

Mindray detail part four_0.mp4



[00:00:05] The last part is going into the menu here we have in the menu, we have a couple of options that are important and a couple of options that are absolutely not important. So calibration, zero flow calibration or two calibration doesn't need to be performed on a regular basis. The flow sensors are calibrated every 30 minutes to 60 minutes. Automatically, the airway pressure transducers are also calibrated automatically by the ventilator. So there is no need to do any of that manually. But it's there because some people have the feeling they have to do sometimes something right out to calibration also doesn't need to be done by you at any time other than the regular system check.

[00:01:11] Set up here, you see that there are a lot of settings that are patient related, for instance, you can choose the tidal volume ideal body weight presetting so it can be six, seven, up to 12. This actually determines mainly the preset for the alarms based on the idea of body weight, but also for the AMP mode the starting high volume. Sorry, it was seven, go back to seven. Don't want to change your system, you can change. You know, some people are more used to using inspiratory times than I:E ratios. That usually is the Siemens market getting a user's. I see Drager users. And same here. There are a couple of settings that you can change just to make the device more

familiar to your old or current devices.



[00:02:37] Yeah, well. So it's it's not changing anything on the ventilator behaviour or health, but it's just the way the setup is done, right? So some people prefer to use the pause time and some, but most people would prefer the flow. Times of past pause, for instance, is coming from the old Servo 900 and 300 times. Right. Same here with dual level set up. We've got high of frequency, but some people were used to the very old I think frequency was used by the old Puritan Bennets, for instance. Not sure. And I think that's a more important one for apnoea. Ventilation, the default mode is pressure control. But if someone wants to change it to volume control, it's possible. And this is the increment of oxygen for the O2 and suction in percent. So you see here at the moment, we have 100 percent if we push the button. But if you have a patient where you think 100 percent is too much, we can change it. And that case, currently, the patient would

only get 69 percent. If we are going on that button right now of the default is 100



percent.

[00:04:15] So when if I change that 60 percent, for some reason, I switch the ventilator off that went back in the cupboard when it came out again. Would it go back to 100 percent instead of 60?

[00:04:32] Good question. I do need to look it up. I think this is a different setting. And I would go back to 60 %.



[00:04:51] I was just double checked to confirm, but I'm pretty sure that it goes back to the standard settings. Um. The next one is the O2 Sensor, as if in what happens, not often, but can happen that an oxygen sensor is, you know, they are the deteriorating over time and if it expires before any maintenance, it may give you a constant alarm, which is quite annoying. Right. So you can switch the oxygen sensor monitoring just to

explain why that is possible. The ventilator mixes oxygen, air more accurate than any oxygen sensor can operate. The oxygen sensor is there for a particular reason because in any failure of the gas supply system, for instance, oxygen blender has a leak. He may have oxygen leaking into the air gas system and then the oxygen control doesn't provide the correct amount of oxygen anymore. Therefore, the oxygen measurement is important. But as I said, if there isn't constant oxygen alarm, you can switch it off and you can and can be assured that oxygen supply is absolutely accurate.

[00:06:29] Lastly screen, you can increase or decrease the screen brightness go to from day to night. Actually, I would recommend to leave it all with untampered on the highest brightness can change colours and displayed waveforms. If you want to change the colours of the wave forms.



[00:06:59] So there's a lot of things you can change to your ventilator to , whatever you were used to, for instance.

[00:07:09] But I think really the most important part is this one here. We may change your settings.

[00:07:24] Do we want to go into a couple of more details? Do we still have time?

[00:07:28] Because there's one menu the "user menu"

[00:07:45] To after the patient off the ventilator in order to prepare the ventilator for the next patient, you need to remove or disassemble the expiratory valve, which is the , the lock and unlock icon and the white icon. I Can just turn it.

[00:08:07] Until you hear the click, you can remove it, the small membrane here can be removed for cleaning purposes to do be limited to that. And of course, before putting the valve back in, you need to put the membrane back on and make sure that it's where was headed.



[00:08:33] Right. So I don't think we're going to tell the nurses. We just tell them to take it out. Yeah, you said it off. People are you don't clean any time. So you've got your cleaning lab. So then.

[00:08:50] So then we we just again, we're not going to tell anybody, just tell them take because they'll go missing a little bit. Yeah.

[00:08:58] Ok then we just start all over. Yeah. So in order to remove the valve. Yeah. If it's turned until you hear the undock side then you can send it back off. If you want to reassemble the value, just check that the membrane is is on, on. Right. And then you put it back in, you see here. It's also that around go upright, put it back in turn until you hear the click. That's it. After every patient. The inspiratory valve is the same you can remove it. Turn, take out, send off to put back in. You see here again the unlocks and build. Right. And turn until you click just the opposite on that.

[00:09:56] So now that's the question for the interpretively. So if you're using a filter normally on a limb for you, you wouldn't need to clean it after each patient.

[00:10:16] Usually there is nothing coming back into the Inspiratory valve. Right. Right. But what I would recommend is if you have a highly infectious patient just to remove both parts and have them. Right. Right.

[00:10:31] And it is a precautionary measure yourself. So unless we've got really infectious patients, that's all the time we should have to do like we use.

[00:10:41] Our recommendation is to have said cleaned every four weeks, once a month. Right. But it's it's depending on, let's say, more general dust or whatever that can come in to any ventilator.

[00:10:56] And it's not I think it's not about patient contamination.

[00:11:00] I'm not. So they probably just changed that because I think we be to keep a track, you know, once a month. So they might just be best doing the most every time.

[00:11:09] That is fine. Of course, I said it's really depending also on the policy that you are defining what you just need to check as well. Yeah. And so, as I said, in terms of troubleshooting, for instance, if you're not passing the system, check a couple of very likely reasons.



[00:11:32] One is the circuit itself has a hole somewhere or one of the connectors is not well connected. If you have checked the circuit and it's definitely not the cause of the

problem, remove the expiratory valve and check if the membrane is well connected or if it has got a hole. And might well be that a return from sterilization damage. Right. If there's a hole in here, then of course, we cannot ensure ventilation and we will have a leakage. Of course, if you're not sure, you can also try another exploratory valve, but usually it's not related to that. But on the inspiratory valve, well, there is not anything that can really happen during sterilization. So there you shouldn't need to observe the valve.

[00:12:36] And lastly, if you can't pass the system, check for any reason, it may well be that the oxygen is not properly connected.

[00:12:53] Normally you wouldn't change it.

[00:12:55] I think what it's really nice and helpful because, as I said, some of the settings are probably not that familiar to you. But if there is anything up, you would always have these more green. When I think about you, about any, you know, anything that can happen.

[00:13:15] And in addition to making them, it's really daft numbers and then turning red.

[00:13:21] Let's assume we are in pressure controlled ventilation and you want to set up your pressure right up yourself to ensure that it sets the alarm limit is too low to increase the pressure because the alarm level is, of course, a limitation. So if you want to have higher pressures, you need to change that because sometimes people get confused. Maybe that something settings are inappropriate. Also here, see, it gives you a warning which tells you that high pressure is right and it says this might be dangerous. It's red. Yeah. So and for instance, if you see it, you raise your hand. Also, it calculates it out of the battery expert every time. All those things just add additional hints that.

End of Part Four

Mindray detail part four_0

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