

Option SmartCare®/PS

SmartCare®/PS is an option for the Evita Infinity® V500 and Evita V300 intensive care ventilators. The SmartCare®/PS system is an automated clinical protocol, designed to stabilize the patient's spontaneous breathing in a comfortable zone of normal ventilation and to automatically reduce the ventilatory support.



TECHNICAL DATA

- SmartCare®/PS can be used for weaning intubated or tracheotomized patients with a body weight above 15 kg (33 lbs).
- The weaning protocol is designed for long-term ventilated patients.
- As with every weaning protocol, the patients should be ready for weaning, i.e., haemodynamically stable with adequate oxygenation and spontaneous breathing.
- Patients should not have a significant V/Q mismatch e.g. pulmonary embolism. The acid-basis status should be balanced, and the patient should not have fever [1].

Protocol

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| Weaning strategy reduction | Automatic adjusted Pressure Support |
| Protocol implementation | Knowledge base |
| Metabolic parameter for classification | etCO ₂ |
| Respiratory parameter for classification | f _{spont} , VT |
| Data acquisition intervall | 5 sec |
| Classification of ventilatory situation | Every 2 min/5 min |
| Classification limits for body weight ranges | ≥ 15 kg to < 36 (≥ 33 lbs to < 79 lbs) ≥ 35 kg to 55 kg (≥ 77 lbs to 121 lbs) Above 56 kg to 200 kg (123 lbs to 441 lbs) |
| Protocol with therapeutic measures for | Tachypnoea, Severe Tachypnea, Insufficient Ventilation, Hypoventilation, Central Hypoventilation, Hyperventilation, Unexplained Hyperventilation |
| Configurability | for all patients |
| FiO ₂ max | range: 30 – 100 Vol% |
| PEEPmax | range: 5-15 mbar (cmH ₂ O) |
| Configurability | for patients above ≥ 36 kg (≥ 79 lbs) of body weight |
| RRmin | range: 10 – 15/min |
| RRmax | range: 20-40/min |
| VTmin | range : 4-7 ml/kgBW |
| etCO ₂ max | range : 45-65 mmHg (5.99-8.66 kPa) |



Dräger Evita Infinity V500



Dräger Evita V300

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| Spontaneous Breathing Trial (SBT) | Automatic |
| Notification for readiness to separate from ventilator | Automatic |
| Notification for user action to change PEEP | Automatic |
| Combination with other options | Automatic Tube Compensation (ATC™) for patients above ≥ 36 kg (≥ 79 lbs) of body weight |
| Pressure change limit | Max. 4 cmH ₂ O |

Settings

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|----------------------------------|-------------------------------------|
| Medical history | COPD, Neurological Disorder |
| Body weight | 15 kg to 200 kg (33 lbs to 441 lbs) |
| Airway access | Endotracheal, tracheotomized |
| Humidification | Active humidifier, HME |
| Night rest | Weaning pause, Time, Length |
| Manual pressure support override | At any time |

Monitoring

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|---------|---|
| Trend | Classification, SC-P _{supp} Time range last 1- 24 h |
| Logbook | Classification, Phase, Automatic and manual changes in P _{supp} |

Safety

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|-------------------|--|
| Alarms | Independent regular ventilator alarms Additional alarms for SmartCare®/PS |
| Apnea ventilation | Automatic |

Reference:

[1] MacIntyre, N.; and the writing committee and Task force of the American College of Chest Physicians.
Evidence-Based Guidelines for weaning and discontinuing Ventilatory support. Chest 2001;120:375S-395S.



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