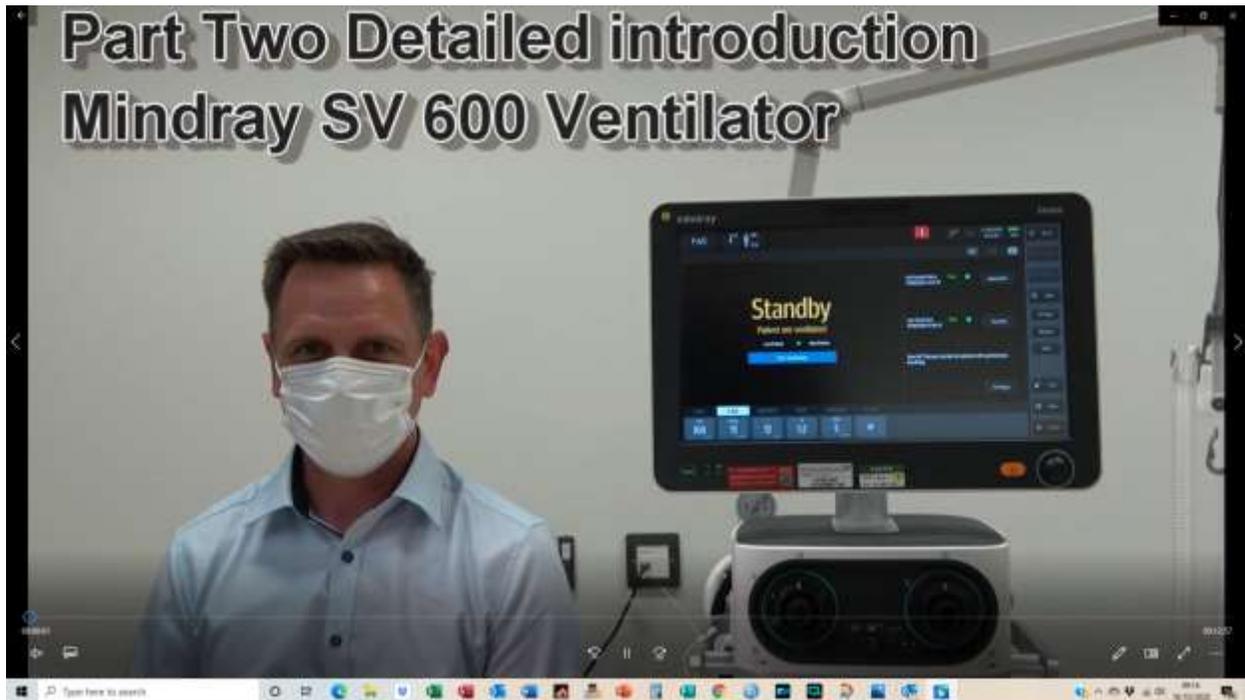


Mindray detail part two_0.mp4



[00:00:08] Question- Can you enter the patient's name and hospital number into the ventilator?

[00:00:20] No you can't but The ventilator can be connected to the hospital's EPR system and let the patient name and I.D. be transferred in that way, because we have got an ADT interface here because there's no manual method.

[00:00:43] Ok, next to that, we have the screen freeze so you can freeze the screen and with either the knob or with the touch, you can go to and see the readings on the curve directly.



[00:01:01] If you don't unfreeze the screen, it will go back after one minute.

[00:01:10] Otherwise, just touch it again and goes it goes back. And here we've got a small camera so we can do a screen shot and the screen shot can be exported to a USB drive that will be connected to the back of the screen.



[00:01:30] We can store up to 50 screens shots.

[00:01:39] To change mode during ventilation, we don't need to go back to the stand by mode. You can either go to change any settings directly here to the setting you are on or sorry, OK? Or you go into whatever you want to change to. So if we want to change, for instance, to what you would call bi-level on your ventilator's (What's called dual level), actually we would go into dual level then we can do the changes. Once we confirmed by OK, the ventilator will switch over, if we don't do anything for two for two minutes, it will switch back to the current mode.



[00:02:39] But so now we are in dual level ventilation, as you can see here, right? This small double arrow sign here gives the access to all the settings in that mode. On the right hand side, we have already spoken about the alarm so you can access the alarm menu by clicking on alarms.



[00:03:13] Underneath you find O2/section. On this button has two functions. One is oxygen increment for two minutes, up to 100 percent cent. It is configurable, especially for pediatric and neonatal patients. You can limit it to four in 10, 60 percent or 40 percent above the current if FiO2 if you want to. At the same time, it also for tube section if you disconnect the patient from the ventilator, the flow will interrupt for you for two minutes if you use open suction. So there is no spreading of fluids from the ventilator tubing into the environment. And you see here the time is displayed, the running time. So it's two minutes counting down.



[00:03:57] Once you reconnect the patient, it will immediately pick up and it goes back to two minutes oxygenation. So whether you were down to 90 seconds or seconds, 60 seconds, go back to two minutes past oxygenation, but can interrupt the oxygenation by just clicking on "O2/suction" again. Q:Do you use nebulizers, disposable nebulizers? A: No, MDIs but it might be worth talking about it.

[00:04:46]

[00:04:57] All right. A nebuliser just pulled in the nebula that can be connected to the port here, between the inspiratory and expiratory valves. You see it here and it'll be connected in the circuit and the breathing circuit on the inspiratory limb We want to go on nebuliser. You can actually determine the time the nebuliser should be running. So it can be anything between whatever one and 60 Minutes, once you confirm it will be synchronized through the inspiration. All right. Switching off. The nebuliser that is actually driven by oxygen.

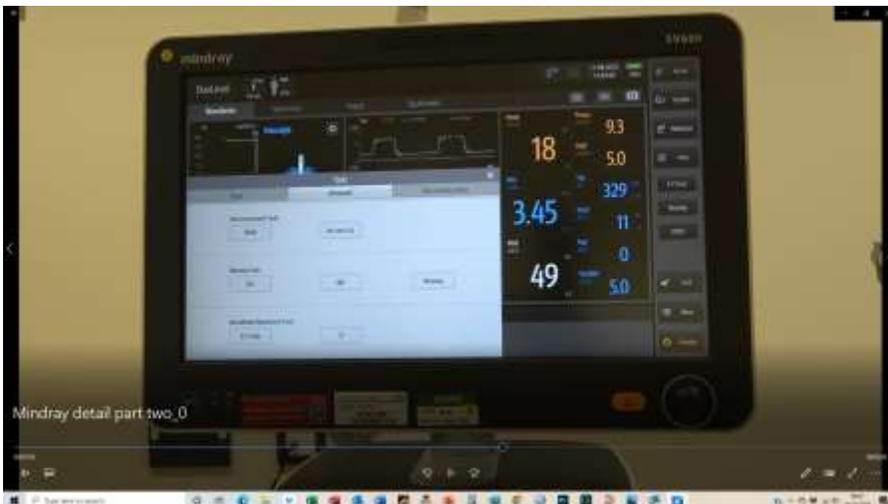


[00:06:19] All right, next one, we got the "Tools", so there are several tools available in the SB 600 that we've got. First of all, if you go to the tools, the basic tools are First: just applying in manual breath, especially if you're under CPAP and you want to auscultate the patient, you can apply a manual breath, which is the same as an apnea breath for breath.



[00:06:49] You can do an inspiratory hold, touch and click. The hold will also provide directly a measurement of the steady compliance and plateau pressure, and you can do the expiratory hold which will actually measure the intrinsic PEEP and the total PEEP

[00:07:21] But the, let's say, more appropriate way if you want to measure intrinsic PEEP is in the "Intrinsic PEEP measurement, which is in the "advanced measurements", because here we get a better history. All right. So here the same. But just going on Start we are performing an Expiratory hold and you see the measurements and if you do several measurements, there would be shown next to each other. So it's easier to compare those measurements. The icon here on the bottom "I" also gives some additional information how the measurement, for instance, is performed.



[00:08:04] Justin Roberts: We frequently use measurement of intrinsic PEEP and for this reason we have configured the ventilators so we have added this as a fast key on the side so it's one of the keys that are easily available in our configuration.

[00:08:23] Yeah. So that's the shortcuts here include the direct set up going into intrinsic PEEP. That's great. And then you can just do the measurement.

[00:08:41] In the advanced tools, we also have P0.1, we're using that regularly. All right, p0 one is the same, just go and start, it'll be performed. So you see, there's almost nothing in that case. Again, the "I" will actually display how the measurement is performed.

[00:09:12] P0.1 is the maximum pressure that the patient can generate in 0.1 of a second, it's a measure of their muscle strength. Yeah, it's something that Draeger has promoted a lot in the 90s as an early weaning indicator.

[00:09:31] It's not, I think, yeah, it's still used sometimes, but it's not a clear indicator for extubation readiness. So we've got the negative inspiration for us, which is actually also require an exploratory halt and it would display the maximum inspiratory pressure that the patient can generate spontaneously, but.

[00:10:03] The weaning mode is a standardized, spontaneous breathing trial. The patient will be ventilated with CPAP pressure support, settings that you can change here. So oxygen, the pressure to keep the duration of the spontaneous breathing trial and the "tolerance". The tolerance means actually the maximum time the patient can be out of the out of the criteria range and the criteria range can be set up here.



[00:10:43] So it's literally the rapid shallow breathing index parameters. So tidal volume and frequency. If required, we can also display our RSBI indicators here, Do you need that? A. We wouldn't normally use RSBI but we would use the parameters in our weaning trials. OK, so again, I thought this is really interesting. Who would normally use as a separate method because it isn't available on ventilators. That's another thing we have added into the short keys.



[00:11:14] Yeah, OK. But as I said, we can also have RSBI as a direct criteria if you're used to that.

[00:11:27] So once you've confirmed all the settings, you would go to "start", the patient now will breathe spontaneously and you see the history of the patient measurements here.

[00:11:53] You can, of course, also close that window. Spontaneous breathing trial is displayed here. If the patient is off the criteria for three minutes, it has got back to the previous mode automatically will inform you with medium priority alarm because the patient is not under any clinical risk, but as a spontaneous breathing trial has been stopped. If the apnoea ventilation has taken over, what you also can access here is the history of the spontaneous breathing trial. So every spontaneous breathing trial you have performed will be displayed here. And I'm going to have information. You can receive a little bit more information about how spontaneous breathing trial should be set up and just.



[00:12:51]

