

More time for your patients: weaning with SmartCare/PS® 2.0

For Evita V300 and Evita Infinity V500

This poster does not replace the device's instructions for use. The relevant instructions for use must be strictly adhered to.



SMARTCARE/PS REQUIREMENTS

CHOOSING THE "RIGHT" PATIENT:

SmartCare/PS is ideal for patients longer expected weaning times

IS THE PATIENT READY FOR WEANING?

- Patient is haemodynamically stable
- SPN-CPAP/PS ventilation mode (option: with ATC)
- PEEP ≤ 20 mbar

QUICK START

1. PATIENT

- Set the patient's height: determines the ideal body weight (IBW) and the lower limit for the tidal volume (Vt)
- Set the maximum permitted PEEP (5-15 cms) and FiO₂ - (30-100 %) value for the start of the spontaneous breathing trial

! SmartCare/PS also works for higher PEEP and FiO₂ values, but only starts the spontaneous breathing trial once the target support pressure (ΔP_{supp} target, see 2.) has been reached and the PEEP and FiO₂ (see 1b) values set by the user have been reached or undercut.

2. ACCESS TO THE AIRWAY

These settings define the target support pressure at which the spontaneous breathing trial starts. The following table shows the dependencies for different ventilation situations.

Access to the airway, type of humidification	ΔP_{supp} target	IBW
Patient tracheostomised, active or no humidification	5 cms	≥ 36 kg, ATC off
Patient endotracheally intubated, active/no humidification	7 cms	≥ 36 kg, ATC off
Patient tracheostomised, HME filter	9 cms	≥ 36 kg, ATC off
Patient endotracheally intubated, HME filter	10 cms	≥ 36 kg, ATC off
Patient actively humidified	0 cms	≥ 36 kg, ATC on
Patient on HME filter	5 cms	≥ 36 kg, ATC on

3. MEDICAL HISTORY

Selection of COPD and neurological disorder for the automatic adaptation of the upper limit for etCO₂ and the breathing frequency (RR).

! The COPD "Yes" setting means that the SmartCare/PS continues to accept etCO₂ values less than or equal to 65 mmHg (8,5 KPa) as normal. This may also be helpful for patients with permissive hypercapnia. The neurological disorder "Yes" setting means that the SmartCare/PS continues to accept respiratory rates of up to 34/min as normal. This may also be helpful for patients with higher respiratory drive.



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QUICK START

4. NIGHT'S REST

No active weaning takes place during the selected period. However, SmartCare/PS continues to regulate the pressure support, if this is required in order to keep the patient stable (normal ventilation).

! *Night's rest can also be set in order to give the patient a break from weaning.*

5. CHANGE THE GUIDELINE

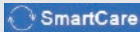
Extended functionality for customising the weaning protocol.

! *This lets you define an individual respiratory comfort zone for the patient. The set values of the medical history (see 3.) have no impact if the guideline is changed.*

6. START PATIENT SESSION

Flow measurement, CO₂ measurement and apnoea ventilation must be switched on.

! *The following icon appears in the header bar once the SmartCare/PS session has successfully started.*



TIPS AND TRICKS

- Alarm limits must generally be set above and below the SmartCare/PS limit values (see instructions for use).
- An apnoea alarm leads cancellation of the SmartCare/PS session. Therefore, possible disconnections should be shorter than the set apnoea time.
- A functioning CO₂ measurement is required for SmartCare/PS (position the CO₂ cuvette to prevent the accumulation of moisture or secretion, e.g. between the Y-piece and the HME filter or vertically, pointing upwards).
- Configure a specific SmartCare/PS view with the required specific information (SmartCare/PS values, status and trends).
- Use the O₂/suction function to perform a suction manoeuvre. This pauses the SmartCare/PS and gives the patient time to recover.
- The SmartCare/PS is suitable for adult and paediatric patients

More information at: www.draeger.com/smartcare