



Custom Weaning Protocol for your Ventilator Patients

SMARTCARE®/PS

SmartCare®/PS automates weaning

"The problem however is that no matter how good the written protocol is, physicians and caregivers still have to devote enough time to ensure that no opportunities to progress in weaning are lost, which is often difficult in a busy ICU where more urgent matters might take precedence".

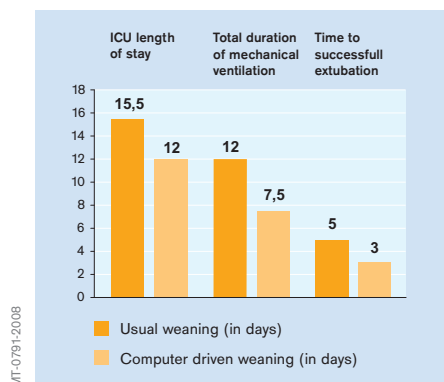
PD. Dr. Philippe Jolliet Senior Member of the Medical ICU Staff
University Hospital Geneva

Proven automated clinical protocol

- Decreases ICU length of stay by up to 20% *
- Reduces overall ventilation time by up to 33% *
- Reduces weaning duration by up to 40% *
- Supports weaning protocol compliance: 100% [1,3]



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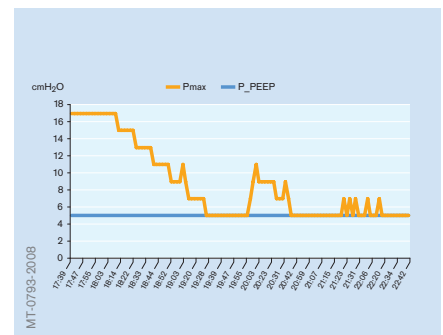
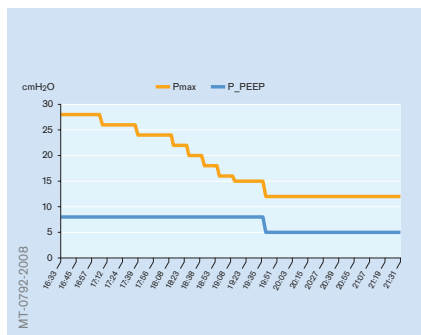
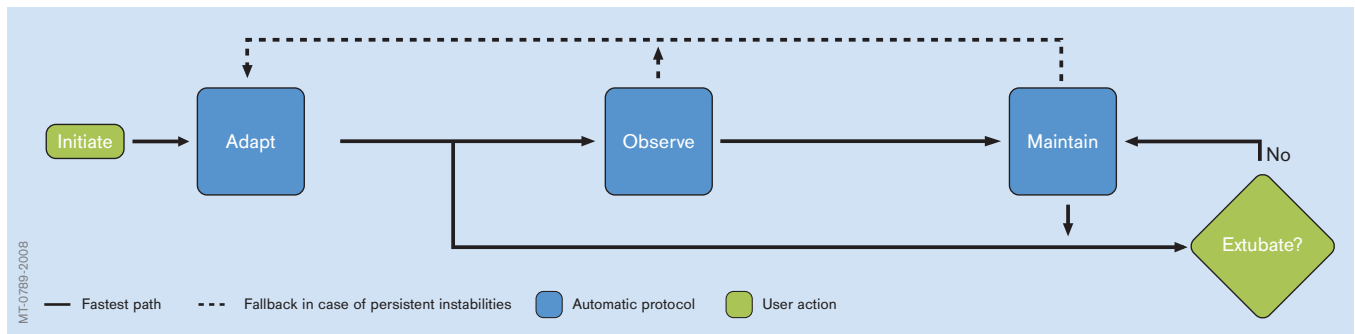
Address Ventilator Associated Pneumonia

"Preventing Ventilator Associated Pneumonia (VAP) has been identified as one of 12 interventions that can save lives and reduce patient injuries, as part of Institute of Healthcare Improvement's "5 Million Lives" campaign [5].

One of the key measures in the ventilatory bundle to reduce the occurrence of VAP is a daily sedation vacation with a spontaneous breathing trial (SBT). SmartCare®/PS's protocol performs a SBT automatically, as soon as the patient is ready for it [3].

* F. Lellouche et al.; Am J respir Care Med Vol 174, pp 894-900, 2006. Results are based on a European Multicenter Randomized Trial [2] with 144 patients demonstrating improved respiratory condition, with stable hemodynamic and neurologic status, and no ARDS prior to initiating weaning

A safe and effective clinical protocol



Adapt SmartCare PS to individual needs

- The safe and effective clinical protocol is patient controlled and includes a metabolic component.
- Configure the limits for the parameters f , VT , $etCO_2$ to adapt its automatic protocol to specific patients' needs.
- While weaning the patient, SmartCare®/PS aims to keep the patient in a comfortable zone of normal ventilation.
- Automatic reduction in ventilatory support frees up time for the caregiver.

Automated Spontaneous Breathing Trial (SBT)

- A spontaneous breathing trial is initiated automatically when the ventilatory support is weaned down to minimum support.
- Upon successful completion, the clinician is notified to consider extubation.
- Until extubation SmartCare®/PS continues to monitor the patient and provides ventilatory support as needed.

Increase ventilatory support when needed

- The ventilatory situation is continuously monitored, assessed and classified.
- The weaning plan's knowledge base also contains measures to increase ventilatory support when required.
- The caregiver can override automatic settings at any time and will be alerted in case of critical events.

"The most significant realization comes from the fact that the weaning process is continuous and does not necessarily rely on the availability or constant presence of the practitioner to be at the bedside throughout the weaning session."

Phillip Thaut, RRT-NPS, RPFT, Provo, Utah, September 2007

Smart Care[®]/PS

Continuous Patient Assessment

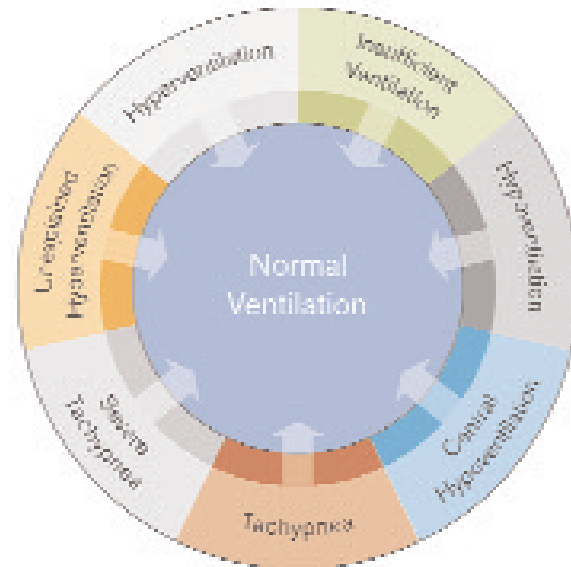


V500 configuration export function



Support reliable recovery with the V500

- Seamless transition from invasive to non-invasive ventilation (NIV) in one device.
- NIV in general has been shown to reduce the risk of reintubation[4].



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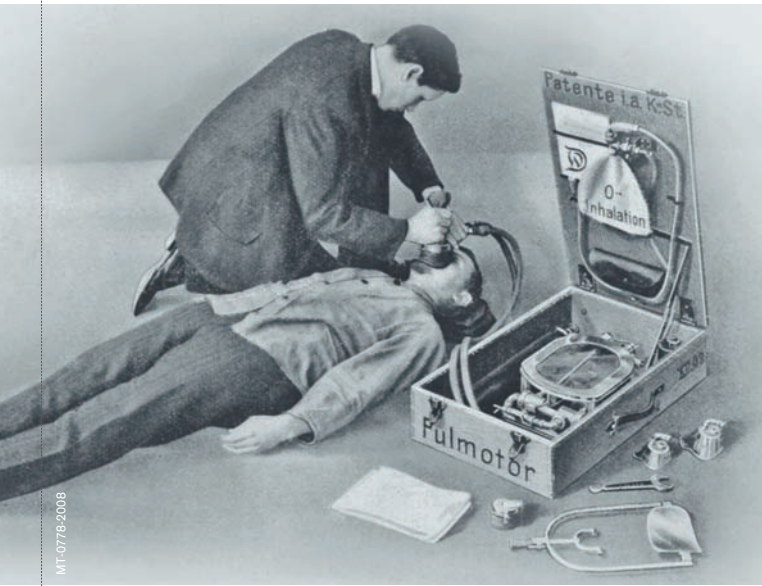
SmartCare[®]/PS ventilates the patient with conventional pressure support. Breathing frequency, tidal volume and endtidal CO₂ are used to evaluate the proper pressure support to meet the patient's demand.

Based on these parameters SmartCare[®]/PS classifies the patient a minimum of every five minutes into one of eight diagnostic categories.

Depending on this evaluation SmartCare[®]/PS will decrease or increase the pressure support according to the patient's needs.

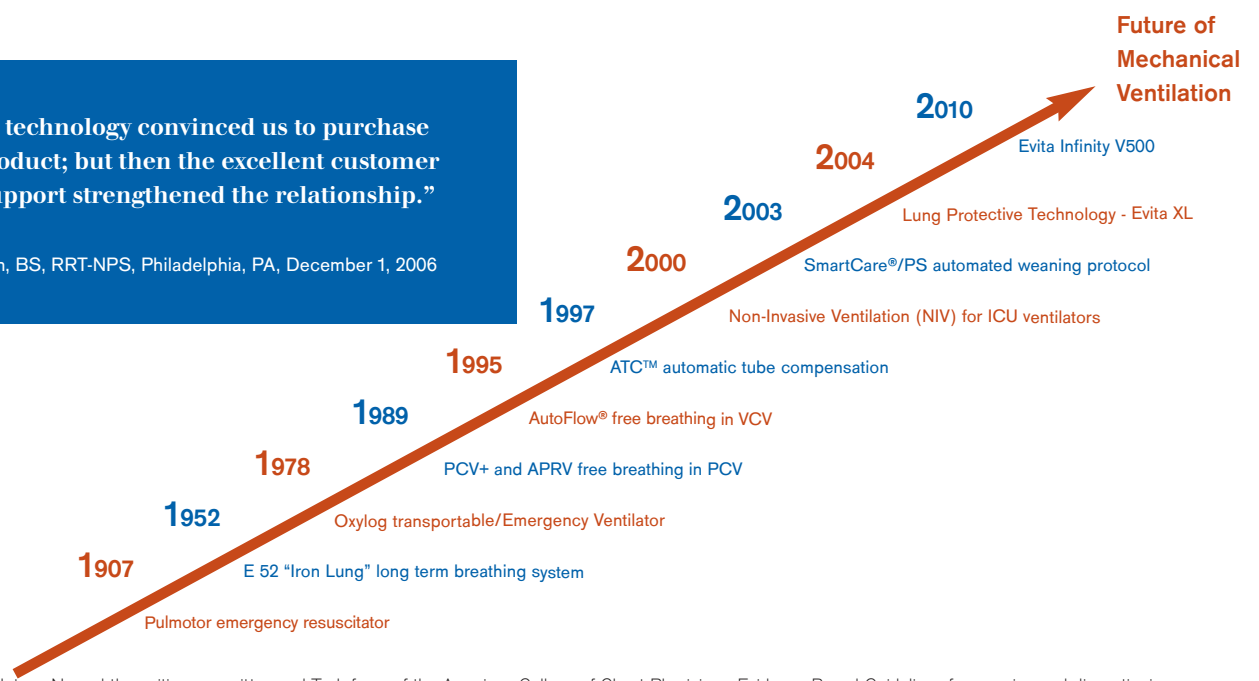
After successful automatic spontaneous breathing trial the readiness for extubation is indicated.

Over 100 years of innovation in ventilation



“Cutting-edge technology convinced us to purchase the Dräger product; but then the excellent customer service and support strengthened the relationship.”

Angela D. Hedgman, BS, RRT-NPS, Philadelphia, PA, December 1, 2006



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. | [2] Lellouche, F. et al; A Multicenter Randomized Trial of Computer-driven Protocolized Weaning from Mechanical Ventilation. Am J Respir Crit Care Med Vol 174. pp 894 -900, 2006 | [3] Wesley, E.; Effect on the duration of mechanical ventilation of identifying patients capable of breathing spontaneously. N Engl J Med 335:1864, December 19, 1996 | [4] Haddad, B.; An ounce of prevention: Noninvasive ventilation to prevent postextubation respiratory failure. Critical Care 2006, 10: 314 | [5] www.ih.org

HEADQUARTERS

Drägerwerk AG & Co. KG
Moislinger Allee 53–55
23558 Lübeck, Germany

www.draeger.com

CANADA

Draeger Medical Canada, Inc.
120 East Beaver Creek Road Suite 104
Richmond Hill Ontario L4B 4V1
Tel +1 905 763 3702
Toll-free +1 866 343 2273
Fax +1 905 763 1890
Canada.Support@draeger.com

USA

Draeger Medical, Inc.
3135 Quarry Road
Telford, PA 18969, USA
Tel +1 215 721 5400
Toll-free +1 800 437 2437
Fax +1 215 723 5935
info.usa@draeger.com

Manufacturer:

Dräger Medical GmbH
23542 Lübeck, Germany
The quality management system at Dräger Medical AG & Co. KG is certified according to ISO 13485, ISO 9001 and Annex II.3 of Directive 93/42/EEC (Medical devices).