1 Select the required timer and display the **Setup** window.
- 2 Select **Run Time**.
- 3 Select a run time from the list.

Timer Counting Direction

Timers can count up or down, showing elapsed time or remaining time. **No Limit** timers automatically count up.

To change the direction, in the **Timers** window:

- 1 Select the required timer and display the **Setup** window.
- 2 Select **Direction** to switch between **Up** and **Down**.

Notification

When a timer expires (except a **No Limit** timer), the color changes to red and a message appears in the status line on the Main Screen. Be aware that if a timer has been configured to display in light red, the color will not visibly change when the timer expires.

Additional notification is also available and can be set to:

Alarm: An INOP alarm indicates the expiry of the timer

Sound: A single tone indicates the expiry of the timer

No Sound: No additional notification

To set the additional notification, in the **Timers** window:

- 1 Select the required timer and display the **Setup** window.
- 2 Select **Notification** and select the notification level required from the list.

Timer Volume

For all Timers with the notification setting **Sound**, you can set the volume of the tone.

To set the volume, in the **Timers** window:

- 1 Select the required timer and display the **Setup** window.
- 2 Select **Timer Volume** and select a volume setting from the list.

Displaying a Timer On The Main Screen

If you want to have a timer displayed on the Main Screen, you can substitute it for a numeric which is not directly associated with a wave. If limited space is available, some of the timer display elements may not be displayed. The minimum information displayed is the label and the elapsed or remaining time.



To display a timer on the Main Screen:

- 1 Select the numeric you want to substitute.
- 2 Select **Change Numeric**.
- 3 Select **Any Timer**.

Main Screen Timer Pop-up Keys

When you select a timer displayed on the Main Screen, additional pop-up keys become available:

Pop-Up Keys	Selecting this pop-up key lets you....
Setup <Timer Label>	enter the setup screen for the currently selected timer.
Change Timer	select a different timer for display.
Timers	enter the Timers window.

Displaying A Clock On The Main Screen

In the same way that you can substitute a timer for a numeric, you can also substitute a larger analog or digital clock display for a numeric.

To display a clock on the Main Screen:

- 1 Select the numeric you want to substitute.
- 2 Select **Change Numeric**.
- 3 Select **Clock**.

When you select the clock on the Main Screen you can select **Date, Time** in the menu to set the date and time.

Laboratory Data

Laboratory data can be entered manually at the Information Center or at the monitor. For details on manual entry at the monitor, see “Entering Measurements Manually” on page 33. Selected laboratory data can be integrated on the monitor - values are then stored in the database and included in trends and reports and can be displayed as a numeric on the main screen. Which data can be stored and used on the monitor in this way is selected in Configuration Mode.

Viewing Received Data

When new data has been received from the Information Center a **New Lab Data received. Check Lab Results Window.** message will appear with the arrival time. To view the data, select **Main Setup** then select **Lab Results** or the **Lab Results** SmartKey.

The **Lab Results** window shows the most recent set of data received. The data is grouped into categories:

- **Blood Gases**
- **Electrolytes**
- **Hematology**
- **Metabolites**
- **Chemistry**
- **Enzymes/Markers**
- **Coagulation**
- **Urine Diagnostics**

If no results are available for a particular category, that category will not be shown. Values which were entered manually at the Information Center will be marked with an asterisk (*).

Using Batteries

The Lithium Ion batteries used in your monitor store a large amount of energy in a small package. This allows reliable battery-operated monitoring but also requires care in use and handling of the batteries. Follow the instructions in this chapter and refer for further details to the Service Guide.

One Philips M4605A rechargeable Lithium Ion battery must be inserted into the battery compartment on the right side of the monitor to use the MP5 monitor with battery power.



1 Battery compartment

You can switch between battery-powered and mains-powered (AC) operation without interrupting monitoring.

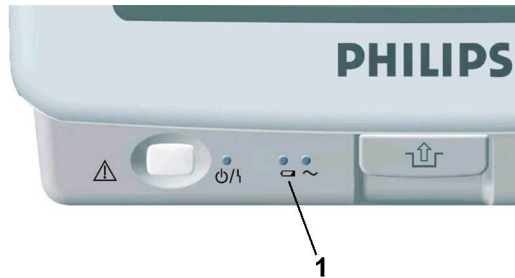
The battery normally recharges automatically when the monitor is connected to mains power.

Battery Power Indicators

The battery LED and battery status information on the Main Screen, in combination with INOP messages and prompts, help you keep track of the battery power status. The indicators always show the remaining capacity in relation to the battery's actual maximum capacity, which may lessen as the battery ages. You can see the actual capacity in the **Battery Status** window.

Battery LED

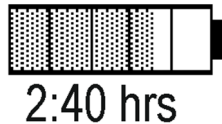
The battery LED on the front panel of the monitor is indicated by a battery symbol.



1 Battery LED

Battery LED Colors	If the monitor is connected to mains power, this means	If the monitor is running on battery power, this means
Green	battery power is > 90%	
Yellow	battery charging (battery power < 90%)	
Red, flashing		less than 10 minutes power remaining
Red, flashes intermittently	battery or charger malfunction	battery malfunction

Battery Status on the Main Screen



Battery status information can be configured to display permanently on all Screens. It shows the status of the battery, with the battery power remaining and, when the battery is not charging, an estimate of the monitoring time this represents.

Battery power gauge: This shows the remaining battery power. It is divided into sections, each representing 20% of the total power. If three and a half sections are filled, as in this example, this indicates that 70% battery power remains. If no battery is detected, the battery gauge is grayed-out. If no data is available from the battery, question marks are shown in the gauge.

Monitoring Time Available: Below the battery power gauge a time is displayed. This is the estimated monitoring time available with the current battery power. Note that this time fluctuates depending on the system load (the display brightness and how many measurements and recordings you carry out). If the remaining operating time is 00:00 the monitor shuts down automatically.

Battery malfunction symbols: If a problem is detected with the battery, these symbols are displayed. They may be accompanied by an INOP message or by a battery status message in the monitor information line providing more details.

Symbols indicating critical situations are colored red.

Battery status symbols		Battery malfunction symbols	
	battery is empty		(red) incompatible battery
	battery not charging as the temperature is above or below the specified range		(red) battery malfunction
	battery requires maintenance		(red) battery has no power left
	charging stopped to protect the battery		(red) battery temperature too high

Battery Status Window

- To access the **Battery Status** window and its associated pop-up keys, select the battery status information on the Screen, or select **Main Setup** then **Battery**.

Capacity, remaining tells you how much power is left in the battery.

Capacity, fullCharge tells you how much power the battery can hold when fully charged.

TimeToEmpty tells you approximately how long you can continue to use the monitor with this battery. Note that this time fluctuates depending on the system load (the display brightness and how many measurements and recordings you carry out).

TimeToFull is shown in place of **TimeToEmpty** if the monitor is connected to mains power, and tells you how much time is left until the battery is charged to 90%. If >10 hrs is shown here, the battery may not charge completely when the monitor is in use. You can use the 865432 Smart Battery Conditioner (previously M8043A) to charge the batteries externally.

Recording Battery Status

To print the information in the **Battery Status** window on a connected recorder,

- 1 Select the battery status information on the Screen to open the **Battery Status** window.
- 2 Select the **Record Status** pop-up key.

Printing Battery Reports

To print the information in the **Battery Status** window on a connected printer,

- 1 Select the battery status information on the Screen to open the **Battery Status** window
- 2 Select the **Print Status** pop-up key.

Checking Battery Charge

To check the charge status of a battery, refer to the battery power gauge on the screen, or open the **Battery Status** window.

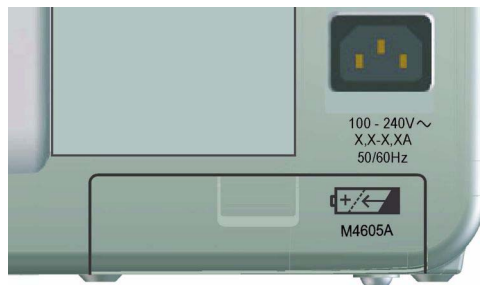
When Battery Lifetime is Expired

When the battery is aged, either after 3 years from manufacturing date or after 500 full charge/discharge cycles, it is recommended to replace the battery. To remind you of this, a message will appear in the **Battery Status** window. This message will only be displayed at the appropriate time when the date and time on the monitor is correct.

WARNING

The risk of battery failure increases with age, when a battery remains in use longer than 3 years or 500 full charge-discharge cycles. Such failures can result in overheating that in rare cases can cause the battery to ignite or explode.

Replacing a Battery



To replace the battery,

- 1 Press the battery compartment latch to open the battery compartment door.
- 2 Push the release clip in the compartment.
- 3 Pull gently on the canvas strap to move the battery towards you, then grasp the battery and pull it out fully.
- 4 Slide the new battery into position, making sure that the battery contacts are facing in the correct direction, as outlined on the inside of the battery compartment.
- 5 Close the battery compartment door.

Optimizing Battery Performance

The performance of rechargeable batteries may deteriorate over time. Battery maintenance as recommended here can help to slow down this process.

Display Brightness Setting

- 1 In the **Main Setup** menu, select **User Interface**, **Brightness**, then **Optimum**. This selects a level of brightness suitable for most monitoring locations that uses less battery power than brighter settings.
- 2 Ensure that the current level of brightness is suitable for your monitoring location.

Charging a Battery

A battery can be charged in monitors used to monitor patients. Charging is quicker in monitors which are switched off. You can also use the 865432 Smart Battery Conditioner (previously M8043A) to charge batteries.

- 1 Insert the battery into a monitor connected to mains power. The battery LED will light yellow to indicate that charging is in process (it can take up to three minutes before charging begins).
- 2 Charge the battery until it is full, the battery LED is green, and the battery power gauge is filled.

In certain situations, where many measurements are in use plus the recorder, the load on the monitor may be so high that the batteries will not charge. In this case you must use the 865432 Smart Battery Conditioner (previously M8043A Smart Battery Conditioner) to charge the battery.

Conditioning a Battery

You must condition a battery when its "battery requires maintenance" symbol shows on the Screen. Do not interrupt the charge or discharge cycle during conditioning. You can condition a battery in a monitor.

CAUTION

Do not use a monitor that is being used to condition batteries to monitor patients. The monitor switches off automatically when there is no battery power left.

It is, however, preferable to use the 865432 Smart Battery Conditioner (previously M8043A) for external battery conditioning. The Smart Battery Conditioner automatically performs the correct charge or conditioning process and evaluates the capacity when fully charged. For details please see the Instructions for Use for the Smart Battery Conditioner. Do not use any other battery chargers or conditioners.

To condition a battery using a monitor,

- 1 Insert the battery into a monitor connected to mains power.
- 2 Switch the monitor power off.
- 3 Charge the battery until it is completely full. Open the **Battery Status** window and check that the **Batt fully charged** message is displayed.
- 4 Disconnect the monitor from mains power, and let the monitor run until there is no battery power left and the monitor switches itself off.
- 5 Reconnect the monitor to mains power and charge the battery until it is full for use or charge to 50% for storage.

Storing a Battery

A battery should not remain inside the monitor if it is not used for a longer period of time. If batteries are stored for an extended period of time, they should be stored in a cool place, ideally at 15°C (60°F), with a state of charge of 20% to 40%. Storing batteries in a cool place slows the aging process. The batteries should not be stored at a temperature outside the range of -20°C (-4°F) to 60°C (140°F).

Stored batteries should be partially charged to 20% to 40% of their capacity every 6 months. They should be charged to full capacity prior to use.

Storing batteries at temperatures above 38°C (100°F) for extended periods of time could significantly reduce the batteries' life expectancy.

WARNING

The battery will discharge over time if it is stored inside the monitor without AC power connection. The reported values for "remaining capacity" and "runtime" will become less accurate when the battery is stored in this way for a longer period of time (that is, several weeks). In the worst case this can lead to unexpected monitor shutdowns when the monitor is put back into use.

Disposing of Used Batteries

Dispose of used batteries promptly and in an environmentally-responsible manner. Discharge the batteries and insulate the terminals with tape before disposal. Do not dispose of the battery in normal waste containers. Consult your hospital administrator to find out about local arrangements.

Battery Safety Information

WARNING

- Use only Philips batteries specified in the chapter on "Accessories". Use of a different battery may present a risk of fire or explosion.
 - Do not open batteries, heat above 60°C (140°F), incinerate batteries, or cause them to short circuit. They may ignite, explode, leak or heat up, causing personal injury.
 - If battery leakage should occur, use caution in removing the battery. Avoid contact with skin. Refer to qualified service personnel.
 - Do not expose batteries to liquids.
 - Do not apply reverse polarity.
 - Do not crush, drop or puncture batteries - mechanical abuse can lead to internal damage and internal short circuits which may not be visible externally.
 - If a battery has been dropped or banged against a hard surface, whether damage is visible externally or not:
 - discontinue use
 - dispose of the battery in accordance with the disposal instructions above.
 - Keep batteries out of the reach of children
 - Keep batteries in their original package until you are ready to use them.
-

Care and Cleaning

Use only the Philips-approved substances and methods listed in this chapter to clean or disinfect your equipment. Warranty does not cover damage caused by using unapproved substances or methods.

Philips makes no claims regarding the efficacy of the listed chemicals or methods as a means for controlling infection. Consult your hospital's Infection Control Officer or Epidemiologist. For comprehensive details on cleaning agents and their efficacy refer to "Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health Care and Public-Safety Workers" issued by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, Georgia, February 1989. See also any local policies that apply within your hospital, and country.

General Points

Keep your monitor, cables and accessories free of dust and dirt.

After cleaning and disinfection, check the equipment carefully. Do not use if you see signs of deterioration or damage. If you need to return any equipment to Philips, decontaminate it first.

Observe the following general precautions:

- Always dilute cleaning agents according to the manufacturer's instructions or use lowest possible concentration.
- Do not allow liquid to enter the case.
- Do not immerse any part of the equipment or any accessories in liquid.
- Do not pour liquid onto the system.
- Never use abrasive material (such as steel wool or silver polish).
- Never use bleach except in an approved product listed in this chapter.

WARNING

If you spill liquid on the equipment, battery, or accessories, or they are accidentally immersed in liquid, contact your service personnel or Philips service engineer. Do not operate the equipment before it has been tested and approved for further use.

Cleaning the Monitor

Clean with a lint-free cloth, moistened with warm water (40°C/104°F maximum) and soap, a diluted non-caustic detergent, tenside, ammonia- or alcohol-based cleaning agent. Do not use strong solvents such as acetone or trichloroethylene.

Take extra care when cleaning the screen of the monitor because it is more sensitive to rough cleaning methods than the housing. Do not permit any liquid to enter the monitor case and avoid pouring it on the monitor while cleaning. Do not allow water or cleaning solution to enter the measurement connectors. Wipe around, not over, connector sockets.

CAUTION

To clean the touch-enabled display, disable the touch operation by switching off the monitor during the cleaning procedure, or by selecting and holding the **Main Screen** key until the padlock symbol appears on it, indicating that touch operation is disabled. Select and hold again to re-enable touch operation.

Recommended cleaning agents are:

Tensides (dishwasher detergents)	Edisonite Schnellreiniger [®] , Alconox [®]
Ammonias	Dilution of Ammonia <3%, Window cleaner
Alcohol	Ethanol 70%, Isopropanol 70%, Window cleaner

Disinfecting the Equipment

CAUTION

Solutions: Do not mix disinfecting solutions (such as bleach and ammonia) as hazardous gases may result.

Clean equipment before disinfecting. Recommended types of disinfecting agents are:

Product Name	Product Type	Ingredients
Isopropanol	liquid	Isopropanol 80%
Bacillol [®] AF	liquid, spray	100 g concentrate contains: Propan-1-ol 45.0 g; Propan-2-ol 25.0 g; Ethanol 4.7 g
Bacillol [®] 25	liquid	Ethanol 100 mg/g Propan-2-ol (= 2-Propanol) 90 mg/g; Propan-1-ol (= 1-Propanol) 60 mg/g
Meliseptol [®]	spray	50% 1-Propanol
Accel TB RTU	liquid	0.5% accelerated hydrogen peroxide
Oxivir [®] Tb Cleaner Disinfectant	spray	0.5% accelerated hydrogen peroxide
Oxivir [®] Tb Wipes	wipes	0.5% accelerated hydrogen peroxide

Product Name	Product Type	Ingredients
Carpe Diem ^{TM/MC} Tb Ready-to-Use General Virucide, Bactericide, Tuberculocide, Fungicide, Sanitizer	spray	0.5% accelerated hydrogen peroxide
Carpe Diem ^{TM/MC} Tb Wipes	wipes	0.5% accelerated hydrogen peroxide
Super Sani-Cloth Germicidal Disposable Wipes	wipes	isopropanol 55% quaternary ammonium chlorides 0.5%
SANI-CLOTH [®] PLUS Germicidal Disposable Wipes	wipes	isopropanol 15% quaternary ammonium chlorides 0.25%
SANI-CLOTH [®] HB Germicidal Germicidal Disposable Wipes	wipes	isopropanol < 0.15% quaternary ammonium chlorides 0.14%
Clorox [®] Hydrogen Peroxide Disinfecting Wipes ¹	wipes	1 - 5% hydrogen peroxide 1 - 5% benzyl alcohol

¹ Do not use Clorox[®] Hydrogen Peroxide Disinfecting Wipes for snap fits (for example the battery cover) or hinges. Remove all residues with water after the residence time. For repeated or prolonged use, wear rubber or nitrile gloves to protect your hands.

Sterilizing the Equipment

Sterilization is not allowed for this monitor, related products, accessories or supplies unless otherwise indicated in the Instructions for Use that accompany the accessories and supplies.

Cleaning, Sterilizing and Disinfecting Monitoring Accessories

To clean, disinfect and sterilize reusable transducers, sensors, cables, leads, and so forth, refer to the instructions delivered with the accessory. If no instructions are delivered with the accessory, the instructions given in this chapter for cleaning, disinfecting and sterilizing the monitor are applicable.

Cleaning and Disinfecting the Predictive Temperature Accessories

Probes

Wipe the probe and cord regularly with a cloth dampened with warm water and a mild detergent solution.

As needed, disinfect the probe and cord with a 70% isopropyl alcohol solution, or a nonstaining disinfectant.

Probe Holders

- 1 Disconnect the probe and remove it from the holder.
- 2 Remove the holder from the unit.
- 3 Clean the inner and outer surfaces by swabbing them with a cloth dampened with a mild detergent solution.
- 4 As needed, disinfect the probe holder with a 70% isopropyl alcohol solution, or a nonstaining disinfectant.
- 5 Thoroughly dry all surfaces before reassembling the equipment.

Cleaning and Disinfecting the Tympanic Temperature Accessories

Probe and Thermometer Body

- 1 Wipe the thermometer body clean with a damp cloth. The water temperature should not exceed 55°C (130°F). Do not soak, rinse, or submerge the thermometer under water. You may add a mild detergent to the water.
- 2 Clean the probe tip with a lint free swab. If the probe tip is soiled, clean it with a dampened swab.
- 3 After you have removed all foreign matter, clean the thermometer lens at the end of the probe tip with a lint free swab or lens wipe. The thermometer lens must be free from fingerprints and/or smudges for proper operation.
- 4 Thoroughly dry all surfaces.

After cleaning wait 30 minutes for the thermometer to dry completely before using it for measurements.

CAUTION

Do not use cleaners and disinfectants such as Spray-Nine™, PhisoHex™, Hibiclens™, or Vesta-Syte™ as they may result in damage to the thermometer case.

Occasional use of a 10:1 water and hypochlorite mixture or a damp isopropyl alcohol wipe or Cidex™ or ManuKlenz™ or VIROX™ or CaviWipes™ cleansing agents is acceptable, however, prolonged or repeated use of these chemicals may result in damage to the thermometer case and display area.

Use of a cloth or sponge is recommended for cleaning. Never use an abrasive pad or an abrasive cleaner on the thermometer.

The thermometer is non-sterile. Do not use ethylene oxide gas, heat, autoclave, or any other harsh method to sterilize this thermometer.

Cleaning Batteries and the Battery Compartment

Wipe with a lint-free cloth, moistened with warm water (40°C/104°F maximum) and soap. Do not use strong solvents. Do not soak the battery.

Maintenance and Troubleshooting

WARNING

Schedule: Failure on the part of the responsible individual hospital or institution employing the use of this equipment to implement a satisfactory maintenance schedule may cause undue equipment failure and possible health hazards.

Contact: If you discover a problem with any of the equipment, contact your service personnel, Philips, or your authorized supplier.

Inspecting the Equipment and Accessories

Perform a visual inspection before every use, and in accordance with your hospital's policy. With the monitor switched off:

- 1 Examine unit exteriors for cleanliness and general physical condition. Make sure that the housings are not cracked or broken, that everything is present, that there are no spilled liquids and that there are no signs of abuse.
- 2 Inspect all accessories (cables, transducers, sensors and so forth). If any show signs of damage, or the use-by date has been exceeded, do not use.
- 3 Switch the monitor on and make sure the backlight is bright enough. Check that screen is at its full brightness. If the brightness is not adequate, contact your service personnel or your supplier.

WARNING

Electrical Shock Hazard: Do not open the monitor or measurement device. Contact with exposed electrical components may cause electrical shock. Always turn off and remove power before cleaning the sensor, monitor or measurement device. Do not use a damaged sensor or one with exposed electrical contacts. Refer servicing to qualified service personnel.

Inspecting the Cables and Cords

- 1 Examine all system cables, the power plug and cord for damage. Make sure that the prongs of the plug do not move in the casing. If damaged, replace it with an appropriate Philips power cord.
- 2 Inspect the patient cables, leads and their strain reliefs for general condition. Make sure there are no breaks in the insulation. Make sure that the connectors are properly engaged at each end to prevent rotation or other strain.
- 3 Apply the transducer or electrodes to the patient, and with the monitor switched on, flex the patient cables near each end to make sure that there are no intermittent faults.

Maintenance Task and Test Schedule

The following tasks are for Philips-qualified service professionals only. All maintenance tasks and performance tests are documented in detail in the service documentation supplied on the monitor documentation DVD.

Ensure that these tasks are carried out as indicated by the monitor's maintenance schedule, or as specified by local laws. Contact a Philips-qualified service provider if your monitor needs a safety or performance test. Clean and disinfect equipment to decontaminate it before testing or maintaining it.

Maintenance and Test Schedule	Frequency
Monitor Tests	
Safety checks. Selected tests on the basis of IEC 60601-1	At least once every two years, or as needed, after any repairs where the power supply is removed or replaced, or if the monitor has been dropped.
Monitor Maintenance	
Check ECG synchronization of the monitor and defibrillator (only if hospital protocol requires use of monitor during defibrillation)	At least once every two years, or as needed.
Replace backlight (integrated displays only)	50,000 hours (about four years) of continuous usage, or as needed.
Measurement Tests	
Performance assurance for all measurements not listed below.	At least once every two years, or if you suspect the measurement values are incorrect.
Measurement Maintenance	
NBP calibration	At least once every two years, or as specified by local laws.
Mainstream and sidestream CO ₂ calibration and sidestream flow check	At least once a year, or if you suspect the measurement values are incorrect.
Microstream CO ₂ calibration and performance test	At least once a year or after 4000 operating hours.
Predictive Temperature	At least once a year, or if you suspect the measurement values are incorrect.
Battery Maintenance	
Battery	See the section on Maintaining Batteries

Troubleshooting

If you suspect a problem with an individual measurement, read the Instructions for Use and double-check that you have set up the measurement correctly.

If you suspect an intermittent, system-wide problem call your service personnel. You may be asked for information from the status log. To view the status log,

- 1 In the **Main Setup** menu, select **Revisions**.
- 2 Select a pop-up key according to the status log you want to consult.
- 3 View the status log by selecting **Status Log** from the **Monitor Revision** window.

Returning Equipment for Repair

Before returning equipment for repair:

- disinfect and decontaminate the equipment appropriately.
- ensure that all patient data has been removed (i.e. that no patient is admitted).

Disposing of the Monitor

WARNING

To avoid contaminating or infecting personnel, the environment or other equipment, make sure you disinfect and decontaminate the monitor appropriately before disposing of it in accordance with your country's laws for equipment containing electrical and electronic parts. For disposal of parts and accessories such as thermometers, where not otherwise specified, follow local regulations regarding disposal of hospital waste.

You can disassemble the monitor as described in the Service Guide.

You will find detailed disposal information on the following web page:

<http://www.healthcare.philips.com/main/about/Sustainability/Recycling/pm.wpd>

The Recycling Passports located there contain information on the material content of the equipment, including potentially dangerous materials which must be removed before recycling (for example, batteries and parts containing mercury or magnesium).



Do not dispose of electrical and electronic equipment as unsorted municipal waste. Collect it separately, so that it can be safely and properly reused, treated, recycled, or recovered.

Disposing of Empty Calibration Gas Cylinders

- 1 Empty the cylinder completely by pushing in the pin of the regulator valve or by pulling out the pin of the fill valve using a tire valve stem wrench or a pair of needle nose pliers.

- 2 When the cylinder is empty, either remove the valve stem from the fill (or regulator) hole, or drill a hole in the cylinder.
- 3 Write "Empty" on the cylinder and dispose of it appropriately for scrap metal.

WARNING

Ensure that the cylinder is completely empty before trying to remove the valve stem or drill a hole in the cylinder.

Accessories

This chapter lists Philips-approved accessories for use with patient monitors as described in this document. You can order parts and accessories from Philips supplies at www.medical.philips.com or consult your local Philips representative for details. Some accessories may not be available in all countries.

All accessories listed in this chapter comply, in combination with the patient monitor, with the requirements of IEC 60601-1-2.

WARNING

Reuse: Never reuse disposable transducers, sensors, accessories and so forth that are intended for single use, or single patient use only. Reuse may compromise device functionality and system performance and cause a potential hazard.

Philips' approval: Use only Philips-approved accessories. Using non-Philips-approved accessories may compromise device functionality and system performance and cause a potential hazard.

Packaging: Do not use a sterilized accessory if its packaging is damaged.

Correct Use: Always follow the instructions for use supplied with the accessories.

ECG/Resp Accessories



This symbol indicates that the cables and accessories are designed to have special protection against electric shocks (particularly regarding allowable leakage currents), and are defibrillator proof.

The following cables may not all be available in all countries. Please check availability with your local Philips supplier.

Trunk Cables

For use with:	Part No.	Length
3-Electrode Cable Set	M1669A	2.7 m
3-Electrode Cable Set, OR	989803170171	2.7 m
5-Electrode Cable Set	M1668A	2.7 m
5-Electrode Cable Set, OR	989803170181	2.7 m

For use with:	Part No.	Length
6-Electrode Cable Set	M1667A	2.7 m
10-Electrode Cable set (5+5)	M1663A	2.7 m
10-Electrode Cable set (6+4)	M1665A	2.7 m

3-Electrode Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
OR Grabber shielded	1.0 m	M1675A	M1678A
ICU Grabber shielded	1.0 m	M1671A	M1672A
ICU snap shielded	1.0 m	M1673A	M1674A
ICU Clip non-shielded	0.45 m	M1622A	--
ICU Clip non-shielded	0.7 m	M1624A	M1626A

Single Patient 3-Electrode Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
ICU Grabber shielded	1.0 m	989803173121	989803174201
ICU Grabber shielded	0.84 m	989803173141	-

5-Electrode Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
OR Grabber shielded	1.0 m/1.6 m	M1973A	M1974A
ICU Grabber shielded	1.0 m/1.6 m	M1968A	M1971A
ICU Snap shielded	1.0 m/1.6 m	M1644A	M1645A
ICU Miniclip non-shielded	0.7 m/1.3 m	M1647A	M1648A

Single Patient 5-Electrode Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
ICU Grabber shielded	1.0 m	989803173131	989803174211
ICU Grabber shielded	0.85 m	989803173151	-

6-Electrode Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
OR Grabber	1.0 m/1.6 m	M1684A	M1685A
ICU Grabber	1.0 m/1.6 m	M1680A	M1681A
ICU Snap	1.0 m/1.6 m	M1682A	M1683A

10-Electrode (5+5) Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
ICU Grabber, chest, shielded	1.0 m	M1976A	M1978A
ICU Snap, chest, shielded	1.0 m	M1602A	M1604A
OR Grabber, chest, shielded	1.0 m	M1979A	M1984A
For Limb Leads see 5-electrode cable sets			

10-Electrode (6+4) Cable Sets

Description	Length	AAMI Part No.	IEC Part No.
ICU Grabber, chest, shielded	1.0 m	M1532A	M1533A
ICU Snap, chest, shielded	1.0 m	M1537A	M1538A
OR Grabber, chest, shielded	1.0 m	M1557A	M1558A
For Limb Leads see 6-electrode cable sets			

One-piece Cables

Description	Length	AAMI Part No.	IEC Part No.
3-lead Grabber, ICU	1.0 m	989803143181	989803143171
5-lead Grabber, ICU	1.0 m	989803143201	989803143191

Radio-translucent Cables

Pack of five single wires, radio-translucent, 0.9 m, M1649A

Set Combiners and Organizers

Description		Part No.
Set combiner	3-electrode	M1501A
	5-electrode	M1502A
Set organizer for shielded leadsets - grabber and snap	3-electrode	M1503A
	4-electrode	M1664A
	5-electrode	M1504A
	6-electrode	M1679A
Set organizer for non-shielded lead sets - miniclip	3-electrode	M1636A
	5-electrode	M1638A
Bedsheet clip		M1509A
Replacement red cover for trunk cable (for 5-electrode cable sets)		989808148861

NBP Accessories



These cuffs and tubings are designed to have special protection against electric shocks (particularly regarding allowable leakage currents), and are defibrillator proof. You can use them during electrosurgery.

Adult/Pediatric Reusable Comfort Care Cuffs

Patient Category	Limb Circumference	Part No.	Tubing
Adult (Thigh)	42 to 54 cm	M1576A	M1598B (1.5 m) or M1599B (3 m)
Large Adult	34 to 43 cm	M1575A	
Large Adult XL	34 to 43 cm	M1575XL	
Adult	27 to 35 cm	M1574A	
Adult XL	27 to 35 cm	M1574XL	
Small Adult	20.5 to 28 cm	M1573A	
Small Adult XL	20.5 to 28 cm	M1573XL	
Pediatric	14 to 21.5 cm	M1572A	
Infant	10 to 15 cm	M1571A	

Adult/Pediatric Reusable Comfort Care Cuff Kits

Cuff Kits	Part No.
Infant, pediatric, small adult, adult	M1577A
Small adult, adult, large adult, thigh	M1578A
Infant, pediatric, small adult, adult, large adult, thigh	M1579A
Small adult XL, adult XL, large adult XL	M1579XL

Adult/Pediatric Reusable Easy Care Cuffs

Patient Category	Limb Circumference	Part No. (Pack of five)	Tubing
Adult Thigh	44 - 56 cm	M4559B (M4559B5)	M1598B (1.5 m) or M1599B (3 m)
Large Adult X-Long	35 - 45 cm	M4558B (M4558B5)	
Large Adult	35 - 45 cm	M4557B (M4557B5)	
Adult X-Long	27.5 - 36 cm	M4556B (M4556B5)	
Adult	27.5 - 36 cm	M4555B (M4555B5)	
Small Adult	20.5 - 28.5 cm	M4554B (M4554B5)	
Pediatric	14 - 21.5 cm	M4553B (M4553B5)	
Infant	10 - 15 cm	M4552B (M4552B5)	

Adult/Pediatric Reusable Easy Care Cuff Kits

Cuff Kits	Part No.
Assortment pack of one small adult, one adult, one large adult and one thigh cuff	864288
Assortment pack of one infant, one pediatric, one small adult and one adult cuff	864289
Assortment pack of one infant, one pediatric, one small adult, one adult, one large adult and one thigh cuff	864290
Assortment pack of one small adult, one adult, one adult X-long, one large adult, one large adult X-long and one thigh cuff	864291

Adult/Pediatric Multi Care Cuffs

Patient Category	Limb Circumference	Part No.	Tubing
Adult Thigh	42.0 - 54.0 cm	989803183371	M1598B (1.5 m) or M1599B (3 m)
Large Adult	34.0 - 43.0 cm	989803183361	
Large Adult X-Long	27.0 - 35.0 cm	989803183351	
Adult	27.0 - 35.0 cm	989803183341	
Small Adult	20.5 - 28.0 cm	989803183331	
Pediatric	14.0 - 21.5 cm	989803183321	
Infant	10.0 - 15.0 cm	989803183311	

Adult/Pediatric Single Patient, Gentle Care Cuffs

Patient Category	Limb Circumference	Part No.	Tubing
Adult (Thigh)	44 - 56 cm	M4579B	M1598B (1.5 m) or M1599B (3 m)
Large Adult X-Long	35 - 45 cm	M4578B	
Large Adult	35 - 45 cm	M4577B	
Adult X-Long	27.5 - 36 cm	M4576B	
Adult	27.5 - 36 cm	M4575B	
Small Adult	20.5 - 28.5 cm	M4574B	
Pediatric	14.0 - 21.5 cm	M4573B	
Infant	10 - 15 cm	M4572B	

Adult/Pediatric Single Care Cuffs

Patient Category	Limb Circumference	Part No.	Tubing
Large Adult	35.0 - 45.0 cm	989803182321	M1598B (1.5 m) or M1599B (3 m)
Adult X-Long	27.5 - 36.0 cm	989803182311	
Adult	27.5 - 36.0 cm	989803182301	
Small Adult	20.5 - 28.5 cm	989803182291	
Pediatric	14.0 - 21.5 cm	989803182281	

Adult/Pediatric Value Care Cuffs

Patient Category	Limb Circumference	Part No.	Tubing
Large Adult	34.0 - 43.0 cm	989803160861	
Adult XL	27.0 - 35.0 cm	989803160851	M1598B (1.5 m) or M1599B (3 m)
Adult	27.0 - 35.0 cm	989803160841	
Small Adult	20.5 - 28.0 cm	989803160831	
Pediatric	14.0 - 21.5 cm	989803160821	
Infant	10.0 - 15.0 cm	989803160811	

Neonatal/Infant Single Patient Cuffs

Cuffs	Limb Circumference	Part No. A - Luer connector B - ISO 80369-1 compliant connector	Tubing
Size 1	3.1 to 5.7 cm	M1866A/B	For A-version cuffs: M1596B (1.5 m) or M1597B (3 m) For B-version cuffs: M1596C (1.5 m) or M1597C (3 m)
Size 2	4.3 to 8.0 cm	M1868A/B	
Size 3	5.8 to 10.9 cm	M1870A/B	
Size 4	7.1 to 13.1 cm	M1872A/B	
Size 5 (Infant)	10 to 15 cm	M1873B	

Neonatal/Infant Single Patient, Soft Cuffs

Cuffs	Limb Circumference	Part No.	Tubing
Size 1	3.1 to 5.7 cm	M1866S	M1596C (1.5 m) or M1597C (3 m)
Size 2	4.3 to 8.0 cm	M1868S	
Size 3	5.8 to 10.9 cm	M1870S	
Size 4	7.1 to 13.1 cm	M1872S	
Size 5 (Infant)	10 to 15 cm	M1873S	

Neonatal/Infant Cuff Kits

Cuff Kits	Part No.
Standard, Single Patient, Luer connector: 10 x M1866A, 10 x M1868A, 10 x M1872A, and 20 x M1870A	M1820-60020
Standard, Single Patient, ISO 80369-1 compliant connector: 5 x M1866B, 10 x M1868B, 20 x M1870B, 10 x M1872B, and 5 x M1873B	989803167541
Soft, Single Patient, ISO 80369-1 compliant connector: 5 x M1866S, 10 x M1868S, 20 x M1870S, 10 x M1872S, 5 x M1873S	989803167551

IntelliVue CL NBP Pod Accessories

Mobile CL Cuffs and Accessories

Part Number	Description	Limb Circumference Range	Bladder Width	Contents
989803163171	Mobile CL Reusable Small Adult Cuff	21 - 27 cm	10.5 cm	1 cuff
989803163191	Mobile CL Reusable Adult Cuff	26.0 - 34.5 cm	13.0 cm	1 cuff
989803163211	Mobile CL Reusable Large Adult Cuff	33.5 - 45.0 cm	16.0 cm	1 cuff
989803163181	Mobile CL Single-Patient Small Adult Cuff	21 - 27 cm	10.5 cm	20 cuffs
989803163201	Mobile CL Single-Patient Adult Cuff	26.0 - 34.5 cm	13.0 cm	20 cuffs
989803163221	Mobile CL Single-Patient Large Adult Cuff	33.5 - 45.0 cm	16.0 cm	20 cuffs
989803163251	Mobile CL NBP Cradle Kit	-	-	20 cradles
989803163131	Mobile CL Extension Air Hose, 1.0 m	-	-	1 extension air hose
989803187431	Mobile CL Air Hose - Bayonet Connector	-	-	1 adapter air hose
989803163261	Mobile CL NBP Battery Kit	-	-	1 Battery 1 disassembly tool 1 front housing
989803137831	Telemetry Pouch with window	-	-	50 pouches
989803140371	Telemetry Pouch with window	-	-	4 boxes of 50 pouches
989803101971 (9300-0768-050)	White Telemetry Pouch with Snaps; box of 50	-	-	50 pouches
989803101981 (9300-0768-200)	White Telemetry Pouch with Snaps; 4 boxes of 50	-	-	4 boxes of 50 pouches

Comfort Reusable Cuffs

Part Number	Description	Limb Circumference Range
M1571A	Infant cuff	10.0 - 15.0 cm
M1572A	Pediatric cuff	14.0 - 21.5 cm
M1573A	Small adult cuff	20.5 - 28.0 cm
M1573XL	Small adult cuff, X-Long	20.5 - 28.0 cm
M1574A	Adult cuff	27.0 - 35.0 cm
M1574XL	Adult cuff, X-Long	27.0 - 35.0 cm

33 Accessories

Part Number	Description	Limb Circumference Range
M1575A	Large adult cuff	34.0 - 43.0 cm
M1575XL	Large adult cuff, X-Long	34.0 - 43.0 cm
M1576A	Thigh cuff	42.0 - 54.0 cm
M1577A	Kit of small cuffs (M1571A to M1574A)	
M1578A	Kit of large cuffs (M1573A to M1576A)	
M1579A	Kit of all cuffs (M1571A to M1576A)	

Easy Care Reusable Cuffs

Part Number	Description	Limb Circumference Range
M4552B	Infant cuff	10.0 - 15.0 cm
M4552B5	Pack of 5 M4552B cuffs	
M4553B	Pediatric cuff	14.0 - 21.5 cm
M4553B5	Pack of 5 M4553B cuffs	
M4554B	Small adult cuff	20.5 - 28.5 cm
M4554B5	Pack of 5 M4554B cuffs	
M4555B	Adult cuff	27.5 - 36.0 cm
M4555B5	Pack of 5 M4555B cuffs	
M4556B	Adult cuff, X-Long	27.5 - 36.0 cm
M4556B5	Pack of 5 M4556B cuffs	
M4557B	Large adult cuff	35.0 - 45.0 cm
M4557B5	Pack of 5 M4557B cuffs	
M4558B	Large adult cuff, X-Long	35.0 - 45.0 cm
M4558B5	Pack of 5 M4558B cuffs	
M4559B	Thigh cuff	44.0 - 56.0 cm
M4559B5	Pack of 5 M4559B cuffs	
864288	Assortment pack of one small adult, one adult, one large adult and one thigh cuff	
864289	Assortment pack of one infant, one pediatric, one small adult and one adult cuff	
864290	Assortment pack of one infant, one pediatric, one small adult, one adult, one large adult and one thigh cuff	
864291	Assortment pack of one small adult, one adult, one adult X-long, one large adult, one large adult X-long and one thigh cuff	

Multi Care Cuffs

Part Number	Description	Limb Circumference Range
989803183311	Infant cuff	10.0 - 15.0 cm

Part Number	Description	Limb Circumference Range
989803183321	Pediatric cuff	14.0 - 21.5 cm
989803183331	Small adult cuff	20.5 - 28.0 cm
989803183341	Adult cuff	27.0 - 35.0 cm
989803183351	Adult cuff, X-Long	27.0 - 35.0 cm
989803183361	Large adult cuff	34.0 - 43.0 cm
989803183371	Thigh cuff	42.0 - 54.0 cm

Single Patient, Gentle Care Cuffs

Part Number	Description	Limb Circumference Range
M4572B	Infant cuff	10.0 - 15.0 cm
M4573B	Pediatric cuff	14.0 - 21.5 cm
M4574B	Small adult cuff	20.5 - 28.5 cm
M4575B	Adult cuff	27.5 - 36.0 cm
M4576B	Adult cuff, X-Long	27.5 - 36.0 cm
M4577B	Large adult cuff	35.0 - 45.0 cm
M4578B	Large adult cuff, X-Long	35.0 - 45.0 cm
M4579B	Thigh cuff	44.0 - 56.0 cm

Single Care Cuffs

Part Number	Description	Limb Circumference Range
989803182281	Pediatric cuff	14.0 - 21.5 cm
989803182291	Small adult cuff	20.5 - 28.5 cm
989803182301	Adult cuff	27.5 - 36.0 cm
989803182311	Adult cuff, X-Long	27.5 - 36.0 cm
989803182321	Large adult cuff	35.0 - 45.0 cm

Invasive Pressure Accessories



These transducers and accessories are designed to have special protection against electric shocks (particularly regarding allowable leakage currents), and are defibrillator proof.

Transducer, accessories, sensor kits	Part No
Reusable pressure transducer 5 μ V/V/mmHg sensitivity	CPJ840J6
Sterile disposable pressure domes for CPJ840J6 (pack of 50)	CPJ84022
Transducer holder for CPJ840J6 (pack of 4)	CPJ84046
IV pole mount for CPJ840J6	CPJ84447
Single channel disposable sensor kit (20) - (EU/EFTA only)	M1567A

Transducer, accessories, sensor kits	Part No
Dual channel disposable sensor kit (20) (EU/EFTA only)	M1568A
Transducer holder for M1567/8A (EU/EFTA only)	M2271A
IV pole mount for M1567/8A (EU/EFTA only)	M2272C
Adapter cable for disposable sensor kit 3,0m for M1567/8A	M1634A
Monitoring Line Set	CPJ84026

Transpac 4 Disposable Pressure Transducer Pressure Monitoring Kits

Transducer Pressure Monitoring Kits with SafeSet Blood Sampling/Conservation System

Description	Length	Quantity (per box)	Part No.
Single DPT TP4 with SafeSet, 2 Cannula Sampling Ports, In-line Reservoir	213 cm (84 in)	20	989803179741
Single DPT TP4 with SafeSet, 2 Luer Sampling Ports, In-line Reservoir	213 cm (84 in)	20	989803179751
Single DPT TP4 with SafeSet, 1 Cannula Sampling Port, In-line Reservoir	152 cm (60 in)	20	989803179761
Single DPT TP4 with SafeSet, 2 Cannula Sampling Ports, In-line Reservoir	152 cm (60 in)	20	989803179781
Single DPT TP4 with SafeSet, 2 Luer Sampling Ports, In-line Reservoir	152 cm (60 in)	20	989803179791
Single DPT TP4 with SafeSet, Patient Mount, 1 Cannula Sampling Port, In-line Reservoir	61 cm (24 in)	20	989803179861
Dual DPT TP4 with SafeSet, (Clear/Blue dash tubing) 2 Cannula Sampling Ports, In-line Reservoir	213 cm (84 in)	10	989803179801
Dual DPT TP4 with SafeSet, (Clear/Blue dash tubing) 2 Luer Sampling Ports, In-line Reservoir	213 cm (84 in)	10	989803179811
Triple DPT TP4 with SafeSet, 2 Cannula Sampling Ports, In-line Reservoir	213 cm (84 in)	10	989803179821
Triple DPT TP4 with SafeSet, 2 Luer Sampling Ports, In-line Reservoir	213 cm (84 in)	10	989803179831

Transpac and SafeSet are trademarks of ICU Medical, Inc.

Safeset Blood Sampling/Conservation System

Description	Length	Quantity (per box)	Part No.
SafeSet Kit with tubing, 1 In-line Cannula Sampling Port and 10 ml In-line Reservoir	152 cm (60 in)	20	989803180851

Description	Length	Quantity (per box)	Part No.
SafeSet Kit with tubing, 2 In-line Cannula Sampling Ports and 10 ml In-line Reservoir	213 cm (84 in)	20	989803179891

(Transducer not contained in kit)

Transpac 4 Disposable Pressure Transducer Pressure Monitoring Kits

Description	Stopcocks	Primary Tubing Length	Extension Tubing length	Flush Device	Drip Chamber	Quantity (per box)	Part No.
Single DPT TP4, (152 cm, 60 in) Red dash tubing	Two 3-way	122 cm (48 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	20	989803177901
Dual DPT TP4, (183 cm, 72 in) Red/Blue dash tubing	Four 3-way	152 cm (60 in)	31 cm (12 in)	Two 3 ml/hr, Squeeze	Macro drip	10	989803177911
Single DPT TP4, (213 cm, 84 in) Red dash tubing	Two 3-way	183 cm (72 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	20	989803179721
Triple DPT TP4, (152 cm, 60 in)	Six 3-way	122 cm (48 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	10	989803179731
Single DPT TP4, (183 cm, 72 in) Red dash tubing	Two 3-way	152 cm (60 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	20	989803179771
Single DPT TP4, (23 cm, 9 in) Patient Mount	One 3-way	23 cm (9 in)		3 ml/hr, Squeeze	Macro drip	20	989803179871
Single DPT TP4, (61 cm, 24 in) Compartmental Pressure	One 4-way One 3-way	61 cm (24 in)		No flush device		20	989803181141
Single DPT TP4, (152 cm, 60 in), Premium Stripe	Two 3-way	122 cm (48 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	20	989803181211
Single DPT TP4, (183 cm, 72 in), Premium Stripe	Two 3-way	152 cm (60 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	20	989803181221
Single DPT TP4, (213 cm, 84 in), Premium Stripe	Two 3-way	183 cm (72 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	20	989803181231
Dual DPT TP4, (183 cm, 72 in), Premium Stripe	Four 3-way	152 cm (60 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	10	989803181241
Triple DPT TP4, (152 cm, 60 in), Premium Stripe	Six 3-way	122 cm (48 in)	31 cm (12 in)	3 ml/hr, Squeeze	Macro drip	10	989803181251
Single Neonatal DPT TP4 (61 cm, 24 in)	Two 3-way	61 cm (24 in)		30 ml/hr Squeeze		20	989803179841
Single Neonatal DPT TP4 (31 cm, 12 in)	Three 3-way	31 cm (12 in)		30 ml/hr Squeeze		20	989803179851
Single Neonatal DPT TP4 (46 cm, 18 in) one in-line Luer sampling port & 10 ml In-line reservoir	Three 3-way	46 cm (18 in)		30 ml/hr Squeeze		20	989803179881

Transpac 4 and Safeset Cables and Accessories

Description	Quantity (per box)	Part No.
Cable for Philips Monitors 3 m (10 ft)	1	989803177921
Cable for Philips Monitors 4.5 m (15 ft)	1	989803179941
Cable for Philips Monitors 4.5 m (15 ft)	20	989803179951
Trifurcated Cable for Philips Monitors 4.5 m (15 ft)	1	989803179961
3-Position Transducer Mount	28	989803177931
Transducer Holder for IV Pole	5	989803177941
Single Transducer Mount	30	989803179911
SafeSet Mounting Bracket	30	989803179901
Safeset Shielded Blunt Cannula	50	989803179921
SafeSet Shielded Blunt Cannula with Blood Tube Holder	25	989803179931
Extension tube, 30 cm	25	989803184971
Extension tube, 60 cm	25	989803184981
Extension tube, 90 cm	25	989803184991

SpO₂ Accessories

Some Nellcor sensors contain natural rubber latex which may cause allergic reactions. See the Instructions for Use supplied with the sensors for more information.

Do not use more than one extension cable with any sensors or adapter cables. Do not use an extension cable with:

- Masimo adapter cables,
- Philips reusable sensors or adapter cables with part numbers ending in -L (indicates "Long" version) or with a cable longer than 2 m.

All listed sensors operate without risk of exceeding 41°C on the skin, if the initial skin temperature does not exceed 35°C.

Make sure that you use only the accessories that are specified for use with your monitor and measurement technology, otherwise patient injury can result.

Familiarize yourself with the instructions for use supplied with your sensor before using it. In particular, check that the sensor being used is appropriate for your patient category and application site. Incorrect sensor application or use may result in inaccurate measurements.

In the accessory tables, a column indicates which SpO₂ technologies the sensors can be used with, Philips FAST SpO₂ (P), or Nellcor OxiMax (N).

Philips Reusable Sensors

Product Number	Philips Nellcor	Description	Comments
M1191A/B	P	Adult sensor (2 m cable), for patients over 50 kg. Any finger, except thumb.	No adapter cable required.
M1191AL/BL	P	M1191A/B with longer cable (3 m)	
M1192A	P	Small adult, pediatric sensor (1.5 m cable) for patients between 15 kg and 50 kg. Any finger except thumb.	
M1193A	P	Neonatal sensor (1.5 m cable) for patients between 1 kg and 4 kg. Hand or foot.	
M1194A	P	Ear sensor (1.5 m cable) for patients over 40 kg.	
M1195A	P	Infant sensor (1.5 m cable) for patients between 4 kg and 15 kg. Any finger except thumb.	
M1196A	P	Adult clip sensor (3 m cable) for patients over 40 kg. Any finger except thumb.	
M1196S	P	Adult clip sensor (2 m cable) for patients over 40 kg. Any finger except thumb.	Requires M1943A (1 m) or M1943AL (3 m) adapter cable
M1191T	P	Adult sensor (0.45 m cable), for patients over 50 kg. Any finger, except thumb.	
M1192T	P	Small adult, pediatric sensor (0.45 m cable) for patients between 15 kg and 50 kg. Any finger except thumb.	
M1193T	P	Neonatal sensor (0.9 m cable) for patients between 1 kg and 4 kg. Hand or foot.	
M1196T	P	Adult clip sensor (0.9 m cable) for patients over 40 kg. Any finger except thumb.	

Philips Disposable Sensors

Product Number	Philips Nellcor	Description	Comments
M1901B ¹	P,N	Identical to OxiMax MAXN	For Philips FAST SpO₂: use M1943A (1 m) or M1943AL (3 m) adapter cable. For Nellcor OxiMax SpO₂: use M1943NL adapter cable.
M1902B ¹	P,N	Identical to OxiMax MAXI	
M1903B ¹	P,N	Identical to OxiMax MAXP	
M1904B ¹	P,N	Identical to OxiMax MAXA	
M1131A	P	Adult/Pediatric finger sensor, 0.45 m cable (patient size > 20 kg)	Use M1943A or M1943AL adapter cable.
M1132A	P	Infant finger or toe sensor, 0.9 m cable (patient size 3 - 10 kg)	Use M1943A or M1943AL adapter cable.
M1133A	P	Adult/Infant/Neonatal, 0.9 m cable Foot or hand for neonates < 3 kg Big toe or thumb for patients between 10 kg and 20 kg Any finger except thumb for patients > 40 kg	Use M1943A or M1943AL adapter cable.

Product Number	Philips Nellcor	Description	Comments
M1134A	P	Adhesive-free, Adult/Infant/Neonatal, 0.9 m cable Foot or hand for neonates < 3 kg Big toe or thumb for patients between 10 kg and 20 kg Any finger except thumb for patients > 40 kg	Use M1943A or M1943AL adapter cable.

¹Not available in the USA, Canada and Japan.

Nellcor Sensors

Nellcor sensors must be ordered from Nellcor/Covidien.

Product Number	Philips Nellcor	Description	Comments
OxiMax MAX-A	P,N	Adult finger sensor (patient size > 30 kg)	For Philips FAST SpO₂: use M1943A or M1943AL adapter cable.
OxiMax MAX-AL	P,N	OxiMax MAX-A with long cable	
OxiMax MAX-P	P,N	Pediatric foot/hand sensor (patient size 10 - 50 kg)	
OxiMax MAX-I	P,N	Infant foot/hand sensor (patient size 3 - 20 kg)	
OxiMax MAX-N	P,N	Adult finger or neonatal foot/hand sensor (patient size > 40 kg or < 3 kg)	For Nellcor OxiMax SpO₂: use M1943NL adapter cable.
Oxisensor II D-25	P	Adult sensor (patient size > 30 kg)	Use M1943A or M1943AL adapter cable.
Oxisensor II D-20	P	Pediatric sensor (patient size 10 - 50 kg)	
Oxisensor II I-20	P	Infant sensor (patient size 3 - 20 kg)	
Oxisensor II N-25	P	Neonatal sensor (patient size < 3 kg or > 40 kg)	
Oxiciq A	P,N	See OxiMax MAXA	For Philips FAST SpO₂: use M1943A or M1943AL adapter cable together with OC-3. For Nellcor OxiMax SpO₂: use M1943NL adapter cable together with OC-3.
Oxiciq P	P,N	See OxiMax MAXP	
Oxiciq I	P,N	See OxiMax MAXI	
Oxiciq N	P,N	See OxiMax MAXN	
MAX-R	N	Adult SpO ₂ Nasal Sensor	Use M1943NL adapter cable.
MAXFAST	N	Forehead SpO ₂ Sensor	
Oxiband OXI-A/N	N	Adult/Neonatal SpO ₂ Sensor with Wraps	
Oxiband OXI-P/I	N	Pediatric-Infant SpO ₂ Sensor with Wraps	
SC-A	N	Adult SpO ₂ Sensor	
SCNEO-I	N	Neonatal SpO ₂ Sensor	
SC-PR-I	N	Preemie SpO ₂ Sensor	
DS100A-I	N	Adult SpO ₂ Sensor	
Dura-Y D-YS	N	SpO ₂ Sensor	

Extension Cables and Adapter Cables for Philips and Nellcor Sensors

Product Number	Philips Nellcor	Description	Comments
M1941A	P	Extension cable (2 m)	For use with Philips reusable sensors (with cable length $\leq$ 2 m) and M1943A adapter cable.
M1943A	P	Adapter cable (1.1 m cable)	Adapter cable for Philips/Nellcor disposable sensors.
M1943AL	P	Adapter cable (3 m cable)	
M1943NL	N	OxiMax adapter cable (3 m cable)	Adapter cable for Philips disposable/Nellcor disposable and reusable sensors.
OC-3	P,N	Adapter Cable for Oxiciq sensors	Available from Nellcor/Covidien only.

Masimo Sensors

The Philips M3001A/M3002A option A01 and the M1020B option A01 SpO₂ Module use Masimo certified pulse oximetry for reduced noise and low perfusion performance with Masimo Sensors under the Masimo NR&LP protocol. Masimo sensors must be ordered from Masimo or from Masimo's distributors.



LNOP Reusable Sensors

Product Number	Philips Nellcor	Description
LNOP DCI	P	Adult Finger Sensor (> 30 kg)
LNOP DCIP	P	Pediatric Finger Sensor (10 - 50 kg)
LNOP YI	P	Multi-Site Sensor (> 1 kg)
LNOP TC-I	P	Ear Sensor (> 30 kg)

LNCS Reusable Sensors

Product Number	Philips Nellcor	Description
LNCS DCI	P	Adult Finger Sensor (> 30 kg)
LNCS DCIP	P	Pediatric Finger Sensor (10 - 50 kg)
LNCS YI	P	Multi-Site Sensor (> 1kg)
LNCS TC-I	P	Ear Sensor (> 30 kg)

LNOP Disposable Adhesive Sensors

Product Number	Philips Nellcor	Description
LNOP Adt	P	Adult Sensor (> 30 kg)
LNOP Adtx	P	Adult Sensor (> 30 kg)
LNOP Pdt	P	Pediatric Sensor (10 - 50 kg)
LNOP Pdtx	P	Pediatric Sensor (10 - 50 kg)
LNOP Inf-L	P	Infant Toe Sensor (3 - 20 kg)
LNOP Neo-L	P	Neonatal Sensor (< 3 kg) or Adult adhesive Sensor (> 40 kg)
LNOP NeoPt-L	P	Neonatal Pre-Term Sensitive Skin Sensors (< 1 kg)

LNCS Disposable Adhesive Sensors

Product Number	Philips Nellcor	Description
LNCS Adtx	P	Adult Finger Sensor, 18 inch/45 cm (> 30 kg)
LNCS Adtx-3	P	Adult Finger Sensor, 3 feet/90 cm (> 30 kg)
LNCS Pdtx	P	Pediatric Finger Sensor, 18 inch/45 cm (10 - 50 kg)
LNCS Pdtx-3	P	Pediatric Finger Sensor, 3 feet/90 cm (10 - 50 kg)
LNCS Inf	P	Infant Toe Sensor, 18 inch/45 cm (3 - 20 kg)
LNCS Inf-3	P	Infant Toe Sensor, 3 feet/90 cm (3 - 20 kg)
LNCS Neo	P	Neonatal Foot Sensor, 18 inch/45 cm (< 3 kg) or Adult Finger Sensor 18 inch/45 cm (> 40 kg)
LNCS Neo-3	P	Neonatal Foot Sensor, 3 feet/90 cm (< 3 kg) or Adult Finger Sensor, 3 feet/90 cm (> 40 kg)
LNCS NeoPt	P	Neonatal pre-term sensitive skin Sensor 18 inch/45 cm (< 1 kg)
LNCS NeoPt-3	P	Neonatal pre-term sensitive skin Sensor 3 feet/90 cm (< 1 kg)

Adapter Cables for Masimo Sensors

Product Number	Philips Nellcor	Description	Philips Part Number
LNOP MP12	P	LNOP MP Series Patient Cable (3.6 m) Adapter Cable for Masimo LNOP Sensors	451261000761
LNOP MP10	P	LNCS MP Series Patient Cable (3.0 m) Adapter Cable for Masimo LNCS Sensors	989803148221

IntelliVue CL SpO2 Pod Accessories

All listed sensors operate without risk of exceeding 41°C on the skin, if the initial skin temperature does not exceed 35°C.

Make sure that you use only the accessories that are specified for use with this device, otherwise patient injury can result.

Part Number	Description	Contents
989803165941	Mobile CL 20 single patient SpO ₂ Sensors and Cradles for use on pediatric and adult patients >10 kg	20 Single-Patient Mobile CL DSpO ₂ -1A Sensors 20 Single-Patient Wristbands 20 Single-Patient Cradles pre-assembled
989803165921	Mobile CL 20 single patient SpO ₂ Sensors for use on pediatric and adult patients >10 kg	20 Single-Patient Mobile CL DSpO ₂ -1A Sensors
989803165931 ¹	Mobile CL reusable SpO ₂ Sensor and Cradles for use on pediatric and adult patients > 15 kg	1 Reusable Mobile CL RSpO ₂ -1A Sensor 20 Single-Patient Cradles with pre-attached Wristbands
989803165951	Mobile CL 20 SpO ₂ Cradles (single patient)	20 Single-Patient Cradles with pre-attached Wristbands
989803165961	Mobile CL 50 SpO ₂ Wristbands (single patient)	50 Single-Patient Wristbands
989803168861	Mobile CL SpO ₂ Battery Kit	1 Battery 1 disassembly tool 1 front housing

¹ May not be available in all geographies

Temperature Accessories

Reusable Temperature Probes	Part No.	Minimum measurement time for accurate readings
General purpose probe	21075A	90 sec
Small flexible vinyl probe (Infant/Pediatric)	21076A	60 sec
Attachable surface probe	21078A	60 sec

Disposable Temperature Probes	Part No.	Minimum measurement time for accurate readings
General purpose probe	M1837A	90 sec
Skin probe	21091A	60 sec
Esophageal/Stethoscope Probe (French 12)	21093A	180 sec
Esophageal/Stethoscope Probe (French 18)	21094A	210 sec
Esophageal/Stethoscope Probe (French 24)	21095A	310 sec
Esophageal/Rectal Probe (French 12)	21090A	90 sec
Foley Catheter Probe (12 French)	M2255A	180 sec
Foley Catheter Probe (16 French)	21096A	180 sec
Foley Catheter Probe (18 French)	21097A	180 sec
Adapter cable 1.5 m	21082B	--

Disposable Temperature Probes	Part No.	Minimum measurement time for accurate readings
Adapter cable 3.0 m	21082A	--

Combined Temperature Probes/Feeding Tubes	Part No.	Response Time per ISO 80601-2-56
InnerSense Esophageal Temperature / Feeding Tube, purple (5 French)	989803183631	< 150 seconds
InnerSense Esophageal Temperature / Feeding Tube, purple (6.5 French)	989803183641	
InnerSense Esophageal Temperature / Feeding Tube, purple (8 French)	989803183651	
InnerSense Esophageal Temperature / Feeding Tube, orange (5 French)	989803183561	
InnerSense Esophageal Temperature / Feeding Tube, orange (6.5 French)	989803183571	
InnerSense Esophageal Temperature / Feeding Tube, orange (8 French)	989803183581	

Predictive Temperature Accessories

Temperature Probes and Disposable Covers	Part No.	Welch Allyn Part No.
Oral probe with probe well (holder), 2.7 m cable (9 ft)	989803143381	02895-000 (incl. 02692-100)
Rectal probe with probe well (holder), 2.7 m cable (9 ft)	989803143391	02895-100 (incl. 02691-100)
Disposable probe covers: 1,000 (40 boxes, 25 per box)	M4823A	05031-101

Tympanic Temperature Accessories

Description	Part No.
Temperature probe	989803180831
Disposable probe cover with CE marking (22 boxes each containing 96 covers)	989803179611
Disposable probe cover (22 boxes each containing 96 covers)	989803179381
Cable RJ45 1.5m	M8081-61001
Cable RJ45 3 m	M8081-61002
Cable MP5 (connecting base station with the monitor)	453564373311

Mainstream CO₂ Accessories

Description	Part No.
CO ₂ Sensor	M2501A
Adult/Pediatric Airway Adapter (reusable)	M2513A
Infant Airway Adapter (reusable)	M2516A
Adult Airway Adapter (single-patient use)	M2533A
Infant Airway Adapter (single-patient use)	M2536A

Sidestream CO₂ Accessories

Description	Part No.
CO ₂ Sensor	M2741A

Nasal and Oral-Nasal Cannulas	Part No.
CO ₂ Nasal Cannula, Adult	M2744A
CO ₂ Nasal Cannula, Pediatric	M2745A
CO ₂ Nasal Cannula, Infant	M2746A
CO ₂ /O ₂ Nasal Cannula, Adult	M2750A
CO ₂ /O ₂ Nasal Cannula, Pediatric	M2751A
CO ₂ /O ₂ Nasal Cannula, Infant	989803144471
CO ₂ Oral-Nasal Cannula, Adult	M2756A
CO ₂ Oral-Nasal Cannula, Pediatric	M2757A
CO ₂ /O ₂ Oral-Nasal Cannula, Adult	M2760A
CO ₂ /O ₂ Oral-Nasal Cannula, Pediatric	M2761A

Airway Adapters	Part No.
Airway Adapter Set, ET > 4.0 mm	M2768A
Airway Adapter Set, ET ≤ 4.0 mm	989803144531
Airway Adapter Set H, ET > 4.0 mm	M2772A
Airway Adapter Set H, ET ≤ 4.0 mm	M2773A

Straight Sample Lines	Part No.
Straight Sample Line	M2776A
Straight Sample Line H	M2777A

Microstream CO₂ Accessories

- "FilterLine Set" is a combination of a FilterLine with an Airway Adapter.
- "H" in the accessory name indicates suitability for humidified ventilation and longer usage due to the active removal of humidity from the sample line.
- "Smart CapnoLine" is a combined oral-nasal FilterLine.
- "Smart CapnoLine O₂" is a combined oral-nasal-O₂-CO₂ FilterLine.
- "NIV Line" is a nasal FilterLine suitable for mask ventilation (for example, C-PAP).

The accessories are supplied in packs of 25.

NOTE

Not all accessories are available in all countries.

Accessories for Intubated Patients	Part Number	Part Number for Long Version
FilterLine® SET Adult/Pediatric	M1920A	989803160241
FilterLine® H SET Adult/Pediatric	M1921A	989803160251
FilterLine® H SET Infant/Neonatal	M1923A	989803160261
VitaLine™ H SET Adult/Pediatric	989803159571	
VitaLine™ H SET Infant/Neonate	989803159581	

Accessories for Non-Intubated Patients	Part Number	Part Number for Long Version
CapnoLine® H Adult	M4689A	
CapnoLine® H Pediatric	M4690A	
CapnoLine® H Infant/Neonatal	M4691A	989803178011
CapnoLine® H O ₂ Adult	M4680A	
CapnoLine® H O ₂ Pediatric	M4681A	
CapnoLine® H O ₂ Infant/Neonatal	989803178001	
NIV Line™ Adult	M4686A	
NIV Line™ Pediatric	M4687A	
Nasal FilterLine® Infant/Neonatal	989803178021	
Nasal Filterline® O ₂ Adult	989803179101	989803179111
Nasal Filterline® O ₂ Pediatric	989803179121	
Smart CapnoLine® O ₂ Adult	M2522A	989803160281
Smart CapnoLine® H O ₂ Adult	989803177951	989803177961
Smart CapnoLine® O ₂ Pediatric	M2520A	989803160271
Smart CapnoLine® H O ₂ Pediatric	989803177971	989803177981
Smart CapnoLine® Adult	M2526A	989803160301
Smart CapnoLine® Pediatric	M2524A	
Accessories for Endoscopic Procedures		

Accessories for Non-Intubated Patients	Part Number	Part Number for Long Version
Smart CapnoLine® Guard	989803178031	
Smart CapnoLine® Guard O ₂	989803178041	989803178051
Hook and Loop Strap	989803178071	

Recorder Accessories

Description	Part No.
10 rolls of paper	M4816A
80 rolls of paper	M4817A

Cable for Direct Connection of a Telemetry Device

Telemetry Interface Cable (MP5-side), 2.0 m, Part No. 989803146911

Telemetry Interface Cable (telemetry device-side), 30 cm. Part No. 989803143481

Battery Accessories

Description	Part No.
Lithium Ion Smart Battery 6Ah	M4605A
Smart Battery Charger and Conditioner	865432

Specifications

The specifications in this section apply to the MP5, MP5SC, and MP5T patient monitors, unless stated otherwise.

Indications for use

The monitors are indicated for use by health care professionals whenever there is a need for monitoring the physiological parameters of patients.

The monitors are intended to be used for monitoring and recording of, and to generate alarms for, multiple physiological parameters of adults, pediatrics, and neonates. The monitors are intended for use by trained healthcare professionals in a hospital environment.

The MP5, MP5SC, and MP5T monitors are also intended for use during patient transport inside the hospital environment; only the MP5 monitor is for use during patient transport outside of the hospital environment. The MP5, MP5SC, and MP5T when used with the TRx4841A/TRx4851A IntelliVue Telemetry System Transceiver or with the IntelliVue Cableless Measurement Devices, are intended for use in a hospital environment and during patient transport inside the hospital environment.

The monitors are only for use on one patient at a time. They are not intended for home use. Not therapeutic devices. The monitors are for prescription use only.

The ECG measurement is intended to be used for diagnostic recording of rhythm and detailed morphology of complex cardiac complexes (according to AAMI EC 11).

ST segment monitoring is intended for use with adult patients only and is not clinically validated for use with neonatal and pediatric patients.

The Predictive Temperature unit is intended for use with adult and pediatric patients in a hospital environment.

The SSC Sepsis Protocol, in the ProtocolWatch clinical decision support tool, is intended for use with adult patients only.

The Integrated Pulmonary Index (IPI) is intended for use with adult and pediatric (1 to 12 years) patients only. The IPI is an adjunct to and not intended to replace vital sign monitoring.

The derived measurement Pulse Pressure Variation (PPV) is intended for use with sedated patients receiving controlled mechanical ventilation and mainly free from cardiac arrhythmia. The PPV measurement has been validated only for adult patients.

Use Environment

Hospital Environment

The monitors are suitable for use in all medically used rooms which fulfill the requirements regarding electrical installation according to IEC 60364-7-710 "Requirements for special installations or locations - Medical locations", or corresponding local regulations.

Physical Security and Limited Access to the Monitor

Access to the monitor must be limited to authorized users. It is important that you consider physical security measures to ensure that unauthorized users cannot gain access.

EMC Environment

The following measurements and system interfaces are, in addition, suitable for use in establishments directly connected to the public low-voltage supply network that supplies buildings used for domestic purposes (see table in "Electromagnetic Emissions" on page 379):

- ECG/Respiration, NBP, SpO₂, Pressure, Temperature, CO₂ (only Mainstream Sensor M2501A and Microstream CO₂).
- LAN, Video Out, Battery, Nurse Call, RS232, and recorder interfaces.

WARNING

The monitors are not intended for use in an MRI environment or in an oxygen-enriched environment (for example, hyperbaric chambers).

Restricted Availability

Following new features and functionality may not be available in all geographies:

- Integrated Pulmonary Index for Microstream CO₂
- IntelliVue Information Center iX
- Cableless Respiration Measurement

Manufacturer's Information

You can write to **Philips** at this address

Philips Medizin Systeme Boeblingen GmbH
Hewlett-Packard-Str. 2
71034 Boeblingen
Germany

Visit our website at: www.healthcare.philips.com.

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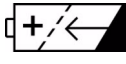
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Symbols

These symbols can appear on the monitor and its associated equipment (depending on options).

Symbols			
	Caution, refer to accompanying documents		Protective earth
			
			
	Standby		Equipotential grounding
RS-232	RS232 connector		Identifies year and month of manufacture
	Non-ionizing radiation symbol		Alternating current
	Connection direction indicator		Connector has special protection against electric shocks and is defibrillator proof
	Electrical input indicator		Electrical output indicator
	Gas input indicator		Gas output indicator
	Quick mount release		IntelliVue Instrument Telemetry wireless network
	LAN connection indicator for connection to a wired network	Alarm	Nurse call relay connection indicator
	Rechargeable battery symbol	VIDEO 	Analog interface indicator for connection to any analog video display

Symbols			
	Data input/output symbol		Error LED
	Always use separate collection for waste electrical and electronic equipment (WEEE)		built-in wireless network
	Pressure connector		Temperature connector
	NBP connector		SpO ₂ connector
	Telemetry device connector		Uses FAST SpO ₂ algorithm
	ECG connector		Monitor supports 12-lead ECG
	built-in short range radio interface		Indicates location of serial number
	Indicates location of the date of manufacture and/or name and address of manufacturer		Followed by two alphanumeric characters, indicates ingress protection grade
	SmartKeys		Alarms On/Off
	Indicates location of catalog number		Indicates location of service number
	Main Screen		Alarms Switched Off
	Non-ionizing radiation symbol		Back key
	ECG Sync Pulse Output indicator		Type BF
	Nellcor OxiMax compatible		Masimo rainbow SET Technology
	USB interface		Start a measurement
	Stop a measurement		Mass in kilogram (kg)

Symbols			
	Indicates location of batch number.		Indicates the location of the "use by" date.
	Humidity limitations for storage		Temperature limitations for storage
	Atmospheric pressure limitations for storage		Contents of the packaging are not sterile.
	Not made with natural rubber latex		

Installation Safety Information

WARNING

If multiple instruments are connected to a patient, the sum of the leakage currents may exceed the limits given in IEC/EN 60601-1, IEC 60601-1-1, UL 60601-1. Consult your service personnel.

Grounding	The monitor must be grounded during operation. If a three-wire receptacle is not available, consult the hospital electrician. Never use a three-wire to two-wire adapter.
Equipotential Grounding	If the monitor is used in internal examinations on the heart or brain, ensure that the room incorporates an equipotential grounding system to which the monitor has separate connections.
Combining equipment	Combinations of medical equipment with non-medical equipment must comply with IEC 60601-1-1. Never use a multiple portable socket-outlet or extension cord when combining equipment unless the socket outlet is supplied specifically for use with that equipment.
Fusing	The monitor uses double pole/neutral fusing.
Network Cables	All network cables must be unshielded.

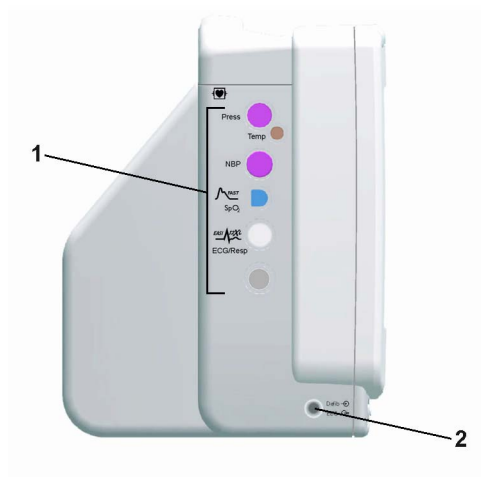
Connectors

The actual placement of boards and configuration of connections for your monitor depends on how your hardware has been configured. See the symbols table in this chapter to see which symbols are used to mark the connections.

WARNING

- Connect only medical devices to the ECG output connector socket.
- Connecting the ECG sync out to external equipment should only be done by a qualified user. Do not touch the patient when you have contact to the ECG output connector socket.
- Always connect the ECG sync cable first to the external device and then to the monitor. Wherever possible, pre-install the cable before the patient is brought into the vicinity of the equipment.

Left Side of Monitor



- 1 Measurement connectors (combination will vary due to optional measurements, see “MP5/MP5T/MP5SC Major Parts and Keys” on page 17)
- 2 ECG analog output/marker input connector

Rear of Monitor



- 1 Serial/MIB (RS232) or USB connector
- 2 Nurse call connector
- 3 Wired network connector
- 4 Analog video out connector
- 5 Equipotential grounding
- 6 Protective earth

Right Side of Monitor



- 1 Battery compartment
- 2 AC power inlet
- 3 Recorder (optional)
- 4 MSL Connector

Monitor Mounting Precautions

Mount the monitor using either the Philips Quick Mount or Fix Mount solution or another approved mounting solution. Select the mounting equipment and the mounting position so that no patient, operator or other person can be harmed by a monitor removed intentionally or released accidentally from the mount. When using the Quick Mount, be aware of the danger of accidental activation of the Quick Mount release button when lifting or moving items located under the monitor, such as pole mounts, etc. If in doubt, use the Philips Fix Mount solution to avoid such situations. Refer to the respective IntelliVue Monitor Service Manual, Installation Instructions chapter, for more details.

Always ensure that the monitor is positioned so that the AC power plug is easily accessible, to allow disconnection of the monitor from the AC power source.

Repositioning a Monitor on the Mounting Arm

Attempts to reposition the monitor should only be performed as described in the mounting hardware manufacturer's user documentation. If the mounting arm has a locking mechanism, ensure the locking mechanism is unlocked before attempting to reposition the monitor. Never pull on the monitor to tilt, swivel or otherwise reposition it - always hold on to the mounting hardware itself.

WARNING

Not adhering to these instructions when repositioning the monitor can cause damage to the monitor. In extreme cases, when force is applied to the monitor, it can result in the monitor falling from the mounting arm.

If, at any time, the monitor appears to be loose or insecurely mounted, contact your service personnel.

Altitude Setting

Altitude affects CO₂ measurements. The monitor must be configured at installation to the correct altitude.

Monitor Safety Specifications



The monitor complies with the Medical Device Directive 93/42/EEC.

In addition, the product complies with:

IEC 60601-1:1988 + A1:1991 + A2:1995
 EN60601-1:1990 + A1:1993 + A2:1995
 UL 60601-1:2003
 CAN/CSA C22.2#601.1-M90 +Suppl. No. 1-94 + Am. 2
 IEC 60601-1-1:2000
 EN 60601-1-1:2001
 IEC 60601-1-2:2001 + A1:2004
 EN 60601-1-2:2001 + A1:2006.

The possibility of hazards arising from software errors was minimized in compliance with:

ISO 14971:2007
 EN60601-1-4:1996 + A1:1999
 IEC 60601-1-4:1996 + A1:1999.

Classification (according to IEC 60601-1): Class 1, Type CF, Continuous Operation.

EMC and Radio Regulatory Compliance

This ISM device complies with Canadian ICES-001. Cet appareil ISM est conforme à la norme NMB-001 du Canada.

The MP5 including IntelliVue Instrument Telemetry WMTS (US only)

The MP5 including IntelliVue Instrument Telemetry WMTS complies with Part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) this device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation. Operation of this equipment requires the prior coordination with a frequency coordinator designated by the FCC for the Wireless Medical Telemetry Service.

The MP5 including IntelliVue Instrument Telemetry ISM (2.4 GHz)

FCC and Industry Canada Radio Compliance: This device complies with Part 15 of the FCC Rules and RSS-210 of Industry Canada. Operation is subject to the following two conditions: (1) this device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation. Any changes or modifications to this equipment not expressly approved by Philips Medical Systems may cause harmful radiofrequency interference and void your authority to operate this equipment.



The radio device used in this product is in compliance with the essential requirements and other relevant provisions of Directive 1999/5/EC (Radio Equipment and Telecommunications Terminal Equipment Directive). Class 2 radio equipment. Member states may apply restrictions on putting this device into service or placing it on the market. This product is intended to be connected to the Publicly Available Interfaces (PAI) and used throughout the EEA.

IntelliVue 802.11 Bedside Adapter (Option J35 Wireless Network Adapter)

FCC and Industry Canada Radio Compliance: This device complies with Part 15 of the FCC Rules and RSS-210 of Industry Canada. Operation is subject to the following two conditions: (1) this device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation. Any changes or modifications to this equipment not expressly approved by Philips Medical Systems may cause harmful radiofrequency interference and void your authority to operate this equipment.

The maximum antenna gain permitted (for devices in the 5250-5350 MHz and 5470-5725 MHz bands) complies with the e.i.r.p. limits as stated in RSS-210.

The maximum antenna gain permitted (for devices in the 5725-5825 MHz band) complies with the e.i.r.p. limits specified for point-to-point operation, as stated in RSS-210.

The device for the band 5150-5250 MHz is only for indoor usage to reduce potential for harmful interference to co-channel mobile satellite systems.

CAUTION

High power radars are allocated as primary users (meaning they have priority) of 5250-5350 MHz and 5650-5850 MHz and these radars could cause interference and /or damage to LE-LAN devices.

IntelliVue 802.11 Bedside Adapter CE compliances:



This device is compliant to Council Directive 2006/95/EC (Low voltage directive) & 2004/108/EC (EMC directive) & 1999/5/EC (Radio Equipment and Telecommunications Terminal Equipment Directive).



The radio device used in this product is in compliance with the essential requirements and other relevant provisions of Directive 1999/5/EC (Radio Equipment and Telecommunications Terminal Equipment Directive). Class 2 radio equipment. Member states may apply restrictions on putting this device into service or placing it on the market. This product is intended to be connected to the Publicly Available Interfaces (PAI) and used throughout the EEA.

The MP5 and 865244 Remote Control Including the Short Range Radio Interface

FCC and Industry Canada Radio Compliance: This device complies with Part 15 of the FCC Rules and RSS-210 of Industry Canada. Operation is subject to the following two conditions: (1) this device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation. Any changes or modifications to this equipment not expressly approved by Philips Medical Systems may cause harmful radiofrequency interference and void your authority to operate this equipment.



The radio component contained in this device is in compliance with the essential requirements and other relevant provisions of Council Directive 1999/5/EC (Radio Equipment and Telecommunications Terminal Equipment Directive)

In addition the product complies with: ETSI EN 300 328; AS/NZS 4268; ARIB STD-T66.

Class 1 radio equipment.

To obtain a copy of the original Declaration of Conformity, please contact Philips at the address given in the “Manufacturer's Information” section of these Instructions for Use.

Japanese Radio Law and Japanese Telecommunications Business Law Compliance

MP5/MP5SC with SRR

This device is granted pursuant to the Japanese Radio Law (電波法) and the Japanese Telecommunications Business Law (電気通信事業法).

This device should not be modified (otherwise the granted designation number will become invalid).

Out-Of-Hospital Transport - Standards Compliance

The MP5SC and MP5T cannot be used for patient transport outside of the hospital environment. The MP5 patient monitor with measurements and interfaces other than those listed below, cannot be used for patient transport outside the hospital environment.

The MP5 patient monitor with the following measurements and interfaces:

- ECG/Respiration, NBP, SpO₂, Pressure, Temperature, CO₂ (only Mainstream Sensor M2501A and Microstream CO₂)
- LAN, Video Out, Battery, Nurse Call, RS232, and recorder interfaces

can be used in a transport environment such as a road ambulance, airplane or helicopter. For this purpose the monitor fulfils the following additional mechanical, EMC and environmental requirements:

- **Shock Tests** according to IEC TR 60721-4-7, Class 7M3. Test procedure according to IEC/EN 60068-2-27 (peak acceleration up to 100g).
- **Random Vibration** according to IEC TR 60721-4-7, Class 7M3. Test procedure according to IEC/EN 60068-2-64 (RMS acceleration 5g).
- **Sinusoidal Vibration** according to IEC TR 60721-4-7, Class 7M3. Test procedure according to IEC/EN 60068-2-6 (acceleration up to amplitude 2g).
- **Bump Test** according to IEC/EN 60068-2-29 (peak acceleration 15 g, 1000 bumps).
- **Free Fall Test** according to EN1789 (covers also IEC TR 60721-4-7 and Class 7M3). Test procedure according to EN 60068-2-32 (height 0.75 m).
- **Specification for degrees of protection** provided by enclosures according to IEC/EN 60529: IP 32.
- EN 1789 +A1:2003 Medical vehicles and their equipment - Road ambulances (chapter 6 - Medical Devices).
- **Radiated susceptibility** 20 V/m according to EN ISO 9919 (SpO₂) and EN ISO 21647 (CO₂).
- **Altitude Range** from -500 to 3000 m operating and -500 to 4600 m storage and transportation.
- **Extended radiated susceptibility** tests

The MP5 patient monitor with its out-of-hospital parameter set provides a general immunity level of 20 V/m with only few restrictions. Details are as listed below:

- GSM 900: Immunity at 900 MHz (uplink mobile phone), 20 V/m (ECG:10 V/m), duty cycle 1:8.
- GSM 1800: Immunity at 1800 MHz (uplink mobile phone), 20 V/m, duty cycle 1:8.
- DECT: Immunity at 1800 MHz (digital cordless phone), 20 V/m, duty cycle 1:24.
- AM: 1 kHz Immunity from 80 MHz to 1.0 GHz (any radio communication unit, broadcasting and TV transmitter), 20 V/m, modulation factor 80%. (ECG: 20 V/m except 600-950 MHz where it is 10 V/m and Temperature which holds 3 V/m over the full range).

CAUTION

Temperature measurement accuracy may be compromised in the presence of strong electromagnetic fields (>3V/m) in certain small frequency bands.

- **Magnetic Field emission** according to MIL STD 461E, Chapter RE101: Radiated emissions, magnetic field, 30 Hz to 100 kHz. Limit class: Army.
- **Magnetic Field susceptibility:** Radiated susceptibility, magnetic field, 50, 60 and 400 Hz, 18 μ T(15 A/m).
- **Operating ambient temperature** testing over the range from 0 to 40°C (32 to 100°F).
- **Operating ambient humidity** testing up to 95 % RH at 40°C (100°F), non condensing.

NOTE

There may be additional requirements for transport situations in air, on water or in difficult terrain in certain countries, e.g. EU.

Physical Specifications

Monitor

Specification	Comments
Maximum Weight	
5.1 kg (11.2 lbs)	with ECG/Resp, NBP, SpO ₂ and battery
W x H x D	
259 x 248 x 187 mm (10.2 x 9.8 x 7.4 in)	without Predictive Temperature unit
312 x 250x 235 mm (12.3 x 9.8 x 9.3 in)	with Predictive Temperature unit and bedhanger

Tympanic Temperature

Thermometer	
Dimensions	187 x 44 x 71 mm (7.4 x 1.7 x 2.8 in)
Cable length	spiral cable relaxed: 600 mm (23.6 in) spiral cable extended: 2500 mm (98.4 in)
Weight (including cable)	0.2 kg (0.4 lbs)

Base Station	
Dimensions	208 x 65 x 78 mm (8.2 x 2.5 x 3.1 in)

Base Station	
Weight (excluding cable)	0.3 kg (0.7 lbs)

Environmental Specifications

The monitor may not meet the performance specifications given here if stored or used outside the specified temperature and humidity ranges.

The monitor is protected against ingress of objects and fluids according to IEC 60529 IP32 (except monitors with the predictive temperature unit). Do not expose the monitor directly to heavy rain.

When the monitor and related products have differing environmental specifications, the effective range for the combined products is that range which is common to the specifications for all products.

Item	Condition	Range
Temperature Range	Operating	0 to 40°C (32 to 104°F)
	Storage	-20 to 60°C (-4 to 140°F)
	Transportation ¹	-20 to 60°C (-4 to 140°F)
Temperature Range with IntelliVue 802.11 Bedside Adapter or IntelliVue Instrument Telemetry Wireless Network or when charging the battery	Operating	0 to 35°C (32 to 95°F)
Temperature Range with Predictive Temperature Unit	Operating	10 to 40°C (50 to 104°F)
	Storage	-20 to 50°C (-4 to 120°F)
Humidity Range	Operating	15% to 95% Relative Humidity (RH) (non condensing)
	Storage	5% to 90% Relative Humidity (RH)
	Transportation ¹	5% to 90% Relative Humidity (RH)
Altitude Range	Operating	-500 m to 3000 m (10000 ft)
	Storage	-500 m to 4600 m (15000 ft) ²
	Transportation ¹	-500 m to 4600 m (15000 ft) ²
Ingress Protection	Monitor without the predictive temperature unit	IP32 (protected against ingress of water when the water is dripping vertically and the monitor is tilted up to 15° and protected against contact with or ingress of foreign objects larger than 2.5 mm)
	Monitor with the Predictive Temperature Unit	IPX1 (protection against ingress of water when the water is dripping vertically)

¹ Short-term storage during shipment

² Sufficient for flight altitudes up to 12,000 m with pressurized cabins

Tympanic Temperature Thermometer

Ambient Temperature Range		
	Range °C	Range °F
Operating 10 to 95% RH, non-condensing	16 to 33	60.8 to 91.4
Storage up to 95% RH, non-condensing	-25 to 55.0	-13 to 131

Ambient Temperature Range**Caution:**

EN 12470-5 specifies 16.0°C to 35.0°C (60.8°F to 95°F), 10 to 95% RH, non-condensing
 ASTM E1965-98 specifies 16.0°C to 40.0°C (60.8°F to 104°F), up to 95% RH, non-condensing

Storing the thermometer outside the specified temperature/humidity range might adversely affect measurement accuracy. Check the calibration after storage in uncertain conditions.

Monitor Performance Specifications

Performance Specifications		
Power Specifications	Power consumption	<40 W average <65 W peak
	Line Voltage	100 to 240 V ~
	Current	0.4 to 0.7 A
	Frequency	50/60 Hz ~
Battery Specifications	Operating Time (with new, fully charged battery)	Basic monitoring configuration: >4 hours (Brightness set to Optimum , ECG/Resp, SpO ₂ measurements in use, NBP measurement every 15 minutes) Extended monitoring configuration: >3 hours (Brightness set to Optimum , ECG/Resp, SpO ₂ , Press/Temp, CO ₂ measurements in use, NBP every 15 minutes, Recorder)
	Charge Time	When monitor is off: 4 hours When monitor is in use: 5 hours and above, depending on monitor configuration (in some configurations the battery may not completely recharge in the monitor, in this case the 865432 Smart Battery Conditioner should be used)
Indicators	Alarms Off	red (crossed-out alarm symbol) LED
	Alarms	red/yellow/light blue (cyan) LED
	On/Standby/Error	green/red LED
	AC Power	green LED
	Battery LED	red/yellow/green LED
Sounds	Audible feedback for user input Prompt tone QRS tone, or SpO ₂ modulation tone 4 different alarm sounds Remote tone for alarms on other beds in network Tone for Timer expired	
Display Wave Speeds		6.25 mm/s, 12.5 mm/s, 25 mm/s, 50 mm/s with ±5% accuracy (guaranteed only for integrated displays)
Trends	Resolution	12, 16, 24 or 32 numerics @ 12 sec, 1 minute, 5 minute resolution
	Information	Multiple choices of number of numerics, resolution and duration depending on trend option and application area. For example: neonatal extended: 12 numerics, 24 hours @ 12 seconds or 32 numerics, 32 hours @ 1 minute intensive care extended: 16 numerics, 120 hours @ 5 minutes anesthesia extended: 32 numerics, 9 hours @ 12 seconds

34 Specifications

Performance Specifications		
High-Res Trend Waves	Measurements OxyCRG	HR, SpO ₂ , Resp
	Resolution	Measurement samples are taken at a resolution of four samples per second
	Update speed	waves are drawn at a speed of 3 cm/minute
Events	Information	trigger condition and time, event classification and associated detailed view of episode data
	Episode data	4 minutes of high resolution trend
Alarm signal	System alarm delay The system alarm delay is the processing time the system needs for any alarm to be indicated on the monitor, after the measurement has triggered the alarm.	less than 4 seconds
	Delay for alarm availability on the network This is the time needed after alarm indication on the monitor until the alarm signal is available on the network, to the IntelliVue Information Center or for transmission to other systems.	less than 5 seconds
	Pause duration	1,2,3 minutes or infinite, depending on configuration
	Extended alarm pause	5 or 10 minutes
	Sound pressure range	min. 0 dB(A) max. 45-85 dB(A)
Review Alarms	Information	all alarms / inops, main alarms on/off, alarm silence and time of occurrence
	Capacity	300 items
Real Time Clock	Range	from: January 1, 1997, 00:00 to: December 31, 2080, 23:59
	Accuracy	<2 seconds per day (typically)
	Hold Time	infinite if powered by AC; otherwise at least 48 hours (typical: >72 hours)
Buffered Memory	Hold Time	if powered by AC: infinite without power: at least 48 hours (typical: >72 hours)
	Contents	Active settings, trends, patient data, realtime reports, events, review alarms

Display Specifications		
All displays	Sweep Speeds	6.25, 12.5, 25 and 50 mm/s;
Integrated SVGA Display	Resolution	800 x 600
	Refresh frequency	60 Hz
	Useful screen	170.4 x 127.8 mm
	Pixel size	0.213 x 0.213 mm
Video Interface SVGA	Horizontal Frequency	37.5 kHz
	Refresh frequency	60 Hz
	Video Signals	0.7 Vpp @ 75 Ohm, HSYNC/VSYNC Signals TTL
	Connector	15 pin D-SUB

Compatible Devices		
Displays (must be approved for medical use)	M8031B	XGA color 15" LCD touchscreen
	M8033C	SXGA color 17" LCD Touchscreen

Monitor Interface Specifications

Monitor Interface Specifications		
Measurement Link (MSL)	Connectors	Female ODU (Proprietary)
	Power Sync.	RS-422 compliant input 78.125 kHz (typical)
	LAN signals	IEEE 802.3 10-Base-T compliant
	Serial signals	RS-422 compliant
	Local signals	Internal use only
Network	Standard	IEEE 802.3 10-Base-T
	Connector	RJ45 (8 pin)
	Isolation	1.5 kV
MIB/RS232	Standard	IEEE 1073-3.2-2000
	Connectors	RJ45 (8 pin)
	Mode	BCC (RxD/TxD cross over)
	Power	5 V +/-5 %, 100 mA (max.)
	Isolation	1.5 kV
USB Interface (1 port)	Standard	USB 2.0 full-speed (embedded host) - supports only USB pointing devices, barcode readers and the 865244 Remote Control
	Connectors	USB series "Standard A" receptacle
	Power	Low power port 4.4V min
	Isolation	none
Basic Nurse Call Relay	Connector	3.5 mm phone jack, active closed contact only
	Contact	≤100 mA, ≤24 V DC
	Isolation	1.5 kV
	Delay	<(Configured Latency + 0.5 sec)

Monitor Interface Specifications		
IntelliVue 802.11 Bedside Adapter (Wireless Network Adapter)	Type	Internal wireless adapter
	Technology	IEEE 802.11a/b/g
	Frequency Band	USA: 2.400 – 2.483GHz, 5.15 ~ 5.35Ghz, 5.725 ~ 5.825Ghz Europe: 2.400 – 2.483GHz, 5.15~ 5.35Ghz, 5.47 ~ 5.725Ghz Japan: 2.400 – 2.483GHz, 2.471 – 2.498GHz, 4.900 – 5.091GHz, 5.150 – 5.250GHz, 5.25 – 5.35GHz, 5.470 – 5.725GHz China: 2.400 – 2.483GHz, 5.725 ~5.85Ghz
	Modulation Technique	802.11b/g DSSS (DBPSK, DQPSK, CCK) OFDM (BPSK,QPSK, 16-QAM, 64-QAM) 802.11a OFDM (BPSK,QPSK, 16-QAM, 64-QAM)
	Effective radiated power	2.4 GHz FCC: max 18 dBm ETSI: max 18 dBm 5 GHz FCC: max 24 dBm ETSI: max 18 dBm
Short Range Radio Interface¹	Type	Internal SRR interface
	Technology	IEEE 802.15.4
	Frequency Band	2.4 GHz ISM (2.400 - 2.483 GHz) MBAN (2.360 - 2.400 GHz, for US / FCC regulated countries only)
	Modulation Technique	DSSS (O -QPSK)
	Effective radiated power	max. 0 dBm (1 mW)
IntelliVue Instrument Telemetry Wireless Network (USA only)		
Internal WMTS Adapter	Technology	compatible with Philips IntelliVue Telemetry System (ITS), cellular infrastructure
	Frequency Band	WMTS, 1395-1400 MHz and 1427-1432 MHz
IntelliVue Instrument Telemetry Wireless Network		
Internal ISM Adapter	Technology	compatible with Philips IntelliVue Telemetry System (ITS), cellular infrastructure
	Frequency Band	2.4 GHz ISM
ECG Output/Marker Input (1/4" stereo phone jack with tip, ring, sleeve)		
General	Connector	1/4" phone each with tip, ring, sleeve
	Signal Gain	320 to 3200 in 19 steps
	Full Scale on Display	signal gain x measured ECG voltage
	Gain Error	<20 %
	Baseline Offset	<150 mV
	Bandwidth	1 to 80 Hz
	Output Impedance	ECG Output (ring): <2.2 K Ω $\pm$ 20 % ECG Output/Marker Input (tip) <2.5 k Ω $\pm$ 20 %
	Signal Delay	$\leq$ 30 ms
	Pacemaker Pulse	filtered and included in ECG output signal

Monitor Interface Specifications		
Marker Input Requirements (tip)	Signal Type	0 to -12 V, negative edge pulse
	Pulse Source Impedance	<7 k Ω
	Pulse Fall Time	<100 μ s
	Pulse Duration	>4 ms
ECG Sync Pulse Mode		
	Pulse Width	100 +/-10 ms (high)
	Delay from R-wave peak to start of pulse	20 ms maximum per AAMI EC13
	Output voltage swing	+/-5 V minimum

¹ The short range radio interface is compatible with the IntelliVue Cableless Measurements and the following devices: TRx4841A/TRx4851A IntelliVue Telemetry System Transceiver and MX40 Wearable Patient Monitor.

M4605A Battery Specifications

One battery is required for battery operation of the monitor.

The battery lifetime is 3 years from manufacturing date or 500 charge/discharge cycles.

M4605A Battery Specifications	
Physical Specifications	
W x D x H	149 x 89 x 19.8 mm (5.866 x 3.504 x 0.78 in)
Weight	490 g (1.08 lb) per battery
Performance Specifications	
Nominal Voltage	10.8 Volt
Rated Capacity at discharge C/5	6000 mAh
Continuous Discharge Capability	6.5 A
Environmental Specifications	
Temperature Range	Discharge 0 to 50°C (32 to 122°F) Charge 0 to 50°C (32 to 122°F) Storage and Transportation: -20 to 65°C (-4 to 140°F)
Humidity Range	Operating: 15% to 95% Relative Humidity (RH) Storage and Transportation: 5 % to 95 % Relative Humidity (RH)
Battery Type	Smart Battery 10.8 V, 6000 mAh, Lithium Ion
Safety	complies with UL 2054
Electromagnetic Compatibility (EMC)	complies with the requirements for FCC Type B computing Device, and EN 61000-4-2 and EN 61000-3-2
Communication Standard	complies with the SMBus specification v 1.1

Measurement Specifications

See the “Default Settings Appendix” for a list of the settings the monitor is initially shipped with.

ECG/Arrhythmia/ST/QT

Complies with:

- IEC 60601-2-25:1993 + A1:1999/EN60601-2-25:1995 + A1:1999
- IEC 60601-2-27:2005/EN60601-2-27:2006
- IEC 60601-2-51:2003/EN 60601-2-51:2003
- AAMI EC11/EC13:1991/2002

ECG/Arrhythmia/ST Performance Specifications		
Cardiotach	Range	Adult/pedi: 15 to 300 bpm Neo range: 15 to 350 bpm Note: for rates equal to or less than 15 bpm, the displayed heart rate is 0.
	Accuracy	±1% of range
	Resolution	1 bpm
	Sensitivity	≥200 μV_{peak}
PVC Rate	Range	0 to 300 bpm
	Resolution	1 bpm
ST Numeric	Range	-20 to +20 mm
	Accuracy	±0.5 mm or 15%, whichever is greater
	Resolution	0.1 mm
QT Numeric	Range	200 to 800 ms
	Accuracy	±30 ms
	Resolution	8 ms
QTc Numeric	Range	200 to 800 ms
	Resolution	1 ms
ΔQTc Numeric	Range	-600 to +600 ms
	Resolution	1 ms
QT-HR Numeric	Range - adult	15 to 150 bpm
	Range - pediatric and neonatal	15 to 180 bpm
Sinus and SV Rhythm Ranges	Brady	Adult: 15 to 59 bpm Pedi: 15 to 79 bpm Neo: 15 to 89 bpm
	Normal	Adult: 60 to 100 bpm Pedi: 80 to 160 bpm Neo: 90 to 180 bpm
	Tachy	Adult: >100 bpm Pedi: >160 bpm Neo: >180 bpm

ECG/Arrhythmia/ST Performance Specifications		
Bandwidth	Diagnostic Mode	Adult/neo/pedi: 0.05 to 150 Hz
	Extended Monitoring Mode	Adult/neo/pedi: 0.5 to 150 Hz
	Monitoring Mode	Adult: 0.5 to 40 Hz Neo/pedi: 0.5 to 55 Hz
	Filter Mode	Adult/neo/pedi: 0.5 to 20 Hz
Bandwidth when the ECG is transmitted from a telemetry device via short range radio	Diagnostic Mode	Adult/neo/pedi: 0.05 to 40 Hz
	Extended Monitoring Mode	Adult/neo/pedi: 0.5 to 40 Hz
	Monitoring Mode	Adult: 0.5 to 40 Hz Neo/pedi: 0.5 to 40 Hz
	Filter Mode	Adult/neo/pedi: 0.5 to 20 Hz
Differential Input Impedance		>2 M Ω RA-LL leads (Resp) >5 M Ω at all other leads (at 10 Hz including patient cable)
Common Mode Rejection Ratio		Diagnostic mode: >86 dB (with a 51 k Ω /47 nF imbalance). Filter mode: >106 dB (with a 51 k Ω /47 nF imbalance).
Electrode Offset Potential Tolerance		± 500 mV
Auxiliary Current (Leads off Detection)		Active electrode: <100 nA Reference electrode: <900 nA
Input Signal Range		± 5 mV

ECG/Arrhythmia/ST/QT Alarm Specifications	Range	Adjustment
HR	15 to 300 bpm maximum delay: 10 seconds according to AAMI EC 13-1992 standard	Adult: 1 bpm steps (15 to 40 bpm) 5 bpm steps (40 to 300 bpm) Pedi/Neo: 1 bpm steps (15 to 50 bpm) 5 bpm steps (50 to 300 bpm)
Extreme Tachy	Difference to high limit 0 to 50 bpm	5 bpm steps
	Clamping at 150 to 300 bpm	5 bpm steps
Extreme Brady	Difference to low limit 0 to 50 bpm	5 bpm steps
	Clamping at 15 to 100 bpm	5 bpm steps
Run PVCs	None, fixed setting 2 PVCs	Not adjustable by user
PVCs Rate	1 to 99 PVCs/minute	1 PVC
Vent Tach HR	20 to 300 bpm	5 bpm
Vent Tach Run	3 to 99 PVCs/minute	1 PVC
Vent Rhythm Run	3 to 99 PVCs/minute	1 PVC
SVT HR	120 to 300 bpm	5 bpm
SVT Run	3 to 99 SV beats	1 SV beat
ST High	-19.8 to +20 mm	0.2 mm
ST Low	-20 to +19.8 mm	0.2 mm
STE Limit	-20 to +20 mm	0.2 mm
QTc High	200 ms to 800 ms	10 ms steps
ΔQTc High	30 ms to 200 ms	10 ms steps

ECG/Arrhythmia/ST Supplemental Information as required by AAMI EC11/13, IEC 60601-2-27		
Respiration Excitation Waveform		Sinusoidal signal, 260 μA, 40.5 kHz
Noise Suppression		RL drive gain 44 dB max., max. voltage 1.8 Vrms
Time to Alarm for Tachycardia	Vent Tachycardia 1 mV _{pp} ,206 bpm	Gain 0.5, Range 6.5 to 8.4 seconds, Average 7.2 seconds
		Gain 1.0 Range 6.1 to 6.9 seconds, Average 6.5 seconds
		Gain 2.0, Range 5.9 to 6.7 seconds, Average 6.3 seconds
	Vent Tachycardia 2 mV _{pp} ,195 bpm	Gain 0.5, Range 5.4 to 6.2 seconds, Average 5.8 seconds
		Gain 1.0, Range 5.7 to 6.5 seconds, Average 6.1 seconds
		Gain 2.0, Range 5.3 to 6.1 seconds, Average 5.7 seconds
Tall T-Wave Rejection Capability		Exceeds ANSI/AAMI EC 13 Sect. 3.1.2.1(c) minimum recommended 1.2 mV T-Wave amplitude
Heart Rate Averaging Method		Three different methods are used: Normally, heart rate is computed by averaging the 12 most recent R-R intervals. For runs of PVCs, up to 8 R-R intervals are averaged to compute the HR. If each of 3 consecutive R-R intervals is greater than 1200 ms (that is, rate less than 50 bpm), then the 4 most recent R-R intervals are averaged to compute the HR.
Response Time of Heart Rate Meter to Change in Heart Rate		HR change from 80 to 120 bpm: Range: [6.4 to 7.2 seconds] Average: 6.8 seconds HR change from 80 to 40 bpm: Range: [5.6 to 6.4 sec] Average: 6.0 seconds
Heart Rate Meter Accuracy and Response to Irregular Rhythm		Ventricular bigeminy: 80 bpm Slow alternating ventricular bigeminy: 60 bpm Rapid alternating ventricular bigeminy: 120 bpm Bidirectional systoles: 90 bpm
Accuracy of Input Signal Reproduction		Methods A and D were used to establish overall system error and frequency response.
Pacemaker Pulse Rejection Performance		Rejection of pacemaker pulses with amplitudes from ±2 mV to ±700 mV and widths from 0.1 ms to 2.0 ms (Method A)
Pacemaker Pulse Rejection of fast ECG signals		2.2 V/s RTI (Paced Mode)
Minimum input slew rate		2.2 V/s RTI

Respiration

Respiration Performance Specifications		
Respiration Rate	Range	Adult/pedi: 0 to 120 rpm Neo: 0 to 170 rpm
	Accuracy	at 0 to 120 rpm ± 1 rpm at 120 to 170 rpm ± 2 rpm
	Resolution	1 rpm
Bandwidth		0.3 to 2.5 Hz (-6 dB)
Noise		Less than 25 m Ω (rms) referred to the input

Respiration Alarm Specifications	Range	Adjustment	Delay
High	Adult/pedi: 10 to 100 rpm Neo: 30 to 150 rpm	< 20 rpm: 1 rpm steps ≥ 20 rpm: 5 rpm steps	max. 14 seconds
Low	Adult/pedi: 0 to 95 rpm Neo: 0 to 145 rpm	< 20 rpm: 1 rpm steps ≥ 20 rpm: 5 rpm steps	for limits from 0 to 20 rpm: max. 4 seconds for limits above 20 rpm: max. 14 seconds
Apnea Alarm	10 to 40 seconds	5 second steps	

Respiration from the CL Respiration Pod

For the general measurement specifications, refer to the IntelliVue Cableless Measurements Instructions for Use.

The alarm specifications for alarms generated by the CL Respiration pod and indicated by the monitor are listed in the table below.

cmResp Alarm Specifications	Range	Adjustment
Respiration Rate	5 to 60 rpm	<20 rpm: 1 rpm steps >20 rpm: 5 rpm steps
Bradypnea	Difference to high limit 0 to 20 rpm	1 rpm steps
	Clamping at 5 to 50 rpm	<20 rpm: 1 rpm steps >20 rpm: 5 rpm steps
Pulse	30 to 220 bpm	30 to 40 bpm: 1 bpm steps 40 to 220 bpm: 5 bpm steps
Tachycardia	Difference to high limit 0 to 50 bpm	5 bpm steps
	Clamping at 150 to 220 bpm	5 bpm steps
Bradycardia	Difference to low limit 0 to 50 bpm	5 bpm steps
	Clamping at 30 to 100 bpm	5 bpm steps

SpO₂

Complies with ISO 9919:2005 / EN ISO 9919:2009 (except alarm system; alarm system complies with IEC 60601-2-49:2001).

Measurement Validation

The SpO₂ accuracy has been validated in human studies against arterial blood sample reference measured with a CO-oximeter. Pulse oximeter measurements are statistically distributed, only about two-thirds of the measurements can be expected to fall within the specified accuracy compared to CO-oximeter measurements.

Philips FAST SpO₂ Performance Specifications

Philips FAST SpO ₂ Performance Specifications		
SpO₂ The specified accuracy is the root-mean-square (RMS) difference between the measured values and the reference values	Range	0 to 100%
	Accuracy	Philips Reusable Sensors: M1191A, M1191AL, M1191B, M1191BL, M1192A, = 2% (70% to 100%) M1193A, M1194A, M1195A, M1196A, M1196S = 3% (70% to 100%) M1191T, M1192T, M1193T (Adult), M1196T = 3% (70% to 100%) M1193T (Neonate) = 4% (70% to 100%) Philips Disposable Sensors with M1943A(L): M1132A, M1133A (adult/infant), M1134A (adult/infant) = 2% M1901B, M1902B, M1903B, M1904B, M1131A, M1133A (neonate), M1134A (neonate) = 3% (70% to 100%) NellcorPB[®] Sensors with M1943A(L): MAX-A, MAX-AL, MAX-P, MAX-I, MAX-N, D-25, D-20, I-20, N-25, OxiCliq A, P, I, N = 3% (70% to 100%) Masimo Reusable Sensors[®] with LNOP MP12 or LNC MP10: LNOP DC-I, LNOP DC-IP, LNOP YI (adult/pedi/infant), LNCS DC-1, LNCS DC-IP, LNCS YI (adult/pedi/infant) = 2% (70% to 100%) LNOP YI (neonate), LNCS YI (neonate) = 3% (70% to 100%) LNOP TC-I, LNCS TC-I: 3.5% (70% to 100%) Masimo Disposable Sensors[®] with LNOP MP12 or LNC MP10: LNOP Adt, LNOP Adtx, LNOP Pdt, LNOP Pdtx, LNOP Inf-L, LNOP Neo-L (adult), LNCS Adtx, LNCS Adtx-3, LNCS Pdtx, LNCS Pdtx-3, LNCS Inf, LNCS Inf-3, LNCS Neo (adult), LNCS Neo-3 (adult) = 2% (70% to 100%) LNOP Neo-L (neonate), LNOP NeoPt-L, LNCS Neo (neonate), LNCS Neo-3 (neonate), LNCS NeoPt, LNCS NeoPt-3 = 3% (70% to 100%)
	Resolution	1%
Pulse	Range	30 to 300 bpm
	Accuracy	±2% or 1 bpm, whichever is greater
	Resolution	1 bpm
Numeric Update Rate		Typical: 2 seconds, Maximum: 30 seconds. Maximum with NBP INOP suppression on: 60 seconds.
Sensors		Wavelength range: 500 to 1000 nm Emitted Light Energy: ≤15 mW Information about the wavelength range can be especially useful to clinicians (for instance, when photodynamic therapy is performed)
Pulse Oximeter Calibration Range		70% to 100%

Nellcor OxiMax Performance Specifications

Pulse Oximetry Performance Specifications		
SpO₂ The specified accuracy is the root-mean-square (RMS) difference between the measured values and the reference values	Range	1 to 100%
	Accuracy	M1901B ¹ , M1902B, M1903B, M1904B, MAXA, MAXAL, MAXP, MAXI, MAXN ¹ , MAXFAST: adult/infant = 2% (70% to 100%) M1902B, M1903B, M1904B, MAXA, MAXAL, MAXP, MAXI, MAXN ¹ , MAXFAST: adult = 3% (60% to 80%) MAXN ¹ :neonate = 2% (70% to 100%) Oxicliq A, Oxicliq P, Oxicliq L, Oxicliq N ⁴ : adult/infant = 2.5% (70% to 100%) Oxicliq N ⁴ :neonate = 3.5% (70% to 100%) MAXR ² , D-YSE, D-YSPD: adult/infant = 3.5% (70% to 100%) SoftCare SC-A (adult/infant), SoftCare SC-PR-I ³ (neonate), SoftCare SCNEO-I ³ : (neonate) = 2% (70% to 100%) DS-100A-I, D-YS, Oxiband OXI-A/N, Oxiband OXI-P/I:adult/infant = 3% (70% to 100%) D-YS ⁴ , Oxiband OXI-A/N ⁴ : neonate = 4% (70% to 100%)
	Low perfusion accuracy ⁵	2% (70 - 100%)
	Resolution	1%
Pulse	Range	25 to 300 bpm
	Accuracy	+/- 3 bpm (25 to 250 bpm)
	Low perfusion accuracy ⁵	+/- 3 bpm (25 to 250 bpm)
	Resolution	1 bpm
Numeric update rate		typical 1 second, max ≤60 seconds
Sensors		Wavelength range: 500 to 1000 nm Emitted Light Energy: ≤15 mW Information about the wavelength range can be especially useful to clinicians (for instance, when photodynamic therapy is performed)

1. M1901B/MAXN:

Clinical functionality has been demonstrated on a population of hospitalized neonate patients. The observed SpO₂ accuracy was 2.5% in a study of 42 patients with ages of 1 to 23 days, weight from 750 to 4100 grams, and 63 observations made spanning a range of 85 to 99% SaO₂ while monitored with Nellcor OxiMax N-595 pulse oximeters.

2. The accuracy specification has been determined between saturations of 80%–100%.

3. SoftCare SC-PR-I, SCNEO-I:

Clinical functionality has been demonstrated on a population of hospitalized neonate and infant patients. The observed SpO₂ accuracy was 3.0% in a study of 57 patients with ages of 24 to 40 weeks, weight from 710 to 5,000 grams, and 185 observations made spanning a range of 63 to 100% SaO₂ while monitored with Nellcor OxiMax N-595 pulse oximeters.

4. Neonatal accuracy: When sensors are used on neonatal subjects as recommended, the specified accuracy range is increased by ± 1 digit, as compared to adult usage, to account for the theoretical effect on oximeter measurements of fetal hemoglobin in neonatal blood. For example, Oxicliq N accuracy on neonates is ± 3.5 digits, rather than ± 2.5.

5. Specification applies to the performance of the device. Reading accuracy in the presence of low perfusion (detected IR pulse modulation amplitude 0.03% - 1.5%) was validated using signals supplied by a patient simulator. SpO₂ and pulse rate values were varied across the monitoring range over a range of weak signal conditions and compared to the known true saturation and pulse rate of the input signals.

Nellcor Patents: The monitor with Nellcor OxiMax technology are covered by one or more of the following US Patents and foreign equivalents:

34 Specifications

5,485,847; 5,676,141; 5,743,263; 6,035,223; 6,226,539; 6,411,833; 6,463,310; 6,591,123; 6,708,049; 7,016,715; 7,039,538; 7,120,479; 7,120,480; 7,142,142; 7,162,288; 7,190,985; 7,194,293; 7,209,774; 7,212,847; 7,400,919.

Purchase of the instrument with Nellcor OxiMax technology confers no express or implied license under any Covidien patent to use that instrument with any sensor not manufactured or licensed by Covidien.

SpO₂ Alarm Specifications

SpO ₂ Alarm Specifications	Range	Adjustment
SpO ₂	Adult: 50 to 100% Pedi/Neo: 30 to 100%	1% steps
Desat	Adult: 50% to Low alarm limit Pedi/Neo: 30% to Low alarm limit	1% steps
Pulse	30 to 300 bpm	Adult: 1 bpm steps (30 to 40 bpm) 5 bpm steps (40 to 300 bpm) Pedi/Neo: 1 bpm steps (30 to 50 bpm) 5 bpm steps (50 to 300 bpm)
Tachycardia	Difference to high limit 0 to 50 bpm	5 bpm steps
	Clamping at 150 to 300 bpm	5 bpm steps
Bradycardia	Difference to low limit 0 to 50 bpm	5 bpm steps
	Clamping at 30 to 100 bpm	5 bpm steps

SpO ₂ Alarm Specifications (cont.)	Standard Delay	Smart Alarm Delay (alternative to standard alarm delay)		
		Short Mode	Medium mode	Long Mode
SpO ₂ high and low limit alarms	0 to 30 seconds (adjustable in 1 second steps) + system alarm delay ¹	10 to 25 seconds + system alarm delay	10 to 50 seconds + system alarm delay	10 to 100 seconds + system alarm delay
Desat	0 to 30 seconds (adjustable in 1 second steps) + system alarm delay	not supported		
Pulse	10 seconds + system alarm delay			
Tachycardia	10 seconds + system alarm delay			
Bradycardia	10 seconds + system alarm delay			

1. Refer to "Monitor Performance Specifications" on page 359 for system alarm delay specification.

SpO ₂ Smart Alarm Delay - Detailed Specifications			
Deviation from violated alarm limit	Resulting alarm delay according to selected mode		
	Short	Medium	Long
1%	25 seconds (maximum delay)	50 seconds (maximum delay)	100 seconds (maximum delay)
2%	12 seconds	25 seconds	50 seconds
3%	10 seconds	16 seconds	33 seconds

SpO ₂ Smart Alarm Delay - Detailed Specifications			
Deviation from violated alarm limit	Resulting alarm delay according to selected mode		
	Short	Medium	Long
4%	10 seconds	12 seconds	25 seconds
5%	10 seconds	10 seconds	20 seconds
6%	10 seconds	10 seconds	16 seconds
7%	10 seconds	10 seconds	14 seconds
8%	10 seconds	10 seconds	12 seconds
9%	10 seconds	10 seconds	11 seconds
>9%	10 seconds	10 seconds	10 seconds

NBP

Complies with IEC 60601-2-30:1999/EN60601-2-30:2000.

NBP Performance Specifications		
Measurement Ranges	Systolic	Adult: 30 to 270 mmHg (4 to 36 kPa) Pedi: 30 to 180 mmHg (4 to 24 kPa) Neo: 30 to 130 mmHg (4 to 17 kPa)
	Diastolic	Adult: 10 to 245 mmHg (1.5 to 32 kPa) Pedi: 10 to 150 mmHg (1.5 to 20 kPa) Neo: 10 to 100 mmHg (1.5 to 13 kPa)
	Mean	Adult: 20 to 255 mmHg (2.5 to 34 kPa) Pedi: 20 to 160 mmHg (2.5 to 21 kPa) Neo: 20 to 120 mmHg (2.5 to 16 kPa)
	Pulse Rate	Adult: 40 to 300 bpm Pedi: 40 to 300 bpm Neo: 40 to 300 bpm
Accuracy		Max. Std. Deviation: 8 mmHg (1.1 kPa) Max. Mean Error: ± 5 mmHg (± 0.7 kPa)
Pulse Rate Measurement Accuracy		40 to 100 bpm: ± 5 bpm 101 to 200 bpm: $\pm 5\%$ of reading 201 to 300 bpm: $\pm 10\%$ of reading (average over NBP measurement cycle)
Pulse Rate Range		40 to 300 bpm
Measurement Time		Typical at HR >60 bpm Auto/manual/sequence: Adult: 30 seconds Neonatal: 25 seconds Stat: 20 seconds Maximum time: Adult/pedi: 180 seconds Neo: 90 seconds
Cuff Inflation Time		Typical for normal adult cuff: Less than 10 seconds Typical for neonatal cuff: Less than 2 seconds

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NBP Performance Specifications		
Initial Cuff Inflation Pressure		Adult: 165 ±15 mmHg Pedi: 130 ±15 mmHg Neo: 100 ±15 mmHg
Maximum Cuff Pressure		Adult/Pedi: 300 mmHg Neo: 150 mmHg
Auto Mode Repetition Times		1 min, 2 min, 2.5 min, 3 min, 10 min, 15 min, 20 min, 30 min, 45 min, 1h, 2h, 4h, 8h, 12h, 24h
STAT Mode Cycle Time		5 minutes
Venipuncture Mode Inflation		
Inflation Pressure	Adult	20 to 120 mmHg (3 to 16 kPa)
	Pediatric	20 to 80 mmHg (3 to 11 kPa)
	Neonatal	20 to 50 mmHg (3 to 7 kPa)
Automatic deflation after	Adult/pediatric	170 seconds
	Neonatal	85 seconds

Measurement Validation: Clinical investigation according to ISO 81060-2:2013 with the auscultatory reference method:

- the 5th Korotkoff sound (K5) was used in adult / adolescent subjects and the 4th Korotkoff sound (K4) was used in pediatric subjects to determine the diastolic reference pressures.
- the approximation $MAP = (2 \times DIA + SYS) / 3$ was used to calculate reference MAP (mean arterial pressure) values from the systolic and diastolic reference pressures.

Clinical investigation according to ISO 81060-2:2013 with the intra-arterial reference method:

- the radial artery was used for the intra-arterial reference measurement.
- the MAP values displayed by the reference invasive blood pressure monitor were used as MAP reference values.
- blood pressure recordings with any dysrhythmias were excluded.

NBP Alarm Specifications	Range	Adjustment
Systolic	Adult: 30 to 270 mmHg (4 to 36 kPa)	10 to 30 mmHg: 2 mmHg (0.5 kPa) >30 mmHg: 5 mmHg (1 kPa)
	Pedi: 30 to 180 mmHg (4 to 24 kPa)	
	Neo: 30 to 130 mmHg (4 to 17 kPa)	
Diastolic	Adult: 10 to 245 mmHg (1.5 to 32 kPa)	
	Pedi: 10 to 150 mmHg (1.5 to 20 kPa)	
	Neo: 10 to 100 mmHg (1.5 to 13 kPa)	
Mean	Adult: 20 to 255 mmHg (2.5 to 34 kPa)	
	Pedi: 20 to 160 mmHg (2.5 to 21 kPa)	
	Neo: 20 to 120 mmHg (2.5 to 16 kPa)	

NBP Overpressure Settings		
Adult	>300 mmHg (40 kPa) >2 sec	not user adjustable
Pediatric	>300 mmHg (40 kPa) >2 sec	
Neonate	>150 mmHg (20 kPa) >2 sec	

Invasive Pressure and Pulse

Complies with IEC 60601-2-34:2000/EN60601-2-34:2000.

Invasive Pressure Performance Specifications		
Measurement Range		-40 to 360 mmHg
Pulse Rate	Range	25 to 350 bpm
	Accuracy	±1% Full Range
	Resolution	1 bpm
Input Sensitivity		Sensitivity: 5 $\mu\text{V/V/mmHg}$ (37.5 $\mu\text{V/V/kPa}$) Adjustment range: ±10%
Transducer		Load Impedance: 200 to 2000 Ω (resistive) Output Impedance: ≤3000 Ω (resistive)
Frequency Response		dc to 12 Hz or 40 Hz
Zero Adjustment	Range	±200 mmHg (±26 kPa)
	Accuracy	±1 mmHg (±0.1 kPa)
	Drift	Less than 0.1 mmHg/°C (0.013 kPa/°C)
Gain Accuracy	Accuracy	±1%
	Drift	Less than 0.05%/°C
	Non linearity and Hysteresis	Error of ≤0.4 %FS (@CAL 200 mmHg)
Overall Accuracy	(including transducer)	±4% of reading or ±4 mmHg (±0.5 kPa), whichever is greater
Volume displacement of CPJ840J6		0.1 mm ³ /100 mmHg

Invasive Pressure Alarm Specifications

Invasive Pressure Alarm Specifications	Range	Adjustment	Delay
Pressure	-40 to 360 mmHg (-5.0 to 48 kPa)	-40 to 50 mmHg 2 mmHg (0.5 kPa) >50 mmHg 5 mmHg (1 kPa)	max. 12 seconds
Extreme High	Difference to high limit 0 to 25 mmHg	5 mmHg steps (0.5 kPa)	
	Clamping at -40 to 360 mmHg	5 mmHg steps (1.0 kPa)	
Extreme Low	Difference to low limit 0 to 25 mmHg	5 mmHg steps (0.5 kPa)	
	Clamping at -40 to 360 mmHg	5 mmHg steps (1.0 kPa)	
Pulse	25 to 300 bpm	Adult: 1 bpm steps (25 to 40 bpm) 5 bpm steps (40 to 300 bpm) Pedi/Neo: 1 bpm steps (25 to 50 bpm) 5 bpm steps (50 to 300 bpm)	max. 14 seconds
Tachycardia	Difference to high limit 0 to 50 bpm	5 bpm steps	
	Clamping at 150 to 300 bpm	5 bpm steps	

34 Specifications

Invasive Pressure Alarm Specifications	Range	Adjustment	Delay
Bradycardia	Difference to low limit 0 to 50 bpm	5 bpm steps	max. 14 seconds
	Clamping at 25 to 100 bpm	5 bpm steps	

Temp

Complies with EN 12470-4:2000. Specified without transducer.

Temp Performance Specifications		
Temp	Range	-1 to 45°C (30 to 113°F)
	Resolution	0.1°C (0.2°F)
	Accuracy	±0.1°C (±0.2°F)
Average Time Constant		Less than 10 seconds

Temp Alarm Specifications	Range	Adjustment
Temp High/Low Alarms	-1 to 45°C (30 to 113°F)	-1 to 30°C (30 to 86°F), 0.5°C (1.0°F) steps 30 to 45°C (86 to 113°F), 0.1°C (0.2°F) steps

Tympanic Temperature

Complies with:

- EN 12470-5 (Clinical thermometers - Part 5:2003: Performance of infra-red thermometers)
- ASTM E1965-98 (Infrared Thermometers for Intermittent Determination of Patient Temperature)

with minor exceptions as noted below.

Performance Specifications

Performance Specifications		
Temperature Resolution		0.1°C or 0.1°F
Response Time		<2 seconds
Temperature Calibrated Accuracy Specifications (out of the Factory)		
Ambient Temperature	Target Temperature	Accuracy
25°C (77°F)	37.7°C to 38.9°C (98.4°F to 102°F)	±0.1°C (±0.2°F)
16°C to 33°C (60.8° to 91.4°F)	33°C to 42°C (91.4°F to 107.6°F)	±0.2°C (±0.4°F)
Temperature Calibrated Accuracy Specifications (after recalibration using Genius 2 Checker/Calibrator)		
Ambient Temperature	Target Temperature	Accuracy
16°C to 33°C (60.8° to 91.4°F)	36°C to 39°C (96.8°F to 102.2°F)	±0.2°C (±0.4°F)
16°C to 33°C (60.8° to 91.4°F)	<36°C or >39°C (<96.8°F or >102.2°F)	±0.3°C (±0.5°F)

Performance Specifications

ASTM laboratory requirement for IR thermometers in the display range 37°C to 39°C (98°F to 102°F) is $\pm 0.2^{\circ}\text{C}$ ($\pm 0.4^{\circ}\text{F}$), whereas for mercury-in-glass and electronic thermometers, the requirement per ASTM standards E667-86 and E1112-86 is $\pm 0.1^{\circ}\text{C}$ ($\pm 0.2^{\circ}\text{F}$).

Clinical accuracy characteristics and procedures are available from Covidien llc on request. To verify the accuracy, use a certified black body as specified in EN 12470-5:2003, Annex C, or use a Genius 2 Checker/Calibrator - available from Covidien llc under part number 303097.

Clinical repeatability: meets section A.5 of EN 12470-5:2003 (E) per Covidien llc technical report. Data is available from Covidien llc on request.

Displayed Temperature Measurement Range

Mode	Range °C	Range °F
Ear	33.0 to 42.0	91.4 to 107.6
Oral (ear + 0.6°C)	33.6 to 42.0	92.5 to 107.6
Core (ear + 1.04°C)	34.0 to 42.0	93.2 to 107.6
Rectal (ear + 1.16°C)	34.2 to 42.0	93.6 to 107.6
Caution: ASTM E1965-98 specifies 34.4°C to 42.2°C (94°F to 108°F)		

Tympanic Temperature Alarm Specifications

Range	33.0°C to 42.0°C (91°F to 108°F)
Adjustment	0.5°C steps (33°C to 35°C) 0.1°C steps (35°C to 42°C) 1.0°F steps (91°F to 95°F) 0.2°F steps (95°F to 108°F)

Predictive Temperature

Performance Specifications	
Technology	Welch Allyn® SureTemp Plus®
Probe Types	oral/axillary, rectal
Temperature Measurement Range	26.7 to 43.3°C (80 to 110°F)
Resolution	$\pm 0.1^{\circ}\text{C}$ ($\pm 0.2^{\circ}\text{F}$)
Accuracy (Oral, axillary and rectal measurements)	$\pm 0.1^{\circ}\text{C}$ ($\pm 0.2^{\circ}\text{F}$) (in continuous mode, complies with ASTM 1112-00)

CO₂

The CO₂ measurement complies with EN ISO 21647:2004 + Cor.1:2005 (except alarm system; alarm system complies with IEC 60601-2-49:2001).

Microstream CO ₂ Performance Specifications		
CO ₂	Range	0 to 150 mmHg (0 to 20 kPa), or 20 % CO ₂ , whichever is lower
	Accuracy	Up to 5 minutes during warmup: ± 4 mmHg or 12 %, whichever is greater After 5 minutes warmup: 0 to 40 mmHg (0 to 5.3 kPa): ± 2.2 mmHg (± 0.3 kPa) Above 40 mmHg (5.3 kPa): $\pm (5.5 \% + (0.08 \% / \text{mmHg above } 40 \text{ mmHg}))$ of reading These specifications are valid for 21 % O ₂ and N ₂ balance, up to 35°C ambient temperature, up to 60 rpm in adult mode and 100 rpm in neonatal mode. Outside of these conditions the accuracy reaches at a minimum ± 4 mmHg or ± 12 % of the reading, whichever is greater.
	Resolution	Numeric: 1.0 mmHg (0.1 kPa) Wave: 0.1 mmHg (0.01 kPa)
	Stability	Included in Accuracy specifications
awRR	Range	0 to 150 rpm
	Accuracy	0 to 40 rpm: ± 1 rpm 41 to 70 rpm: ± 2 rpm 71 to 100 rpm: ± 3 rpm >100 rpm: ± 5 % of reading
Warm-up Time		5 minutes for full accuracy specification
Rise Time		190 ms for neonatal mode (measured with FilterLine H for neonatal) 240 ms for adult mode (measured with FilterLine H for adult)
Sample Flow Rate		50 + 15/-7.5 ml/minute
Gas Sampling Delay Time		Typical: 2.3 seconds Maximum: 3 seconds
Sound Pressure		Acoustic noise: <45 dBA
Total System Response Time		The total system response time is the sum of the delay time and the rise time.

Microstream CO₂ Humidity Correction Factor

Either BTPS or ATPD can be selected as the humidity correction factor for the Microstream CO₂ readings. The formula for the correction calculation is:

$$P_{\text{BTPS}} = (P_{\text{ATPD}} \cdot 0.94)$$

where:

P_{BTPS} = partial pressure at body temperature and pressure, saturated

P_{ATPD} = partial pressure at ambient temperature and pressure, dry

Mainstream CO ₂ Performance Specifications		
CO ₂	Range	0 to 150 mmHg (0 to 20.0 kPa)
	Accuracy	after 2 minutes warmup: For values between 0 and 40 mmHg: ± 2.0 mmHg (± 0.29 kPa) For values from 41 to 70 mmHg: ± 5 % of reading For values from 71 to 100 mmHg: ± 8 % of reading The specifications are valid for standard gas mixtures, balance air, fully hydrated at 35°C, $P_{\text{abs}} = 760$ mmHg, flow rate = 2 l/min.
	Resolution	Numeric: 1.0 mmHg (0.1 kPa) Wave: 0.1 mmHg (0.01 kPa)
	Stability: Short term drift Long term drift	± 0.8 mmHg over four hours Accuracy specification will be maintained over a 120 hour period
awRR	Range	2 to 150 rpm
	Accuracy	± 1 rpm
Warm-up Time		2 minutes with CO ₂ transducer attached for full accuracy specification
Response Time		Less than 60 ms (with adult or infant reusable or disposable adapter)

Sidestream CO ₂ Performance Specifications		
CO ₂	Range	0 to 150 mmHg (0 to 20.0 kPa)
	Accuracy	after 2 minutes warmup: For values between 0 and 40 mmHg: ± 2.0 mmHg (± 0.29 kPa) For values from 41 to 70 mmHg: ± 5 % of reading For values from 71 to 100 mmHg: ± 8 % of reading For values from 101 to 150 mmHg: ± 10 % of reading At respiration rates above 80 rpm, all ranges are ± 12 % of actual. The specifications are valid for gas mixtures of CO ₂ , balance N ₂ , dry gas at 760 mmHg within specified operating temperature range.
	Resolution	Numeric: 1.0 mmHg (0.1 kPa) Wave: 0.1 mmHg (0.01 kPa)
	Stability: Short term drift Long term drift	± 0.8 mmHg over four hours Accuracy specification will be maintained over a 120 hour period
awRR	Range	2 to 150 rpm
	Accuracy	± 1 rpm
Warm-up Time		2 minutes with CO ₂ sensor attached for full accuracy specification
Sample Flow Rate		50 $\pm$ 10 ml/minute
Total System Response Time		3 seconds
Operating Temperature		0 to 40 °C (32 to 100 °F)

Mainstream and Sidestream CO₂ Humidity Correction Factor

Either BTPS or ATPD can be selected as the humidity correction factor for the CO₂ readings. The formula for the correction calculation is:

$$P_{\text{ATPD}} = P_{\text{BTPS}} \cdot \frac{P_{\text{abs}}}{P_{\text{abs}} - P_{\text{H}_2\text{O}}}$$

p = partial pressure

P_{abs} = absolute pressure

P_{H₂O} = 42 mmHg @35°C and 100% RH.

CO ₂ Alarm Specifications	Range	Adjustment	Delay
etCO ₂ High	20 to 95 mmHg (2 to 13 kPa)	1 mmHg (0.1 kPa)	less than 14 seconds
etCO ₂ Low	10 to 90 mmHg (1 to 12 kPa)		Microstream: less than 21 seconds
imCO ₂ High	2 to 20 mmHg (0.3 to 3.0 kPa)	steps of 1 mmHg (0.1 kPa)	less than 14 seconds Microstream: less than 21 seconds
awRR High	Adult/pedi: 10 to 100 rpm Neo: 30 to 150 rpm	under 20 rpm: 1 rpm steps over 20 rpm: 5 rpm steps	less than 14 seconds Microstream: less than 21 seconds
awRR Low	Adult/pedi: 0 to 95 rpm Neo: 0 to 145 rpm		settings ≤20 rpm: less than 4 seconds settings >20 rpm: less than 14 seconds Microstream: settings ≤20 rpm: less than 8 seconds settings >20 rpm: less than 21 seconds
Apnea delay	10 to 40 seconds	5 second steps	set apnea delay time + 4 seconds Microstream: set apnea delay time + 8 seconds (with 2 m sample lines) or + 11 seconds (with 4 m sample lines).

Interfering Gas and Vapor Effects On CO₂ Measurement Values

The specified deviations are valid when the appropriate corrections are switched on and set correctly.

Gas or Vapor	Gas Level (% volume fraction)	Additional deviation due to gas interference, measured at 0 - 40 mmHg CO ₂
Nitrous Oxide	60%	±1 mmHg
Halothane	4%	±2 mmHg
Enflurane	5%	±2 mmHg
Isoflurane	5%	±2 mmHg
Sevoflurane	5%	±2 mmHg
Xenon	80%	-5 mmHg
Helium	50%	±1 mmHg
Metered dose inhaler propellants	-	not specified for use
Desflurane	15%	+5 mmHg
Ethanol	0.1%	±1 mmHg
Isopropanol	0.1%	±1 mmHg

Gas or Vapor	Gas Level (% volume fraction)	Additional deviation due to gas interference, measured at 0 - 40 mmHg CO ₂
Acetone	0.1%	±1 mmHg
Methane	1.0%	±1 mmHg

Safety and Performance Tests

You must observe any national regulations on the qualification of the testing personnel and suitable measuring and testing facilities. See the maintenance section for a list of required tests. Safety and performance tests, and what to do if the instrument does not meet these specifications, are described in the Service Guide.

Electromagnetic Compatibility (EMC) Specifications

Take special precautions regarding electromagnetic compatibility (EMC) when using medical electrical equipment. You must operate your monitoring equipment according to the EMC information provided in this book. Portable and mobile radiofrequency (RF) communications equipment can affect medical electrical equipment.

Accessories Compliant with EMC Standards

All accessories listed in the accessories section comply, in combination with the monitor, with the requirements of IEC 60601-1-2:2001 + A1:2004.

WARNING

Using accessories other than those specified may result in increased electromagnetic emission or decreased electromagnetic immunity of the monitoring equipment.

Electromagnetic Emissions

The monitor is suitable for use in the electromagnetic environment specified in the table below. You must ensure that it is used in such an environment.

Emissions test	Compliance	Avoiding Electromagnetic Interference
Radiofrequency (RF) emissions	Group 1	The monitor uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment
RF emissions CISPR 11	Class A	The monitor is suitable for use in all establishments other than those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.

Emissions test	Compliance	Avoiding Electromagnetic Interference
RF emissions CISPR 11	Class B	The monitor, with the following measurements and interfaces: ECG/Respiration, NBP, SpO ₂ , Pressure, Temperature, CO ₂ (only Mainstream Sensor M2501A and Microstream) LAN, Video Out, Battery, Nurse Call, RS232, and recorder interfaces is suitable for use in all establishments including those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.
Harmonic emissions IEC 61000-3-2	complies	
Voltage fluctuations IEC 61000-3-3	complies	

Avoiding Electromagnetic Interference (Resp)

The respiration (Resp) measurement is a very sensitive measurement that measures a very small signal. Technological limitations do not allow higher immunity levels than 1 V/m for radiated RF electromagnetic fields and 1 Vrms for conducted disturbances induced by RF fields. Electromagnetic fields with field strengths above 1 V/m and conducted disturbances above 1 Vrms may cause erroneous measurements. Therefore Philips recommends that you avoid using electrically radiating equipment in the close proximity of this measurement.

WARNING

The monitor should not be used next to or stacked with other equipment. If you must stack the monitor, you must check that normal operation is possible in the necessary configuration before you start monitoring patients.

Electromagnetic Immunity

The monitor is suitable for use in the specified electromagnetic environment. The user must ensure that it is used in the appropriate environment as described below.

Immunity test	IEC 60601-1-2 test level	Compliance level	Electromagnetic environment guidance
Electrostatic discharge (ESD) IEC 61000-4-2	±6 kV contact ±8 kV air	±6 kV contact ±8 kV air	Floors should be wood, concrete, or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast transient/burst IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Mains power quality should be that of a typical commercial and/or hospital environment
Surge IEC 61000-4-5	±1 kV differential mode ±2 kV common mode	±1 kV differential mode ±2 kV common mode	Mains power quality should be that of a typical commercial and/or hospital environment

Immunity test	IEC 60601-1-2 test level	Compliance level	Electromagnetic environment guidance
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	<5% U_T (>95% dip in U_T) for 0.5 cycles	<5% U_T (>95% dip in U_T) for 0.5 cycles	Mains power quality should be that of a typical commercial and/or hospital environment. If the user of the monitor requires continued operation during power mains interruptions, it is recommended that the monitor is equipped with an internal battery or is powered from an uninterruptible power supply.
	40% U_T (60% dip in U_T) for 5 cycles	40% U_T (60% dip in U_T) for 5 cycles	
	70% U_T (30% dip in U_T) for 25 cycles	70% U_T (30% dip in U_T) for 25 cycles	
	<5% U_T (>95% dip in U_T) for 5 sec	<5% U_T (>95% dip in U_T) for 5 sec	
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	3 A/m	3 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial and/or hospital environment

In this table, U_T is the a.c. mains voltage prior to application of the test level.

Recommended Separation Distance

WARNING

- This equipment generates, uses and radiates radio-frequency energy, and if it is not installed and used in accordance with its accompanying documentation, may cause interference to radio communications.
- The monitor, equipped with a wireless network interface, intentionally receives RF electromagnetic energy for the purpose of its operation. Therefore, other equipment may cause interference, even if that other equipment complies with CISPR emission requirements.

In the following table, P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m). The values given in brackets are for respiration.

Portable and mobile RF communications equipment should be used no closer to any part of the monitor, including cables, than the recommended separation distance calculated from the equation appropriate for the frequency of the transmitter.

Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey, should be less than the compliance level in each frequency range.

Interference may occur in the vicinity of equipment marked with this symbol:



Immunity test	IEC 60601-1-2 test level	Compliance level	Electromagnetic environment guidance
Conducted RF IEC 61000-4-6	3 Vrms 150 kHz to 80 MHz	3 Vrms (1 Vrms for respiration)	Recommended separation distance: $d = 1.2\sqrt{P}$ for respiration: $d = 3.5\sqrt{P}$

Immunity test	IEC 60601-1-2 test level	Compliance level	Electromagnetic environment guidance
Radiated RF IEC 61000-4-3	3 V/m 80 MHz to 2.5 GHz	3 V/m (1 V/m for respiration) For short range radio, see note ¹ .	Recommended separation distance: 80 MHz to 800 MHz $d = 1.2\sqrt{P}$ 80 MHz to 800 MHz for respiration $d = 3.5\sqrt{P}$ 800 MHz to 2,5 GHz $d = 2.3\sqrt{P}$ 800 MHz to 2,5 GHz for respiration $d = 7.0\sqrt{P}$ 2.0 to 2,3 GHz for short range radio $d = 7.0\sqrt{P}$

1. If ECG/SpO₂ signals are acquired from a telemetry device via short range radio the compliance level is 3V/m except in the range 2.0 to 2.3 GHz where it is 1 V/m.

Field strengths from fixed transmitters, such as base stations for radio (cellular, cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the monitor is used exceeds the applicable RF compliance level above, the monitor should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the monitor.

These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects, and people.

Recommended separation distances from portable and mobile RF communication equipment

The monitor is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or user of the monitor can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment and the monitor as recommended below, according to the maximum output power of the communications equipment.

In the following table, P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m). The values given in brackets are for respiration.

Frequency of transmitter	150 kHz to 80 MHz	80 MHz to 800 MHz	800 MHz to 2,5 GHz
Equation	$d = 1.2\sqrt{P}$ for respiration: $d = 3.5\sqrt{P}$	$d = 1.2\sqrt{P}$ for respiration: $d = 3.5\sqrt{P}$	$d = 2.3\sqrt{P}$ for respiration: $d = 7.0\sqrt{P}$ for short range radio in the range 2.0 to 2.3 GHz: $d = 7.0\sqrt{P}$
Rated max. output power of transmitter	Separation distance	Separation distance	Separation distance
0.01 W	0.1 (0.4) m	0.1 (0.4) m	0.2 (0.7) m
0.1 W	0.4 (1.1) m	0.4 (1.1) m	0.7 (2.2) m
1 W	1.3 (3.5) m	1.3 (3.5) m	2.3 (7.0) m
10 W	3.8 (11.1) m	3.8 (11.1) m	7.3 (22.1) m
100 W	12.0 (35.0) m	12.0 (35.0) m	23.0 (70.0) m

Electrosurgery Interference/Defibrillation/Electrostatic Discharge

The equipment returns to the previous operating mode within 10 seconds without loss of any stored data. Measurement accuracy may be temporarily decreased while performing electrosurgery or defibrillation. This does not affect patient or equipment safety. Do not expose the equipment to x-ray or strong magnetic fields (MRI).

Fast Transients/Bursts

The equipment will return to the previous operating mode within 10 seconds without loss of any stored data. If any user interaction is required, the monitor indicates with a technical alarm (INOP).

Restart time

After a power interruption, an ECG wave will be shown on the display after 30 seconds maximum.

Default Settings Appendix

This appendix documents the most important default settings of your monitor as it is delivered from the factory. For a comprehensive list and explanation of default settings, see the Configuration Guide supplied with your monitor. The monitor's default settings can be permanently changed in Configuration Mode.

NOTE

If your monitor has been ordered pre-configured to your requirements, the settings at delivery will be different from those listed here.

Alarm and Measurement Default Settings

The default wave speed for all measurements except Respiration is 25 mm/sec. For Respiration the default wave speed is 6.25 mm/sec.

In the following tables, settings may be entered only once per table row if they are the same for all patient categories.

Alarm Default Settings

Alarm Settings	Factory Default H10/H20/H40	H30/H31 (deviations from H10/H20/H40)
Alarm Volume	5	
Alarms Off	2 min	
Pause Al. 5min	Enabled	
Pause Al. 10min	Enabled	
Auto Alarms Off	Off	
AlarmOffReminder	Off	
Visual Latching	Red&Yellow	Red Only
Audible Latching	Red&Yellow	Off
Alarm Reminder	On	
Reminder Time	3 min	
Alarm Sounds	Traditional	
RedAlarmInterval	10 sec	
Yel.Al. Interval	20 sec	

Alarm Settings	Factory Default H10/H20/H40	H30/H31 (deviations from H10/H20/H40)
Alarm Low	4	2
Red Alarm Volume	AlarmVol. +2	
Yell.AlarmVolume	AlarmVol. +0	
INOP Volume	AlarmVol. +0	
AutoIncrease Vol	2 Steps	
IncreaseVolDelay	20 sec	
Keep Blinking	No	
Relay1 Sensitiv.	R&Y&C	
Relay2 Sensitiv.	Red&Yellow	
Relay3 Sensitiv.	Red	
CyanRelayLatency	5 sec	
Yel.RelayLatency	2 sec	
Alarm Text	Standard	
NoCentrMonMinVol	On	

ECG, Arrhythmia, ST and QT Default Settings

ECG Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
High Limit	120 bpm	160 bpm	200 bpm			
Low Limit	50 bpm	75 bpm	100 bpm			
ECG/Arrhy Alarms	On	On	On			
Alarm Source	Auto	Auto	Auto	Auto		
ECG	On	On	On			
QRS Volume	1	1	1			
Primary Lead	II	II	II			
Secondary Lead	V	V	V			
Analysis Mode	Multi Lead	Multi Lead	Multi Lead			
Lead Placement	Standard	Standard	Standard			
Mod.LeadPlacment	Off	Off	Off			
Filter	Monitor	Monitor	Monitor	Filter		
AutoFilter	Off	Off	Off			
Default ECG Size	Size x1	Size x1	Size x1			
Color	Green	Green	Green			
Asystole Thresh.	4.0 sec	4.0 sec	3.0 sec			
Δ ExtrTachy	20 bpm	20 bpm	20 bpm			
Tachy Clamp	200 bpm	220 bpm	240 bpm			
Δ ExtrBrady	20 bpm	20 bpm	20 bpm			
Brady Clamp	40 bpm	40 bpm	50 bpm	40 bpm	60 bpm	80 bpm
ECG Alm Off INOP	Cyan	Cyan	Cyan			

ECG Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Fallback	On	On	On			
Alarms Off	Enabled	Enabled	Enabled			
AlarmSource Sel.	Enabled	Enabled	Enabled			
Va Lead	V2	V2	V2			
Vb Lead	V5	V5	V5			
SyncPulse Sensit	Medium	Medium	Medium			
SyncPulse Marker	On	On	On			
PulseAlarms Tele	Enabled	Enabled	Enabled			

Arrhythmia Default Settings

Arrhythmia Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Arrhythmia	On	On	Off	Off	Off	Off
Pause Threshold	2.0 sec	2.0 sec	1.5 sec			
VTach HR	100	120	150			
VTach Run	5	5	5			
Vent Rhythm	14	14	14			
SVT HR	180	200	210			
SVT Run	5	5	5			
PVCs/min	10	5	5			
Non-Sustain	On	On	On			
Vent Rhythm	On	On	On			
Run PVCs	On	On	On			
Pair PVCs	On	On	On	Off	Off	Off
R-on-T PVCs	On	On	On	Off	Off	Off
V.Bigeminy	On	On	On	Off	Off	Off
V.Trigeminy	On	On	On	Off	Off	Off
PVCs/min	On	On	On	Off	Off	Off
Multif.PVCs	On	On	On	Off	Off	Off
Pacer n.Cap	On	On	On			
Pacer n.Pac	On	On	On			
Pause	On	On	On	Off	Off	Off
Missed Beat	On	On	On	Off	Off	Off
SVT	On	On	On			
Afib	On	On	On			
Irregular HR	On	On	On	Off	Off	Off
HR Alarms	Short Yellow	Short Yellow	Short Yellow			
TimeOut 1st	3 min	3 min	3 min			
TimeOut 2nd	10 min	10 min	10 min			

Arrhythmia Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Cardiotach Msg	Yes	Yes	Yes			
Some ECG AI INOP	On	On	On	Off	Off	Off

ST and QT Default Settings

Lead-independent ST Settings	Factory Defaults		
	Factory Adult	Factory Pedi	Factory Neo
ISO/J Point detection	Auto	Auto	Auto
Alarms (ST)	On	On	On
STE	Off	Off	Off
Alarms (STE)	On	On	On
ST Analysis	On	Off	Off
ST-Index	Off	Off	Off
ISO Point	-80 ms	-80 ms	-80 ms
J Point	48 ms	48 ms	48 ms
ST Offset	J+60	J+60	J+60

ST Settings - Lead I, II, III, V, aVR, aVL, V1-6, MCL	Factory Defaults		
	Factory Adult	Factory Pedi	Factory Neo
ST (Label) High Alarm Limit	+1.0 mm	+1.0 mm	+1.0 mm
ST (Label) Low Alarm Limit	-1.0 mm	-1.0 mm	-1.0 mm
ST Settings - Lead V, MCL			
ST (Label) High Alarm Limit	+2.0 mm	+2.0 mm	+2.0 mm
ST (Label) Low Alarm Limit	-2.0 mm	-2.0 mm	-2.0 mm
STE Settings - Limb leads			
STE Male Limb, Alarm Limit	1.0 mm	1.0 mm	1.0 mm
STE Female Limb, Alarm Limit	1.0 mm	1.0 mm	1.0 mm
ST Settings - lead V2, V3			
STE Male V2,V3, Alarm Limit			
STE Female V2,V3, Alarm Limit			
STE Settings - V1, V4-V6			
STE Male V1,V4-6, Alarm Limit	1.0 mm	1.0 mm	1.0 mm
STE Fem. V1,V4-6, Alarm Limit	1.0 mm	1.0 mm	1.0 mm

QT Settings	Factory Defaults		
	Factory Adult	Factory Pedi	Factory Neo
QT Lead	All	All	All
QTc High Limit	500 ms	480 ms	460 ms
Δ QTc High Limit	60 ms	60 ms	60 ms

QT Settings	Factory Defaults		
	Factory Adult	Factory Pedi	Factory Neo
QTc High Alarm	On	On	On
Δ QTc High Alarm	On	On	On
QT Analysis	Off	Off	Off
QTc Formula	Bazett	Bazett	Bazett

Pulse Default Settings

Pulse Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Alarm Source	Auto	Auto	Auto	Auto	Auto	Auto
Pulse (source label)	On	On	On			
System Pulse	SpO ₂	SpO ₂	SpO ₂	Auto	Auto	Auto
Alarms Off	Enabled	Enabled	Enabled			
AlarmSource Sel.	Enabled	Enabled	Enabled			

Pulse Alarm Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Pulse Alarms ¹	On	On	On			
High Limit	120 bpm	160 bpm	200 bpm			
Low Limit	50 bpm	75 bpm	100 bpm			
Δ ExtrBrady	20 bpm	20 bpm	20 bpm			
Brady Clamp	40 bpm	40 bpm	50 bpm	40 bpm	60 bpm	80 bpm
Δ ExtrTachy	20 bpm	20 bpm	20 bpm			
Tachy Clamp	200 bpm	220 bpm	240 bpm			

¹ When Pulse is not the alarm source, the alarms will be **Off**.

Pulse alarms use the settings of the currently selected Pulse alarm source.

Respiration Default Settings

Respiration Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
High Limit	30 rpm	30 rpm	100 rpm			
Low Limit	8 rpm	8 rpm	30 rpm			
Apnea Time	20 sec	20 sec	20 sec			
Alarms	On	On	On			
Resp	On	On	On	Off	Off	Off
Detection	Auto (Trigger Mode)	Auto (Trigger Mode)	Auto (Trigger Mode)			

Respiration Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Color	Yellow	Yellow	Yellow	White	White	White

SpO₂ Default Settings

SpO ₂ Settings	Factory Defaults		
	Adult	Pedi	Neo
Mode	Continuous	Continuous	Continuous
Repeat Time	15 min	15 min	15 min
Alarms	On	On	On
QRS Volume	1	1	1
Tone Modulation	Yes	Yes	Yes
Tone Mod. Type	Enhanced	Enhanced	Enhanced
Perfusion	On	On	On
Average	10 sec	10 sec	10 sec
NBP Alarm Suppr.	On	On	On
Extd. Auto OnOff	Disabled	Disabled	Disabled
Color	Cyan (light blue)	Cyan (light blue)	Cyan (light blue)
Average in Mon.	No	No	No
Signal Quality	On	On	On

SpO ₂ Alarm Default Settings			
Setting	Adult	Pedi	Neo
Desat Limit	80	80	80
Low Limit	90	90	85
High Limit	100	100	95
Desat Delay	20 sec	20 sec	20 sec
High Alarm Delay	10 sec	10 sec	10 sec
Low Alarm Delay	10 sec	10 sec	10 sec
SmartAlarmDelay (SAD)	Off	Off	Off
High Alarm Delay (SAD)	Short	Short	Short
Low Alarm Delay (SAD)	Short	Short	Short
Label	SpO ₂	SpO ₂	SpO ₂
Pulse settings			
Pulse (SpO ₂)	On	On	On
For all other Pulse default settings, refer to the Pulse Default Settings table.			

NBP Default Settings

NBP Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Mode	Auto	Auto	Manual			
Alarms from	Sys.	Sys.	Sys.			
High Limit	160/90 (110)	120/70 (90)	90/60 (70)	180/90 (110)		
Low Limit	90/50 (60)	70/40 (50)	40/20 (24)	70/50 (65)		
Alarms	On	On	On			
NBP	On	On	On			
Repeat Time	10 min	10 min	10 min	3 min	3 min	3 min
Pulse (NBP)	On	On	On			
Unit	mmHg	mmHg	mmHg			
Done Tone	Off	Off	Off	On	On	
Start Time	Synchronized	Synchronized	Synchronized	NotSynchron.	NotSynchron.	NotSynchron.
VP Pressure	60 mmHg	40 mmHg	30 mmHg			
Reference	Auscultatory	Auscultatory	Invasive			
Aging Time	10 min	10 min	10 min			
Color	Red	Red	Red	Magenta	Magenta	Magenta

Temperature Default Settings

Temp Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Low Limit	36	36	36	35	35	35
High Limit	39	39	39			
Alarms	On	On	On			
Unit	°C	°C	°C			
Range	35...43	35...43	35...43			
Color	Green	Green	Green	Light Green	Light Green	Light Green

Tympanic Temperature Default Settings

pTemp Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Low Limit	36°C (96.8°F)	36°C (96.8°F)	36°C (96.8°F)			
High Limit	39°C (102.2°F)	39°C (102.2°F)	39°C (102.2°F)			
Unit	°C	°C	°C			
Alarms	On	On	On			
Color	Green	Green	Green			

Predictive Temperature Default Settings

pTemp Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Preferred Label	pToral	pToral	pToral			
Measmt. Prompts	On	On	On			
Value Lifetime	1 hour	1 hour	1 hour			
Unit	°C	°C	°C			
Color	Yellow	Yellow	Yellow			

Invasive Pressure Default Settings

ABP, P, P1, P2, P3, P4, UAP, ART, Ao, FAP, BAP Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Alarms from	Sys.	Sys.	Sys.			
High Limit	160/90 (110)	120/70 (90)	90/60 (70)	180/90 (110)		
Low Limit	90/50 (70)	70/40 (50)	55/20 (36)	70/50 (70)		
Alarms	On	On	On			
Extreme Alarms	Disabled	Disabled	Disabled			
Δ Extreme High	15	10	5			
Δ Extreme Low	15	10	5			
Sys. High Clamp/Dia. High Clamp (Mean High Clamp)	190/100 (125)	140/80 (100)	105/75 (75)			
Sys. Low Clamp/Dia. Low Clamp (Mean Low Clamp)	80/45 (65)	60/35 (45)	45/15 (30)	65/45 (65)		
Scale	150	100	100			
Mean only	No	No	No			
Filter	12 Hz	12 Hz	12 Hz			
Mercury Cal	Yes	Yes	Yes			
Artifact Suppr.	60 sec	60 sec	60 sec			
Unit	mmHg	mmHg	mmHg			
Color	Red	Red	Red			
Pulse settings for all arterial pressures except P1 to P4						
Pulse (<Press Label>)	On	On	On			
For all other Pulse default settings, refer to the Pulse Default Settings table.						

CVP, RAP, LAP, UVP Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Alarms from	Mean	Mean	Mean			
High Limit	14/6 (10)	10/2 (4)	10/2 (4)			
Low Limit	6/-4 (0)	2/-4 (0)	2/-4 (0)			

CVP, RAP, LAP, UVP Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Alarms	On	On	On			
Extreme Alarms	Disabled	Disabled	Disabled			
Δ Extreme High	5	5	5			
Δ Extreme Low	5	5	5			
Sys. High Clamp/ Dia. High Clamp (Mean High Clamp)	20/10 (15)	15/5 (10)	15/5 (10)			
Sys. Low Clamp/Dia. Low Clamp (Mean Low Clamp)	0/-5 (-5)	0/-5 (-5)	0/-5 (-5)			
Scale	30	30	30			
Mean only	Yes	Yes	Yes			
Filter	12 Hz	12 Hz	12 Hz			
Mercury Cal	Yes	Yes	Yes			
Artifact Suppr.	60 sec	60 sec	60 sec			
Unit	mmHg	mmHg	mmHg			
Color	Cyan (light blue)	Cyan (light blue)	Cyan (light blue)	Blue	Blue	Blue

PAP Settings	Factory Defaults		
	Adult	Pedi	Neo
Alarms from	Dia.	Dia.	Dia.
High Limit	34/16 (20)	60/4 (26)	60/4 (26)
Low Limit	10/0 (0)	24/-4 (12)	24/-4 (12)
Alarms	On	On	On
Extreme Alarms	Disabled	Disabled	Disabled
Δ Extreme High	5	5	5
Δ Extreme Low	5	5	5
Sys. High Clamp/Dia. High Clamp (Mean High Clamp)	45/20 (25)	65/5 (35)	65/5 (35)
Sys. Low Clamp/Dia. Low Clamp (Mean Low Clamp)	5/-5 (-5)	15/-5 (5)	15/-5 (5)
Scale	30	30	30
Mean only	No	No	No
Filter	12 Hz	12 Hz	12 Hz
Mercury Cal	Yes	Yes	Yes
Artifact Suppr.	60 sec	60 sec	60 sec
Unit	mmHg	mmHg	mmHg
Color	Yellow	Yellow	Yellow

ICP, IC1, IC2 Settings	Factory Defaults		
	Adult	Pedi	Neo
Alarms from	Mean	Mean	Mean
High Limit	14/6 (10)	10/2 (4)	10/2 (4)
Low Limit	6/-4 (0)	2/-4 (0)	2/-4 (0)
Alarms	On	On	On
Extreme Alarms	Disabled	Disabled	Disabled
Δ Extreme High	10	10	10
Δ Extreme Low	10	10	10
Sys. High Clamp/Dia. High Clamp (Mean High Clamp)	20/10 (15)	15/5 (10)	15/5 (10)
Sys. Low Clamp/Dia. Low Clamp (Mean Low Clamp)	0/-5 (-5)	0/-5 (-5)	0/-5 (-5)
Scale	30	30	30
Mean only	Yes	Yes	Yes
Filter	12 Hz	12 Hz	12 Hz
Mercury Cal	Yes	Yes	Yes
Artifact Suppr.	60 sec	60 sec	60 sec
Unit	mmHg	mmHg	mmHg
Color	Magenta	Magenta	Magenta

CO₂ Default Settings

CO ₂ Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
etCO ₂ Low	25	25	25			
etCO ₂ High	60	60	60			
imCO ₂ High	4	4	4			
CO ₂ Alarms	On	On	On			
Unit	mmHg	mmHg	mmHg			
Scale	50 mmHg	50 mmHg	50 mmHg			
imCO ₂	On	On	On	Off	Off	Off
N ₂ O Corr. (only M3015A/B)	Off	Off	Off			
Oxygen Corr. (only M3014A)	20%	20%	20%			
Gas Corr. (only M3014A)	Off	Off	Off			
Humidity Corr.	BTPS	BTPS	BTPS			
Max Hold	20 s	20 s	20 s			
awRR	On	On	On			
awRR Alarms	On	On	On			
High Limit (awRR)	30	30	60			

CO ₂ Settings	Factory defaults H10/H20/H40			H30 (deviations from H10/H20/H40)		
	Adult	Pedi	Neo	Adult	Pedi	Neo
Low Limit (awRR)	8	8	30			
Apnea Time	20 sec	20 sec	20 sec			
IPI	On	On	Off			
Low Alarm (IPI)	Off	Off				
** IPI Low	5	5				
Color	Yellow	Yellow	Yellow	White	White	White

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