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Chapter 1 Overview

1.1 Overview

This monitor is suitable for adult, pediatric and neonate patient, may monitor the physical parameters, such as electrocardiograph (ECG), noninvasive blood pressure (NIBP), oxygen saturation (SpO₂), respiration rate (Resp), body temperature (Temp) , can display maximum 8 waveforms and all information of the parameters monitored in the same screen.

Below shows the monitoring functions of this monitor:

- 1) electrocardiograph (ECG), including: heart rate, 6 channels ECG waveforms, ST segment analysis, arrhythmia analysis;
- 2) oxygen saturation (SpO₂), including: oxygen saturation , pulse rate, pulse wave;
- 3) noninvasive blood pressure (NIBP), including: Systolic pressure, diastolic pressure, mean pressure;
- 4) body temperature (Temp): 1 channel body temperature data;
- 5) respiration (Resp): Breath rate, breath waveform;

 **Warning** 

Monitor can only monitoring one patient at a time.

 **Warning** 

There could be hazard of electrical shock by opening the monitor casing. All servicing and future upgrading to this equipment must be carried out by personnel trained and authorized by Factory.

 **Warning** 

You must verify if the device and accessories can function safely and normally before use.

 **Warning** 

Possible explosion hazard if used in the presence of flammable anesthetics or other flammable substance in combination with air, oxygen-enriched environments, or nitrous oxide.

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 **Warning** 

You must customize the alarm setups according to individual patient situation and make sure that alarm sound can be activated when alarm occurs.

 **Warning** 

Do not touch the patient, table, or the device during defibrillation.

 **Warning** 

Do not use cellular phone in the vicinity of this device. High level electromagnetic radiation emitted from such devices may greatly affect the monitor performance.

 **Warning** 

Devices connected to the monitor shall form an equipotential system (protectively earthed).

 **Warning** 

When used with Electro-surgery equipment, you (doctor or nurse) must give top priority to the patient safety.

 **Warning** 

Do not place the monitor or external power supply in any position that might cause it to fall on the patient. Do not lift the monitor by the power supply cord or patient cable, use only the handle on the monitor.

 **Warning** 

Consult IEC-601-1-1 for system interconnection guidance. The specific requirements for system interconnection are dependent upon the device connected to the monitor and the relative locations of each device from the patient, and the relative location of the connected device to the medically used room containing the monitor. In all circumstance the monitor must be connected to a grounded AC power supply. The monitor is referred to as an IEC 601/F device in the summary of situations table contained in IEC 601-1-1.

 **Warning** 

Dispose of the packaging material, observing the applicable waste control regulations and keeping it out of children's reach.

 **Warning** **Grounding:**

Connect the monitor only to a three-wire, grounded, hospital-grade receptacle. The three-conductor plug must be inserted into a properly wired three-wire receptacle; if a three-wire receptacle is not available, a qualified electrician must install one in accordance with the governing electrical code.

Do not under any circumstances remove the grounding conductor from the power plug.

Do not use extension cords or adapters of any type. The power cord and plug must be intact and undamaged.

If there is any doubt about the integrity of the protective earth conductor arrangement, operate the monitor on internal battery power until the AC power supply protective conductor is fully functional.

 **Warning** 

For continued safe use of this equipment, it is necessary that the listed instructions be followed. However, instructions listed in this manual in no way supersede established medical practices concerning patient care.

- Do not rely only on audible alarm system to monitor patient. When monitoring adjusting the volume to very low or completely muting the sound may result in the disaster to the patient. The most reliable way of monitoring the patient is at the same time of using monitoring equipment correctly, manual monitoring should be carried out.
- This multi-parameter patient monitor is intended for use only by medical professionals in health care institutions.
- To avoid electrical shock, you shall not open any cover by yourself. Service must be carried out by qualified personnel.
- Use of this device may affect ultrasonic imaging system in the presence of the interfering signal on the screen of ultrasonic imaging system. Keep the distance between the monitor and the ultrasonic imaging system as far as possible.
- It is dangerous to expose electrical contact or applicant coupler to normal saline, other liquid or conductive adhesive. Electrical contact and coupler such as cable connector, power supply and parameter module socket-inlet and frame must be kept clean and dry. Once being polluted by liquid, they must be thoroughly dried. If to further remove the pollution, please contact your biomedical

department or Factory.

 **Warning** 

It is important for the hospital or organization that employs this equipment to carry out a reasonable maintenance schedule. Neglect of this may result in machine breakdown or injury of human health.

 **Caution** 

If you have any doubt to the grounding layout and its performance, you must use the built-in battery to power the monitor.

1.2 Screen layouts introduction

The screen is divided into four sections: 1st information section; 2nd waveform section; 3rd parameters section; 4th menu section (as chart 1-1 shows).



Chart 1-1 monitor demo interface

1.2.1 Information section

The information section is on top of the screen, displays current conditions of monitor and patient. The information in turn from left to right on the top is “patient information”, “technical alarm information”, “physiological alarm information”, “date and time”, “network state” and “battery state”.

1) Patient information:

Bed number (refers to the hospital bed number of patient monitored);

Type of patient (“Adult”, “Pediatric” or “Neonate”);

Name of patient (if operator doesn’t input patient’s name, this position will displays “NO NAME”);

2) Technical alarm information: Reporting current condition of monitor or sensors, this section will display alarm information;

3) Physiological alarm information: If patient's physiological parameters exceed the alarm limit, this section will display alarm information;

4) Date and time: Updating current date and time every second;

5) Network connection state;

6) Battery state: current battery capacity or its condition.

1.2.2 Parameters section

Heart rate: heart rate (unit: beats per minute bpm)

ST: ST segment (unit: millivolt mV)

PVCs: times of premature ventricular constriction (unit: times/minute)

NIBP: From right to left is: systolic pressure, diastolic pressure, mean pressure (unit: millimeter mercury column- mmHg or kilopascal- kPa)

SpO₂: oxygen saturation SpO₂ (unit: %), Pulse rate (unit: pulses /minute)

Respiration rate: respiration rate (unit: Breaths/Minute BrPM)

Temperature: body temperature (unit: centigrade - °C or Fahrenheit- °F)

The user may change the settings of above monitored parameters which will be introduced in later chapters in detail.

1.2.3 Waveform section

The waveform section displays 7 waveforms in standard screen layout, which from top to bottom respectively are: ECG1 waveform, ECG2 waveform, pulse wave, respiration waveform. Total 8 waveforms can be displayed if in “ECG Full Lead” screen layout.

The name appears in upper left side of each waveform. The ECG waveform gain and filter mode will be also displayed besides the ECG wave name. On the right side of the ECG waveform stands a mark with the unit of 1 mV. The gain of breathing waveform is displayed on the right side of the name of breathing wave.

When user push the keys of patient monitor, a window may pop-up in the waveform section. The waveform section will restore demo after the window is retreated.

1.2.4 Menu section

On the bottom of the screen there are 5 menu item: “Patient”, “Review”, “Setting”, “Alarm Limit” and “Service”. When no window displays on the screen, the user may visit these menus by rotating the knobs. When the cursor chooses anyone of the items, sublevel menus will pop-up. When the user presses down the knob once again, the corresponding dialog will pop-up and the user can change the settings in the dialog.

1.2 Alarm

When the alarm occurs, the warning light will glitter or bright, the color represents certain level of the alarm. The detailed contents please refer to chapter2 “Alarm”.

1.3 Control panel



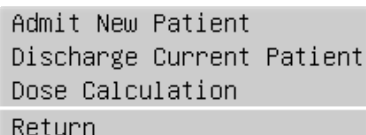
Chart 1-2 monitor front panel

The control panel is on the front panel. The total keys from left to right are listed below:

- 1) Power key: key to turning on and turning off of the power;
- 2) SILENCE key: With this key pressed down, sound of the alarm will shut down, also the “ALARM SILENCE” will be displayed in the information section, and other sounds (key sound, palpitation sound and so on) will not be affected. Pressing down the key again will restore all the alarms.
- 4) FREEZE key: In the normal mode, all the waveforms on the screen will be frozen with this key pressed down. Pressing down this key once again will release the frozen waveforms;
- 5) NIBP key: Pressing down this key will start to charge the cuff with gas, and to measure the blood pressure. Pressing down the key once again can cancel the measurement;
- 7) MENU key: press this key to returning to the main menu;
- 8) Knob key: With this key, the user may enter the menus and windows and change the monitor settings.

1.2.1 Patients management

By pushing the “patient” button, the user may choose to enter the window of “Admit new patients”, “Discharge Current Patient” or “Dose Calculation” the detailed introductions may refer to chapter4 “Admit and Discharge Patient”.



```

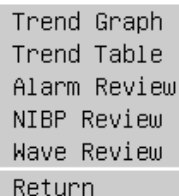
Admit New Patient
Discharge Current Patient
Dose Calculation
Return

```

Chart 1-3 patient management

1.2.2 History review

By selecting the “Review” button, the user may choose to enter the window of “Trend Graph”, “Trend Table”, “Alarm Review”, “NIBP review” or “Wave review”. The detailed introductions may refer to chapter12 “History Review”.



```

Trend Graph
Trend Table
Alarm Review
NIBP Review
Wave Review
Return

```

Chart 1-4 history review

1.2.3 Setting

By selecting the “Setting” button, the user may choose to enter the window of “Alarm setting”, “Record setting”, “Screen layout”, “Adjust time”, “Miscellaneous”, “ECG setting”, “ST setting”, “SpO₂ setting”, “NIBP setting”, “Resp setting”, “Temp setting” or “Load Default

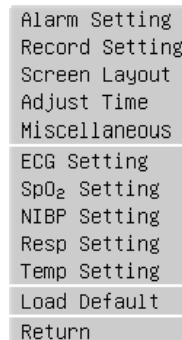


Chart 1-5 setting

1.3.3.1 Alarm setting

Detailed introductions can refer to Chapter2 “Alarm”.

1.3.3.2 Recording setting

Detailed introductions can refer to Chapter3 “Recording”.

1.3.3.3 Screens layout

After entering the screen layouts window, the user may change the current display interface by selecting the interfaces of 6 types of “Standard”, “ECG Full Lead”, “Big Font”, “OxyCRG”, “NIBP Trend”, “Trend Table”, and choose to turn on or turn off parameter or waveform in the “parameter switch” and “waveform switch”.

The user can change trend resolution from “1 min” to “60 min” by setting “Trend Time” if the screen layout is set to “Trend Table”.

The following chart shows the menu of screen layouts:

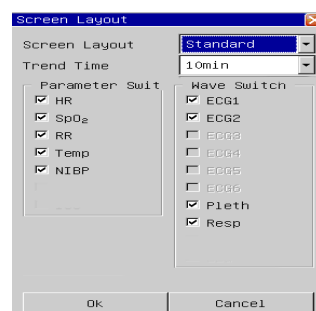
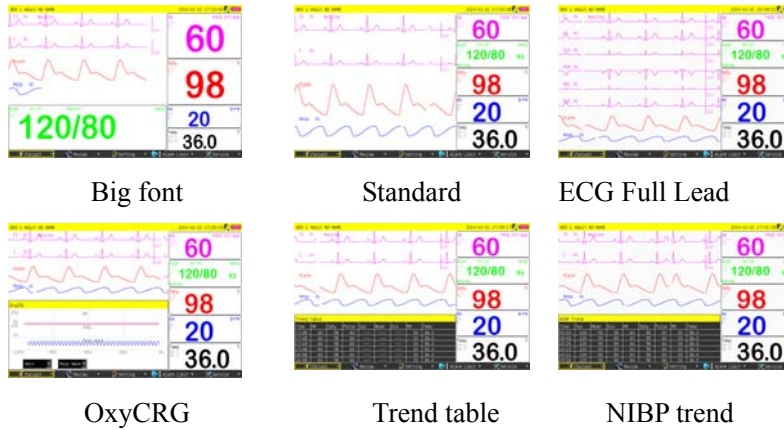


Chart 1-6 screen layouts

1.3.3.4 Screen layout



1.3.3.5 Adjust Time

By entering the adjust time window, the user may choose the date format and adjust the current date and time, as the following chart shows:

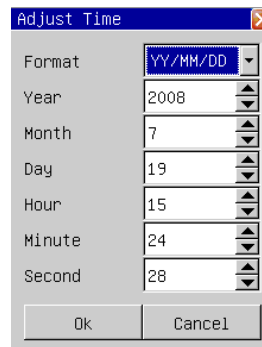


Chart 1-7 adjust time

1.3.3.6 Miscellaneous

By entering the miscellaneous windows, the user may change the key volume and the screen brightness. The adjusting scope of key volume is 0~10 (0 means volume closure); The adjusting scope of screen brightness is 1~10 (10 means the highest brightness). If “Wave Smooth” switch is “On”, the wave will be displayed as smooth mode.

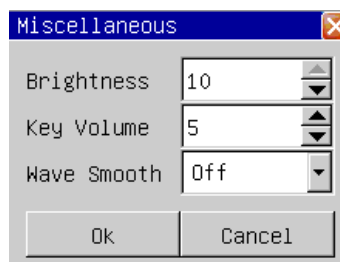


Chart 1-8 miscellaneous setting

1.3.3.7 ECG setting

Detailed introductions of ECG settings can refer to Chapter5 “ECG monitoring”.

1.3.3.8 ST setting

Detailed introductions of ST settings can refer to Chapter6 “ST monitoring”.

1.3.3.9 Resp setting

Detailed introductions of RESP settings can refer to Chapter8 “RESP monitoring”.

1.3.3.10 SpO₂ setting

Detailed introductions of oxygen saturation settings can refer to Chapter9 “SpO₂ monitoring”.

1.3.3.11 NIBP setting

Detailed introductions of noninvasive blood pressure settings can refer to Chapter10 “NIBP monitoring”.

1.3.3.12 Temperature setting

Detailed introductions of body temperature settings can refer to chapter11 “temperature monitoring”.

1.3.3.13 Load default setting

The following chart shows the window of Apply default settings:

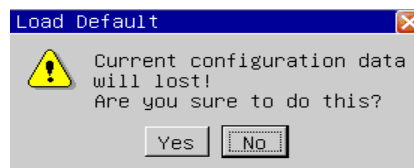


Chart 1-9 Load default settings

If “Yes” is chosen, then the current settings will be replaced with default settings

1.2.4 Alarm limit

By selecting the “limits of alarm” button, the user may choose to enter the windows of “ECG Alarm Limit”, “SpO₂ Alarm Limit”, “NIBP Alarm Limit”, “Resp Alarm Limit”, “Temp Alarm Limit” or “Load default Alarm Limit”, the detailed introductions refer to chapter2 “alarms”.

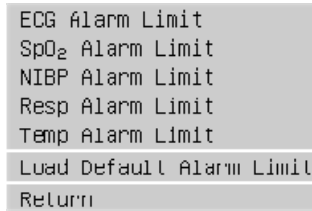


Chart 1-10 Alarm Limit

1.2.5 Maintenance

By selecting the “Service” button, the user may choose to enter the windows of “Ecg calibration”, “Temp Sensor Type”, “NIBP Pneumatic Test”, “NIBP calibration”, “NIBP Reset”, “Demo mode”, “Version info”, “User setting”, “Factory Service” and so on.

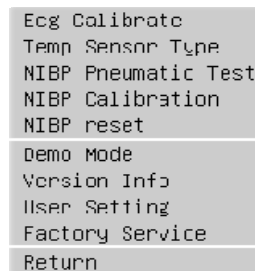


Chart 1-11 Service

1.3.5.1 ECG calibration

Entering the ECG calibration window, the user may turning on or turning off of the ECG calibration signal, as the following chart shows:

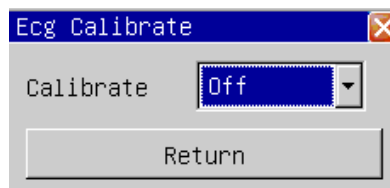


Chart 1-12 ECG calibration

1.3.5.2 Temp Sensor Type

Entering the Temp Sensor Type window, the user may initialize the type of body temperature sensor: 10K or 2.25K, as the following chart shows:

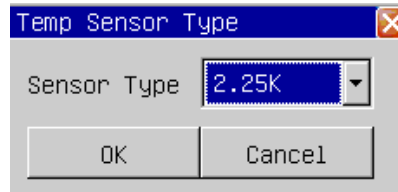


Chart 1-13 Temp Sensor Type

1.3.5.3 Air leakage examination of noninvasive blood pressure

Selecting the air leakage examination of noninvasive blood pressure, the user may examine whether the entire air way of blood pressure measurement leaks air or not.

When the blood pressure cuff is connected, the user may start the air leakage test with this key, thus discover whether the airtight condition of gas route is good or not. The examination result is:

If air leakage examination is passed, the system will not make any prompt;

If isn't, the corresponding failure prompts will be displayed in the noninvasive blood pressure information section.

The detailed introductions refer to 10.5 the air leakage examination.

1.3.5.4 NIBP calibration

After selecting the noninvasive blood pressure calibration, the user enters the calibration mode, and at this time the user may calibrate, using a pressure gauge (or mercury sphygmomanometer) with a calibration precision higher than 1 mmHg after calibrated. If the "measure blood pressure" key is pressed down during the calibration, the system will stop calibrating. The detailed introductions refer to 10.4 the blood pressure calibrations.

1.3.5.5 NIBP reset

After choosing the noninvasive blood pressure reset, the user may restore the blood pressure module to the initial settings.

When the blood pressure measurement is abnormal, yet the monitor cannot prompt reasons of the problem, using this key is suggested. Because this causes the blood pressure module to reset, the blood pressure module may commit self-recovery when the abnormality of work is caused by accidental reasons.

1.3.5.6 Demo mode

The user input the correct password, the monitor will enter demo mode, and in the centre of the screen a big “DEMO” label will be shown. The demo mode is a particular state just for demonstrating performance of the machine, helping user carry out trainings. In the actual clinical use, this function is forbidden, because it can possibly cause the medical staffs to take demo waveforms as the patient waveforms and parameters by mistake, to affect patient monitoring.

1.3.5.7 Version information

Choosing the “version information”, the user may look over the version information of the software installed in the monitor.

1.3.5.8 User settings

The user may carry out user maintenance in the user settings menu, by inputting the password. This item is merely open to the serviceman appointed by the factory.

1.3.5.9 Factory service

The user cannot implement functions of maintenance. This item is merely open to the serviceman appointed by the factory.

1.4 Sensor socket

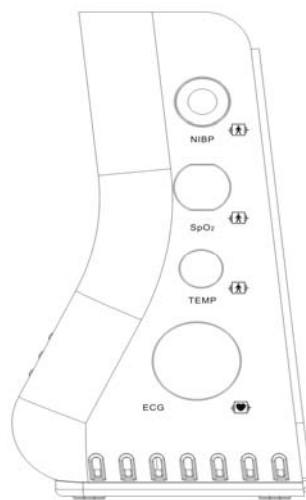


Chart 1-14 sensor socket

The following shows sensor socket:

NIBP: non-invasive blood pressure cuff socket;

SpO₂: Oxygen saturation sensor socket;


TEMP: temperature channel 1 sensor socket;

ECG: ECG cable socket;



Chart 1-15 socket

The following shows socket on right side:




 DC 16.8V power input;

 Network socket;




 USB socket;

1.5 Networks

The network port of the monitor is the standard RJ45 network interface, may communicate with the central station through the ethernet cable, to achieve the function of remote monitoring. In the top right corner of the screen there is a network icon representing current network status.

If the network electric cable is disconnected, the network condition icon shows as ; After the monitor has established connection with the central station, the icon shows as ; If the monitor communicates normally with the central monitoring system, the icon shows as .

1.6 Rechargeable built-in battery

The monitor is equipped with a rechargeable built-in battery. In the top right corner of the screen exists one symbol , indicating the state of the battery capacity, of which the green part denoting electric quantity of the battery. When the battery is charged, the charging condition is expressed with animation. After the battery is full-charged, the symbol will show as . When this monitor has not been installed the built-in battery, the symbol shows as  indicating no battery.

When running with power supply from battery, the monitor detects the volume of the battery, and alarms when the battery is insufficient, and prompts in the information section: “BAT LOW”. At this time, the AC power should be plug in, and immediately charge battery in time. If battery is still used for power supply, the monitor will power off automatically when the battery exhausted.

Chapter 2 Alarms

2.1 Alarms overview

2.2.1 Types of the alarms

The alarms can be divided into two types: physiology alarms and technical alarms.

Physiology alarms: triggered by some of patient's physiological parameters exceed the limits, taking the body temperature exceeding temperature alarm limit as an example.

Technical alarms: triggered by the abnormality of certain monitoring function or distortion of monitoring results caused by failure of system or sensors, taking ECG lead off as an example.

2.2.2 Level of alarms

The alarms have three levels: high, medium and low.

The monitor has set levels for technical alarms and physiology alarms.

2.2.3 Modes of the alarms

When alarming, the monitor gives alarm prompts by three ways: sound alarm, light alarm, and alarm message description.

The prompts of sound and light come from the speaker, the alarm indicator light and alarm message description. The alarm message description is displayed on the screen. The physiology alarm is displayed in the patient alarm information section, while the technical alarm displayed in the monitor alarm information section.

When the physiology alarm occurs, which is caused by the measurement parameters exceeding the alarm limit, the color of high limit and low limit would change from dark to bright, besides the three means of alarm prompting mentioned above.

When there is "*" before technical or the physiology information section, it means low level alarm. "**" means medium level alarm and the information bottom color will turn yellow. "***" means high level alarm and information bottom color will turn red. For example: The "*** HR TOO HIGH" is the expression of medium alarm.

Physical alarm has 2 kind of alarm mode: LATCH or Unlatch. LATCH means that once alarm occurs, the system will give alarm all the time until manual intervention (such as push the "SILENCE" button on the panel). UNLATCH means that the system will stop giving alarm once the alarm condition does not exist.

There are three levels of the alarm: high, midium, low, by using the different light and the sound. The following table shows in order:

Alarm level	alarm light	sound characteristic of the alarm
High	alarm light glitters red, the flicker frequency is quick	The pattern as “honk - honk - honk-----honk - honk, honk - honk - honk-----honk - honk”, each 8 seconds occur once
medium	alarm light glitters yellow, the flicker frequency is slow	The pattern as “honk - honk - honk”, each 25 seconds emit sound once
Low	alarm light is bright and always show yellow	The pattern as “honk -”, each 25 seconds emit sound once

2.2 Alarms pausing

Presses “PAUSE” key on the control panel, all alarm sound and light and the alarm message are closed. Then the system enters alarm suspend state. The suspension countdown time is displayed in the area of the technical alarm.

Three options can be set about the alarm suspension time: 1 minute, 2 minute and 3 minutes. The user must enter the window of the alarm setting, chooses correspondingly the suspension time. After presses down of “PAUSE” key again, the system may restore to the normal state.

2.3 Alarms SILENCE

Presses “SILENCE” key on the control panel, then may close the sound and the light alarm; when presses down “SILENCE” key again, will quit from alarm silence condition and reactivated correspondingly sound alarm, returns to normal alarm condition.

If the alarm still exists under the condition of the silence state, then the information section display this alarm information.

If there is no alarm exists under the condition of the silence state, then all the alarm will be eliminated.



When the system is under the “SILENCE” condition, any newly triggered alarm will terminate the silence condition, and then makes the system to restore to the normal alarm condition.

2.4 Alarm Setting

Enter the alarm setting window, the options below may be set.

- 1) Alarm Volume: The scope is 1~10 (10 is the highest volume).
- 2) Suspend Time: 1 minute, 2 minutes, 3 minutes.
- 3) Flash: if “On” is selected and there is physical alarm, corresponding parameter digit will flash to indicate that the parameter has alarm.
- 4) Para Alarm: 2 items: LATCH or Unlatch. LATCH means that once alarm occurs, the system will give alarm all the time until manual intervention (such as push the “SILENCE” button on the panel). UNLATCH means that the system will stop giving alarm once the alarm condition does not exist.
- 5) Alarm Record: If “On” is selected, the recorder will record the alarm event when physical alarm occurs, otherwise it will not record.
- 6) Voice Alarm: If “On” is selected and alarm event occurs, a human voice alarm will continuously notify the user, otherwise it will not notify by human voice.

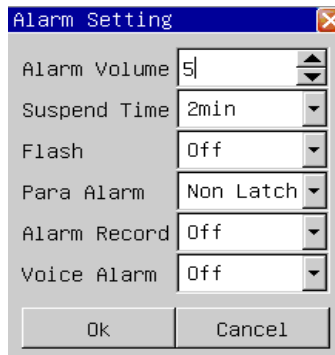


Chart 2-1 alarm setting

2.5 Limits of the alarms

Physiology alarm is triggered according to the settings limits. Various parameters limits are showed by the dark color in the parameter area of the upper corner on the left side. If the parameter exceeds the limits, then triggers the physiology alarm at this parameter by the bright color. For example: the low limit of the heart rate is 80, if at this time the heart rate is 60 pieces, then triggers “HR TOO LOW”, the low limit of the heart rate “80” will be a bright color, the following chart will show:



Chart 2-2 Alarm Limit

2.2.1 ECG Alarm Limit

Choosing “ECG Alarm Limit” may enter “ECG Alarm Limit” window:

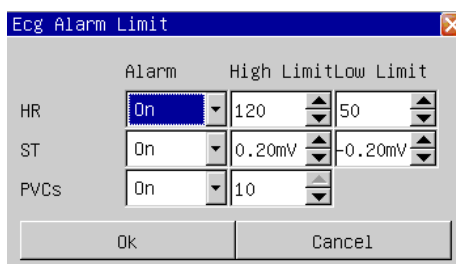


Chart 2-3 Ecg Alarm Limit

Following is the adjustment scope of the heart rate:

Patient type	Adult	Pediatric	Neonate
HR high limit	300	350	350
HR low limit	15	15	15

adjustment scope of the ST: -2.00mV~2.00mV.

adjustment scope of the PVCs :0~10.

2.2.2 SpO₂ Alarm Limit

Choosing “SpO₂ Alarm limit” may enter “SpO₂ Alarm Limit” window:

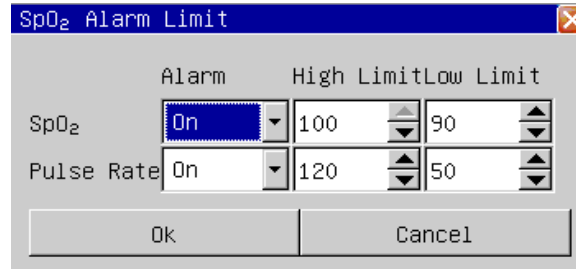


Chart 2-4 SpO₂ Alarm Limit

The SpO₂ limit adjustment scope is 0~100;

The Pulse rate alarm limit adjustment scope are 20~300.

2.2.3 NIBP Alarm Limit

Choosing “NIBP Alarm Limit” may enter “NIBP Alarm Limit” window:

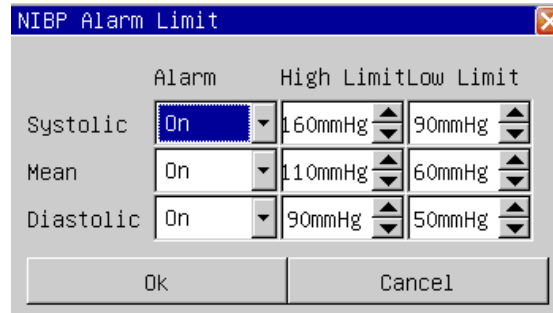


Chart 2-5 NIBP Alarm Limit

The NIBP Alarm Limit adjustment scope as follows:

Patient type	Adult	Pediatric	Neonate
Systolic pressure high limit	280	220	135
Systolic pressure low limit	40	40	40
Diastolic pressure high limit	220	160	100
Diastolic pressure low limit	10	10	10
mean pressure high limit	240	170	110
mean pressure low limit	20	20	20

2.2.4 Resp Alarm Limit

Choosing “Resp Alarm Limit” may enter “Resp Alarm Limit” window:

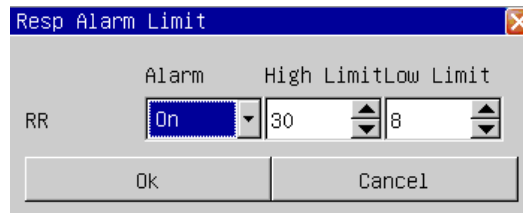


Chart 2-6 Resp Alarm Limit

The Resp rate alarm limit adjustment scope is:7~120.

Patient type	Adult	Pediatric	Neonate
RR high limit	120	150	150
RR low limit	7	7	7

2.2.5 Temp Alarm Limit

Choosing “Temp Alarm Limit” may enter “Temp Alarm Limit” window:

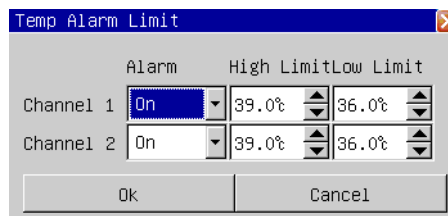
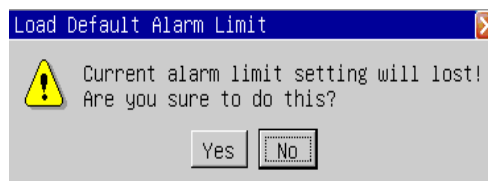


chart 2-7 Temp Alarm Limit

The Temp alarm limit adjustment scope is:0~50°C (32~122°F).

2.2.6 Load Default Alarm Limit

Choosing “Load Default Alarm Limit” can enter “load default Alarm limit” window:



The chart 2-11 Load default Alarm Limit

If chooses “Yes”, then the current alarm limit settings will be able to substituted by the default alarm limit settings.

2.6 Physiology alarm information

Below is all physiologies alarm tabulates:

Alarm Information	Trigger Condition
***ASYSTOLE	Over 4 seconds non- palpitations signals
*** APNEA	In a setting time without breath signal
*** NO PULSE	Over 15 seconds without pulse signals
** HR TOO HIGH	The heart rate exceeds the alarm high limit
** HR TOO LOW	The heart rate is lower than the alarm low limit
** ST-I TO HIGH	the ST value correlate with I surpass the upper alarm limit
** ST-I TOO LOW	the ST value correlate with I surpass the lower alarm limit
** ST-II TO HIGH	the ST value correlate with II surpass the upper alarm limit
** ST-II TOO LOW	the ST value correlate with II surpass the lower alarm limit
** ST-III TO HIGH	the ST value correlate with III surpass the upper alarm limit
** ST-III TOO LOW	the ST value correlate with III surpass the lower alarm limit
** ST-AVR TOO HIGH	the ST value correlate with AVR surpass the upper alarm limit
** ST-AVR TOO LOW	the ST value correlate with AVR surpass the lower alarm limit
** ST-AVL TOO HIGH	the ST value correlate with AVL surpass the upper alarm limit
** ST-AVL TOO LOW	the ST value correlate with AVL surpass the lower alarm limit
** ST-AVF TOO HIGH	the ST value correlate with AVF surpass the upper alarm limit
** ST-AVF TOO LOW	the ST value correlate with AVF surpass the lower alarm limit
** ST-V TOO HIGH	the ST value correlate with V surpass the upper alarm limit
** ST-V TOO LOW	the ST value correlate with V surpass the lower alarm limit
** PVCs TOO HIGH	The PVCs value exceeds the alarm high limit
** SPO ₂ TOO HIGH	The oxygen saturation exceeds the alarm high limit
** SPO ₂ TOO LOW	The oxygen saturation is lower than the alarm low limit
** Pulse rate TOO HIGH	The Pulse rate surpass the alarm high limit
** Pulse rate TOO LOW	The Pulse rate are lower than the alarm low limit
**NIBP SYS TOO HIGH	NIBP systolic pressure exceeds the alarm high limit
**NIBP SYS TOO LOW	NIBP systolic pressure is lower than the lower alarm limit
**NIBP MEAN TOO HIGH	NIBP mean pressure exceeds the alarm high limit
**NIBP MEAN TOO LOW	NIBP mean pressure is lower than the alarm low limit

**NIBP DIA TOO HIGH	NIBP diastolic pressure exceeds the alarm high limit
**NIBP DIA TOO LOW	NIBP diastolic pressure is lower than the alarm low limit
** RR TOO HIGH	The Breath rate exceeds the alarm high limit
** RR TOO LOW	The Breath rate is lower than the alarm low limit
** TEMP TOO HIGH	The body temperature exceeds the alarm high limit
** TEMP TOO LOW	The body temperature is lower than the alarm low limit

2.7 Technical alarm information

Below is all technical alarm tabulates:

Alarm Information	Trigger Condition	Process Method
** ECG LEAD OFF	RL or more than 2 ECG leads falls off	check the ECG lead connection
** ECG LEAD RA OFF	RA lead fall off	check the ECG lead connection
** ECG LEAD LA OFF	LA lead fall off	check the ECG lead connection
** ECG LEAD LL OFF	LL lead fall off	check the ECG lead connection
** ECG LEAD V OFF	V lead fall off	check the ECG lead connection
** MODULE INIT ERR	Module self-checking mistake	Restart the machine, if error still existed, contact the factory service
***MODULE COMM STOP	The module and the main engine communication have the problem	Restart the machine, if error still existed, contact the factory service
** MODULE COMM ERR	The module and the main engine communication have the problem	Restart the machine, if error still existed, contact the factory service
** PARA ALARM LMT ERR	The parameter of the alarm limit is modified by the accident	contact the factory service
** RANGE EXCEED	The parameter observed value has exceed the measurement scope which the system can carry on	contact the factory service
** SpO ₂ SENSOR OFF	SpO ₂ sensor does not connected	Check SpO ₂ sensor connection

** SpO ₂ FINGER OFF	The finger fall off from SpO ₂ sensor	Check SpO ₂ sensor connect with the finger
SEARCHING PULSE...	SpO ₂ sensor connect bad or the patient move the arm	Check SpO ₂ sensor connection situation and patient's current condition
** Temp SENSOR OFF	The body temperature sensor do not connect	Check temperature sensor connection
** WATCHDOG ERR	Main engine watch-dog self-checking defeat	Restart the machine, if wrong still existed, contact the factory service
** SYSTEM TIME LOST	The system clock has not set	Change the system time as the current time, if error still existed, related the factory to carry on the service
** 12V HIGH	The 12V voltage examination exceeds the normal voltage scope	Restart the machine, if error still existed, contact the factory service
** 12V LOW	The 12V voltage examination is lower than the normal voltage scope	Restart the machine, if error still existed, contact the factory service
** 3.3V HIGH	The 3.3V voltage examination exceeds the normal voltage scope	Restart the machine, if error still existed, contact the factory service
** 3.3V LOW	The 3.3V voltage examination is lower than the normal voltage scope	Restart the machine, if error still existed, contact the factory service
**BAT HIGH	The battery voltage examination exceeds the normal voltage scope	Restart the machine, if error still existed, contact the factory service
**BAT LOW	The battery capacity is insufficient	Meets the alternating current to carry on the charge immediately to the battery
* NIBP LOOSE CUFF	The cuff has not connected	Reconnects the blood pressure cuff
* NIBP AIR LEAK	The cuff has not connected good or the air course leaks air	check the pipe connection situation or replace cuff, if the breakdown still existed, please contact the factory

		service
* NIBP DEFLATE ERR	When blood pressure measurement deflates has the problem	check the tube connection or replace cuff, if the error still existed, please contact the factory service
* NIBP WEAK SIGNAL	When blood pressure measurement the pulse signal too weak, is unable to calculate the blood pressure	Examined the patient type set whether correctly, check the tube connection or replace cuff, if the error still existed, please contact the factory service
* NIBP OUT OF RANGE	When blood pressure measurement the blood pressure or the pulse signal exceeds the normal range, is unable to carry on the measurement	check he tube connection or replace cuff, if the error still existed, please contact the factory service
* NIBP MOVEMENT	Patient arm move	Check the patient situation or replace cuff, if the error still existed, please contact the factory service
** NIBP OVER PRESSURE	The pressure value exceeds the measurement scope	check the pipe connection situation or replace cuff, if the error still existed, please contact the factory service
* NIBP SATURATE	When blood pressure measurement the pulse signal exceeds the normal range, is unable to carry on the measurement	Check the patient situation or replace cuff, if the error still existed, please contact the factory service
* NIBP PNEUMATIC FAIL	The cuff has not connected good or the air course leaks air	check the pipe connection situation or replace cuff, if the error still existed, please contact the factory service
** NIBP SYSTEM ERR	Blood pressure system self-check defeat	Restart the machine, if the error still existed, please contact the factory service
** NIBP TIME OUT	Blood pressure measurement overtime	Restart the machine, if the error still existed, please contact the factory service

** NIBP CUFF TYPE WRONG	Patient type for adult when has used the neonate cuff	Check the patient type or replace cuff, if the error still existed, please contact the factory service
** NIBP MEASURE FAIL	This blood pressure measurement has not been able to calculate the blood pressure	Check the patient situation or replace cuff, if the error still existed, please contact the factory service
** NIBP RESET ERR	When blood pressure measurement exceptionally reset	Restart the machine, if the error still existed, please contact the factory service

 **Attention** 

- 1. When different level of alarm simultaneously exists, the sound of the alarm is the highest level alarm.**
- 2. In alarm suspend condition, Monitoring will not process any alarm information.**

Chapter 3 Record

3.1 Record setting

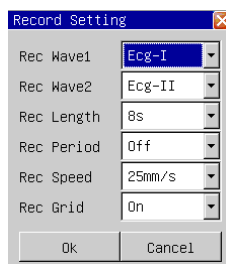


Chart 3-1 recording settings

1) record waveform 1, record waveform 2: there are five options of the waveform to be choose: off, ECG1, ECG2, pulse wave, respiratory wave, The user may choose simultaneously two waveforms to record, or choose one waveform to record while close another record wave.

2) record length: there are two options, which are “continuous”, “8 seconds”. “continuous” means that the record can continuously output the wave until presses down the “RECORD” key again.

3) record period: the time interval of two record outputs. There are 10 options which are: off, 10 minutes, 20 minutes, 30 minutes, 40 minutes, 50 minutes, 1 hour, 2 hours, 3 hour and 4 hours. The recording length is 8 seconds.

4) record speed: There are two options, which are “25.0mm/s” and “50.0mm/s”.

5) record grid: “Off” means non- grid output. “On” means grid output.

3.2 Record type

The monitor can carry on several kinds of types record: the continuously real-time records; 8 seconds real-time records; Automatic 8 second records.

3.2.1 Real-time record

This means that it starts the real-time recording waveform when presses down the recording key , and stops the record when press down the recording key again in the recording process .

3.2.2 Auto record

The monitor can trigger the record output according to the time interval. the recording length is 8 seconds.

3.3 Record content

The record outputs contents: The recording type, the patient information, the parameter table, the record time, the waveform name, the waveform amplitude and waveforms.

Chapter 4 Admit/Discharge Patient

4.1 Admit patient

The step of receiving new patient is as follows:

enter “Patient info” window by choosing the “Admit new patient” menu, and input the patient information (the following chart to show).

The screenshot shows a 'Patient Info' dialog box with the following fields and values:

- Bed Number: 1
- Patient Type: Adult
- Patint Name: (empty)
- Gender: Male
- Date of Birth: 1900
- Height: 20cm
- Weight: 2kg
- MRN: (empty)

Buttons: OK, Cancel

Chart 4-1 admit new patient

choose the “yes” button to quit, the patient’s informations is accepted.

4.2 Discharge patient

Enter the “Discharge Patient” window by choosing ”Discharge Patient” menu, as the following chart to show.

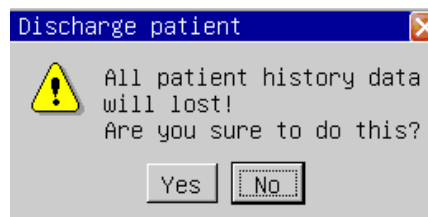


Chart 4-2 Discharge patient

Carry on the following operations to relieve the patient:

- 1) Discharge all patients information;
- 2) Discharge all historical data (including trend graph, trend table, blood pressure review, waveform review data);

⚠Attention ⚠

If do not relieve the patient firstly before receive new patient, new patient’s measurement data would be save in the preceding patient's data. The monitor can not distinguish the new patient data from the old one.

Chapter 5 ECG Monitoring

The ECG monitors the heart electricity activity of the body, and shows the heart electricity waveform and the heart rate on the monitor.

5.1 Connecting ECG electrodes

1) make the patient's skin preparation at first before place the electrode. A good signal at the electrode provides the monitor with valid information for ECG data processing.

Clean the skin with the soap and the water (don't use aether and pure alcohol, because this can increase skin impedance) or scratches the skin dry to increase the blood stream capillary of the organization, and remove skin filings and fat. If necessary, shave the hairs in which the electrode is placed.

2) place the electrode on the patient's body.

3) Connect the ECG-lead with the patient cable.

5.2.1 ECG electrode placement

The position of the ECG electrode is as follows:

The RA (right arm) electrode — place under the subclavian, approaching the right shoulder.

The LA (left arm) electrode — places under the subclavian, approaching the left shoulder.

The LL (left leg) electrode — places under the left abdomen.

The RL (right leg) electrode — places under the right abdomen.

The V (chest) electrode — places on the chest.

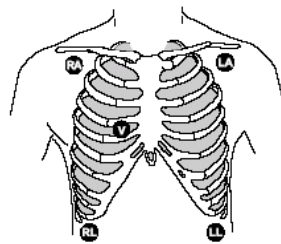


Chart 5-1 The position of electrode

5.2.2 Connecting ECG leads recommended for surgical patients

The position of ECG electrode is decided by the type of the operation. For example, regarding the chest operation, the electrode may be put on the chest side or the back. Sometimes in the operating room, because of using surgical equipment, the artifact possibly can affect the ECG waveform. In order to reduce the artifact, place the electrode on the left or right shoulder, approaching the left or right side of the abdomen, however, the chest leads can be placed on the center of the chest left side. Avoid to place the electrode on the upper arm, otherwise ECG signal can be very weak.

A good characteristic of the ECG-waveform:

the QRS wave height is great and narrow with no notches.

The R wave height is big and located completely above the baseline or under.

The amplitude of the P wave and the T wave is smaller than 0.2mV.

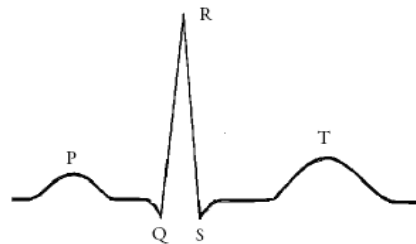


Chart 5-2 standard ECG-waveform

5.2.3 ECG setting

enter the "ECG setting" window by choosing the "ECG setting" menu, as can be seen from the following chart:

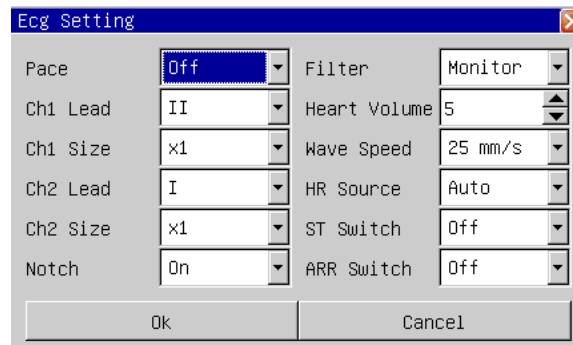


Chart 5-3 ECG settings menu

1) Pacemaker: When it is turned on, the pacing signal, which is considered as the pacing symbol, is shown as a vertical line above the ECG waveform I; When it is turned off, the pace maker will not be detected.

2) channel 1 lead, channel 2 lead: There are 7 leads: I, II, III, AVR, AVL, AVF, V.

3) channel 1 gain, channel 2 gain: There are four gains: “ $\times 0.25$ ”, “ $\times 0.5$ ”, “ $\times 1$ ”, “ $\times 2$ ”. 1 millivolt ruler mark is displayed on the right of the ECG waveform, the height of which make a direct ratio with the wave amplitude.

4) Notch: work frequency suppression switch, when it is “On” will filter the AC disturbance of ECG signal.

5) filter mode: There are 3 filter modes, diagnostic, monitor and surgery.

In “diagnostic” mode, The ECG wave without filtering is displayed;

In “monitor” mode, the artifact which causes the false alarm, is filtered out;

In “surgery” mode, the artifact and the disturbance caused by the electricity surgical equipment can be reduced.

The filter modes can be displayed above the heart electricity waveform.

6) heart volume: the range is from 0 to 10, “0” means that the sound of heartbeat is shutted, “10” means it is on the maximum volume.

7) wave speed: There are three levels of the ECG waveform tracing speed to be chosen, 12.5, 25.0 and 50.0 mm/s.

8) HR source: there are “Auto”, “Ecg”, “SpO₂”. When “Ecg” is selected, HR and heart sound are from ECG; when “SpO₂” is selected, HR and heart sound are from SpO₂; when “Auto” is selected, patient monitor will auto detect the ECG and SpO₂ signal, HR will from ECG when ECG signal exist, otherwise is from SpO₂;

9) ST switch: When it is “On”, the ST analysis is carried on; otherwise, it isn't.

10) arrhythmia switch: When it is “On”, the arrhythmia analysis is carried on, which shows the PVCs parameter in the parameter area; Otherwise, the arrhythmia analysis isn't carried on, and the PCVs parameter is not shown.

 **Attention** 

When the Pace analysis is turned on, the arrhythmia which is related to PVC / Premature Ventricular Contractions(including the PVCs computation), will not be detected, simultaneously, the ST section analysis is not carried on.

⚠ Warning ⚠

- 1) Don't touch the patient or the monitor in the period of defibrillating.**
- 2) In order to ensure the patient safety, all leads must be connected to the patient**
- 3) When the electricity surgical (ES) equipment is used, lay the ECG-lead in the middle of both the ES ground plate and ES to avoid burning. The cable of the electricity surgical equipment cannot twist with the ECG-cable.**
- 4) When the electricity surgical (ES) equipment is used, don't place the electrode on the ground plate near the electricity surgical equipment. Otherwise, the ECG-signal will be disturbed.**
- 6) Regarding the pacemaker patient, the pacing switch must be "On", otherwise, it is possibly to consider the pacing pulse as the normal QRS.**

Chapter 6 ST Monitoring

The monitor can use the ST section monitoring of the channel 2 ECG-waveform and the measure according to the raise and fall of the ST section. the correlative ST measurement result will be shown and presented in the trend graph and the trend table in the parameter area. The user can watch the trend data of the ST by opening “Trend Graph” and “Trend Table”.

6.1 ST display

When “ST analysis” in the ECG setting menu is “On”, the value of 2 channels ST can be shown. It means ST raise when the value is more than 0; it means ST pulls down when the value is less than 0.



Chart 6-1 the ST display

6.2 ST settings

The ST value means the vertical height difference between the ISO point and the ST point. The ISO point shows the ECG-waveform’s baseline. The ST point shows the position of the ST section.

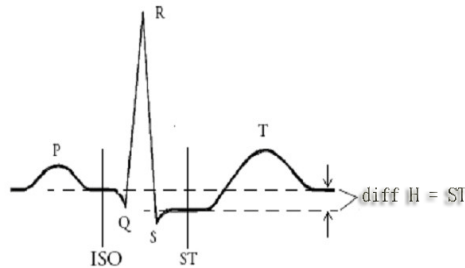


Chart 6-2 the analysis point of ISO and ST

Enter the “ST setting” window by choosing “ST Setting”, as the following chart can be seen.

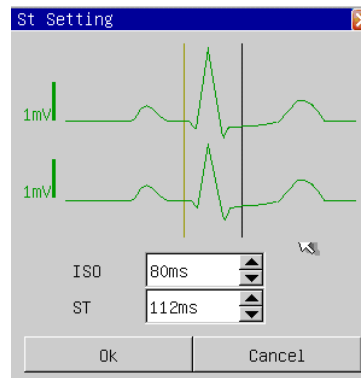


Chart 6-3 ST settings

ISO (baseline point): set the baseline point. The default setting is 80 milliseconds (ms)

ST (measuring point): set the measuring point. The default setting is: 112 milliseconds (ms)

The reference point of setting the ST point is the R wave peak point.

If the patient's heart rate has changed obviously, the ST measuring point must be adjusted.

⚠ Attention ⚠

When the ECG filter mode is “monitor” or “surgery” mode, ECG waveform can make a distortion, possibly causing the ST value to be distorted. It is suggested to set ECG filter mode as “diagnostic” when the ST monitoring works.

⚠ Attention ⚠

When the “Pace” switch is “On”, ST analysis doesn’t work.

Chapter 7 Arrhythmia Monitoring

When the arrhythmia analysis switch in the ECG setting menu is turned on, the monitor can carry on arrhythmia analysis. The arrhythmia analysis can be used in the clinical examining on the arrhythmia event or producing reports for the alarm. Doctor can evaluate the patient's condition according to the arrhythmia analysis result (including the heart rate, PVCs (the frequency of premature ventricular contraction), arrhythmia alarm and make a diagnosis or give treatment by this.

7.1 Arrhythmias types

The monitor may carry on 13 kind of arrhythmias analyzes:

Arrhythmia type	patient type	conditions	alarm level
Asystole	All	have not examined the palpitation continuously in 4 seconds	High
Ventricular fibrillation /Ventricular tachycardia	No pace maker	fibrillate wave continue 4 seconds or continuous more than 5 ventricular beats and the heart rate more than 100	High
RUN	No pace maker	More than 3 clusters of PVC	medium
Pair	No pace maker	Two continuous PVC	medium
Bigeminy	No pace maker	PVC Bigeminy	medium
Trigeminy	No pace maker	PVC Trigeminy	medium
R on T	No pace maker	One type of PVC: The R wave appears in the T wave's position	medium
VPC	No pace maker	not belong to the above types of PVC	medium
Tachy	All	Ventricular tachycardia: the heart rate is more than 120	medium

Brady	All	Ventricular bradycardia: The heart rate is less than 40	medium
Miss	All	Missed beat. Can not detecte the pulse over1.5 seconds	medium
PNF	pace maker	Pace maker not work. No pacing pulse and the palpitation signal	medium
PNC	pace maker	Pace maker not captured. In has wrestles the pulse in the situation not no palpitation signal in the condition of pacing pulse	medium

suitable patient type:

“All”:Include :Patients taking the pacemaker or not.

“No pace maker”: The patient without the pacemaker

“Pace maker”: The patient with the pacemaker

7.2 PVCs parameter

The PCVs parameter means the frequency of appearing PVC in 1 minute. When PCVs value is over the range of the alarm settings, the monitor can alarm “PVCs Too High”.

Chapter 8 Resp Monitoring

8.1 Principles of Respiration measurement

When the human body breathes, the chest impedance will change along with the breath, the monitor gets the breath signal through the chest impedance value from the RA and the LL electrodes at the chest. After amplify the signal of the impedance between the electrodes (as a result of the thorax activity), the breath wave will be displayed on the screen.

8.2 Placing the electrodes

Connect the electrodes like the way that connect the heart electrodes at 5.1.

8.3 Resp settings

Choose the “Resp settings” menu and enters “Resp setting” window.

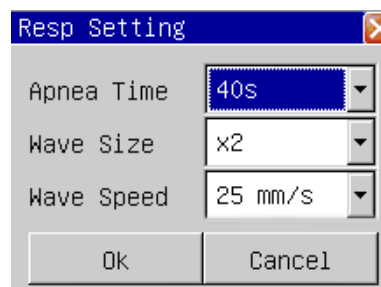


Chart 8-1 RESP settings

1) Apnea alarm: Setting the judgment time while the patient is asphyxiating, between 10 seconds and 40 seconds, if switch the settings off, indicate the asphyxiation alarm is closed.

2) Waveform speed: you can choose the waveform speed at 6.25mm/s, 12.5mm/s, 25.0 mm/s .

3) Amplitude: The user may setting the amplitude's enlargement factor, has $\times 0.25$, $\times 0.5$, $\times 1$, $\times 2$, $\times 4$ altogether 5 levels.

⚠ Attention ⚠

Resp monitoring is not recommended on patient who moves a lot, because this possibly causes wrong alarm.

⚠ Attention ⚠

Place the RA and the LL electrode in the patient opposite angle of the body in order to obtain the best breath wave. Should avoid the liver area and the ventricle at the breath electrode's lines, this may avoid the false difference to be caused by the heart beat or pulsing blood stream, this is specially important to the neonate.

Chapter 9 SpO₂ Monitoring

The Oxygen Saturation (SpO₂) parameter measurement the artery blood oxygen saturation, it is the percentage of the oxygen gathers hemoglobin .For example, if in the artery blood red blood cell, 97% hemoglobin combine with the oxygen, then this blood has 97% oxygen saturation, the value reading on the monitor should be 97%, this value demonstrated the percent of the carry oxygen hemoglobin molecule which forms the oxygen gathers hemoglobin.

9.1 Measurement restrictions

In the operating process, following factors may affect the accuracy of the oxygen saturation measurement:

- 1) High-frequency electrical jam, such as the disturbance which is produced by monitor system oneself or comes from such as the electricity surgery instrument disturbance which connected with the system;
- 2) In magnetic resonance image formation scanning (MRI) period do not use the blood oxymeter and the blood oxygen sensor, the induced current possibly can cause the burn;
- 3) In vein dye;
- 4) Patient too frequently migration;
- 5) Outside ray radiation;
- 6) Sensor installment inappropriate or contact the improper position with the object;
- 7) Body temperature (best body temperature should in 28°C- 42°C);
- 8) Lay aside the sensor in the body has the blood pressure cuff, in the ductus
- 9) arteriosus or the cavity on the pipeline body;

10) The density of the non- function hemoglobin like carbon oxygen hemoglobin (COHb) and blood and iron hemoglobin (MetHb) and so on;

11) Oxygen saturation lowly;

To be circular poured is not good at the test part;

Shock, anemia, the low temperature and applies the vasoconstriction medicine and so on all possibly cause the artery blood stream to be reduced to the level which was unable to measurement;

12) Measurement is also decided on the oxygen gathers hemoglobin and the absorption situation of the return oxygen gathers hemoglobin to the special wave length light. If other substances which absorb the same wave length light exist, they can cause the measurement to appear pseudo or the low oxygen saturation value. For example: Carbonizes the hemoglobin, the blood and iron hemoglobin, the methylene blue, indigo carmine.

9.2 SpO₂ setting

Chooses “SpO₂ settings” menu and enters “SpO₂ setting” window.

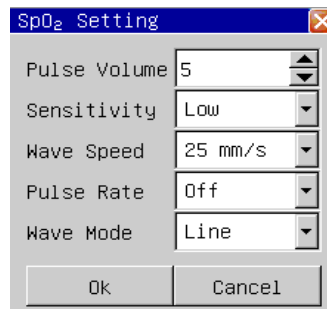


Chart 9-1 SpO₂ settings

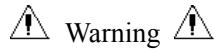
1) Pulse volume: the volume choice scope is the 0~10,0 denotes closure pulse sound, 10 denotes maximum volumes.

2) Sensitivity: the sensitivity for computing oxygen saturation value, has “high”, “medium”, “low” three options.

3) Wave speed: the waveform scanning velocity has 12.5 and 25mm/s ,two levels may choose.

4) Pulse rate: setting as “On”, in parameter area will show Pulse rate; otherwise the Pulse rate will not be displayed.

5) Wave Mode: when “Line” is selected, will use line mode to draw pleth wave; when “Fill” is selected, will use fill mode to draw pleth wave;



1) If it has the carbon oxygen hemoglobin, metahemoglobin or dye dilution chemicals, then the oxygen saturation value can have the deviation;

2) Electricity surgical department equipment electric cable cannot twine with the sensor cable in the same place;

3) Do not place the sensor at the body has the ductus arteriosus or the vein syringe ;

4) Guarantees the nail to block the lights. Sensor should at the back of hand;

5) Do not place SpO₂ or the blood pressure oversleeve blood pressure measurement on the same body, because in the blood pressure measurement process the blood stream unenlightened can affect the oxygen saturation reading.

6) Continually, the excessively long time monitor possibly can increase do not hope danger that the skin characteristic change occurs, for example exceptionally sensitive, changes red, bubbles or pressure necrosis, specially in the neonate or has pour barrier as well as the change or juvenility skin kind sickness person;

7) In the long time continuous monitoring process, about every 2 hours inspects the measurement SpO₂ the end circulation situation and the skin situation, if discovered changes not good, should change the measurement SpO₂ promptly, simultaneously should periodical inspection the sensor fastness situation, avoids the sensor fastness situation change caused by the moving and so on the factors affect the accuracy of the measurement;

8) If the test SpO₂ and the sensor cannot locate accurately, possibly causes the oxygen saturation reading inaccurate, even unable to search the pulse wave result in unable to carry on the blood oxygen monitor, this time should relocate;

9) Measurement SpO₂ move excessively possibly creates measurements inaccurate, this time should cause the patient peaceful or the replacement measurement SpO₂, reduces the influence of moves excessively to the measurement

Chapter 10 NIBP monitoring

10.1 NIBP measurement step

- 1) Insert the gas tube into the blood pressure socket of the monitor;
- 2) Tie the blood pressure cuff on the patient upper arm or the thigh;
- 3) Use the suitable size cuff for the patient, guaranteed the symbol Φ is located above to the suitable artery. Guarantee the cuff to twine the body is not too tight, otherwise possibly causes the body far-end to change color even lacks the blood;
- 4) Inspects the edge of the cuff to fall in the range signed \leftarrow -.If it is not this, exchange a more appropriate cuff;
- 5) Confirm the cuff deflated completely;
- 6) Cuff and gaseous tube coupling. The body which will be measured should put in the same horizontal position with the patient heart. If it is unable to achieve, must use the following adjustment method to make the revision to the measurement result

If the cuff is higher than the heart horizontal position, each centimeter disparity should add 0.75mmHg(0.10kPa) in the value.

If the cuff is lower than the heart horizontal position, each centimeter disparity should reduce 0.75mmHg(0.10kPa) in the value.
- 7) Confirm the patient type whether correct (patient type shows in the block of information on the monitor, the right side of bed number), if needs to change the patient type, please enter “the patient information” window, change “the patient type”;
- 8) Press down the blood pressure measurement button on the front panel, start to measures the blood pressure.

10.2 NIBP measurement limits

This machine NIBP measuring technique is the vibration method, this kind of measuring technique basis has the certain limit according to difference metrical object. The user should realize at following several situations, the observed value changes unreliable, or the time measured press increases or the measurement is unable to carry on.

- 1) Patient movement: If the patient is moving, trembles or the convulsion;
- 2) Arrhythmia: the irregular heart beat caused by the arrhythmia;
- 3) Heart-lung machine: such as the patient uses the heart-lung machine connection;
- 4) Pressure variation: such as while in blood pressure measurement the patient blood pressure rapid change;
- 5) Serious shock: such as the patient is being in the serious shock or the hypothermia;
- 6) The heart rate exorbitant or lower: The heart rate is lower than 40bpm (heart beat/minute) and is higher than 240bpm (heart beat/minute), cannot carry on the blood pressure measurement;
- 7) Obese patient: The excessively thick fat stratum can reduce the accuracy of the measurement, because the fat can cause the artery pulse signal cannot arrive the cuff.

10.3 NIBP settings

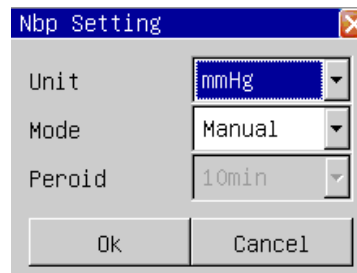


Chart 10-1 NIBP settings

- 1) Pressure unit: mmHg or kPa is optional.
- 2) measurements mode: have 3 kinds of mode: manual, automatic, STAT.

Under the manual measurement way, presses down the blood pressure measurement button on the control panel, then starts the manual measurement once;

Under the automatic measurement way, presses down the blood pressure measurement button on the control panel, then starts the automatic measurement once, afterwards the monitor can automatic start blood pressure measurement defer to the period;

Under the STAT measurement way, presses down the blood pressure measurement button on the control panel, then starts to continuously measure for 5 minutes.

While the blood pressure measuring, the user presses down the blood pressure measurement button on the control panel anytime, can stop the current blood pressure measurement.

3) The automatic sampling interval: If the measurement pattern setting as “automatically”, then the automatic sampling interval button will be available.

The automatic sampling interval time can be chosen in 1 minute, 2 minutes, 3 minutes, 4 minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes, 60 minutes, 90 minutes, 2 hours, 3 hours, 4 hours, 8 hours.

After choose the time interval, presses down the blood pressure measurement button will start the first automatic measurement charge, in order to finish the automatic measurement should choose the “manually” returns to the manual pattern while in sampling interval period.

10.4 Blood pressure calibrations

Using the precision of the pressure gauge (or mercury sphygmomanometer) is higher than 1 mmHg after the calibration carries to carry on the calibration, choose “noninvasive blood pressure calibration” in the “the maintenance” menu to start to carry on the calibration, if presses down the blood pressure measurement button while calibrating , then the system will stop calibrating.

Connect the pressure gauge, the cuff through a 3-way tube to the blood pressure trachea jack on the monitor, setting the monitor as “the calibration” pattern, then charge the cuff using a air pump, first make the pressure to 250 mmHg, then slowly deflates, when the monitor display 200, 150 and 50 mmHg, the disparity between the standard pressure gauge value and the monitor pressure value should in 3 mmHg. If the value exceeds 3 mmHg, please contact our company’s attendant.



Attention: The cuff must entangle in the suitable big and small pillars.

10.5 leakage examination

When the cuff is connected may use this function to start air course charge process, thus to discover whether the air way's airtight condition is good or not. If the test passes, the system will not make any prompt; If do not passed, then in the noninvasive blood pressure parameter area will have the corresponding wrong prompt.

The air leakage examination process:

- 1) Connect the cuff and the blood pressure socket on the monitor;
- 2) Wrap the cuff around a suitable cylinder;
- 3) Choose "NIBP Pneumatic Test" in "Service" menu, the noninvasive blood pressure parameter area displays "Pneumatic test.....", indicated the system starting to carry out leak air examination;
- 4) After about 20 seconds, the system will turn on the valve automatically, marking leaks air examination is completed;
- 5) If in the noninvasive blood pressure parameter area does not prompt the information, indicate the system does not leak air. If "Pneumatic leak!" is displayed, indicate the air course possibly leaks air. The operator should check loose conditions and carry on the leaks air examination again after confirming all connections are ok.

 Warning 

- 1) Can't carry on the noninvasive blood pressure on the patient who have the sickle cell anemia or have the skin disrepair or will have damage.
- 2) To the patient who has the serious hemoglutation machine-made barrier, must according to the clinically appraise decided whether carries on the automatic blood pressure measurement, because the place where the body and the cuff friction will has have the haematoma danger.
- 3) Before start the measurement, you must confirm the patient type is correct(adult, pediatric, neonate).

4) Do not unwind the cuff to the body have the venous transfusion or inserted the drive pipe, while cuff charging period, when the transfusion reduces speed or stops up, possibly causes damage around the drive pipe.

5) If the time of the automatic pattern noninvasive blood pressure measurement pull too long, then the body connected with the cuff possibly have the purpura, lack the blood and the neuralgia. When guarding patient, must inspect the luster, the warmth and the sensitivity of the body far-end frequently. Once observes any exception, please immediately stop the blood pressure measurement.

6) The calibration of the noninvasive blood pressure measurement is supposed to be carried on one time every year. (Or according to the maintenance regulation of your hospital).

7) The cuff width should be 40% size of the body perimeter. (Neonate is 50%), or the 2/3 of the upper arm length. The length of the cuff charging part should long enough surround 50~80% of the body, the inappropriate size cuff can have the wrong reading. If the cuff size has the question, should use the bigger cuff to reduce the mistake.

Chapter 11 Temperature Monitoring

11.1 Steps of temperature measurement

- 1) Insert temperature sensor directly into the socket.
- 2) Power on patient monitor.

11.2 Temperatures settings menu

Chooses “Temperature setting” menu and enters “Temp setting” window:

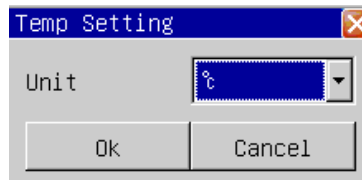




Chart 11-1 Temperature settings

Temperature unit: Choose °C or °F.

 Warning 

Before start to use the temperature measuring , please examine whether the sensor cable is normal. Unplug the temperature sensor cable from the socket, the screen will display the error message “Temp sensor off” and sends out the sound alarm.

Chapter 12 History Review

The monitor can storage 72 hours trend data of the whole monitored parameters and 1000 noninvasive blood pressure measurement data. The monitor collects data of parameter every minute and preserves it in trend data, the operator may choose trend graph or trend table to examine the trend data. Every time the noninvasive blood pressure measurement data is obtained, it will be stored in the noninvasive trend data, the operator may choose the noninvasive blood pressure review to look over the noninvasive blood pressure trend data.

12.1 Trend Graph

The trend graph permits operator observing the stored trend data in graph mode. The recent 72 hours trend data is displayed as a trend curve with a resolution of 1 second, 5 second, 1 minute, 2 minutes, 3 minutes, 4 minutes or 5 minutes.

Choosing the “Trend Graph” in the “Review” menu will spring out the following window:

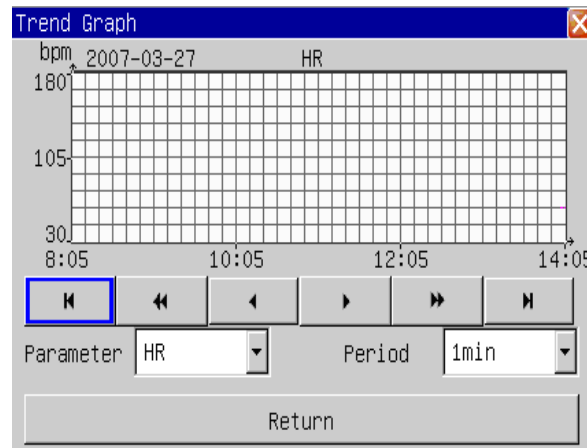


Chart 12-1 Trend Graph

In trend graph window, time shows underneath the X axis, recent time is displayed on the nearest right side, scope value of parameters is displayed on left side of the Y axis.

12.2.1 Select parameters

By selecting the “parameter” list box with cursor, the operator may choose the parameter trend that is to be displayed. After the participant parameter appears, its trend graph will show in the window by pressing down the revolving button.

12.2.2 Set period

By selecting the “period” option, the operator may choose a period of 1 second, 5 seconds, 1 minute, 2 minutes, 3 minutes, 4 minutes or 5 minutes.

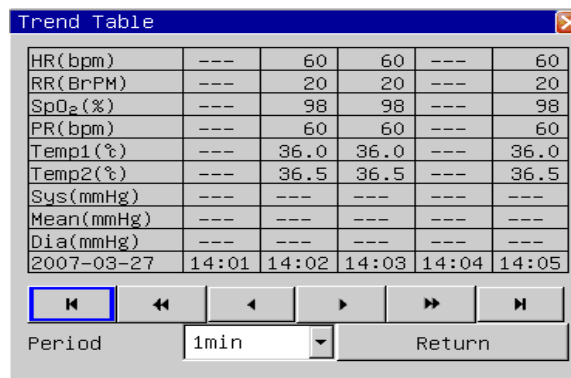
12.2.3 Adjust observing time

With the button “◀” and “▶”, the operator may move the time of trend graph a second length forward or backward (current period). With the button “◀◀” and “▶▶”, the operator may move the time of trend graph a page forward or backward. By selecting the button “◀◀◀” the operator may move the time of trend graph 72 hours forward, and “▶▶▶” to current time.

12.2 Trend table

The trend graph permits operator observing the trend data in tabulate mode. The recent 72 hours trend data is displayed as a trend curve with a resolution of 1 minute, 2 minutes, 3 minutes, 4 minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes or 60 minutes.

Choosing the “Trend Graph” in the “Review” menu will spring out the following window:



Trend Table					
HR(bpm)	---	60	60	---	60
RR(BrPM)	---	20	20	---	20
SpO ₂ (%)	---	98	98	---	98
PR(bpm)	---	60	60	---	60
Temp1(°)	---	36.0	36.0	---	36.0
Temp2(°)	---	36.5	36.5	---	36.5
Sys(mmHg)	---	---	---	---	---
Mean(mmHg)	---	---	---	---	---
Dia(mmHg)	---	---	---	---	---
2007-03-27	14:01	14:02	14:03	14:04	14:05

Navigation buttons: ◀, ◀◀, ▶, ▶▶, ▶▶▶

Period: 1min [v] Return

Chart 12-2 trend table menu

In the window of trend table, the time shows underneath the parameter tabulates, the recent time is displayed on the nearest right side, the parameter name and the unit are displayed in the first column.

The alarm events may also be observed in the trend table: The alarm time of parameter is saved in the trend data, if the parameter alarm, the trend data in the correspond alarm time period would be displayed with a yellow background color.

12.2.1 Set period

By selecting the “period” option with cursor, the operator may choose a period of 1 minute, 2 minutes, 3 minutes, 4 minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes or 60 minutes.

12.2.2 Adjust observing time

With the buttons “◀” and “▶”, the operator may move the time of trend graph a step length forward or backward (current period). With the buttons “◀◀” and “▶▶”, the operator may move the time of trend graph a page forward or backward. By selecting the button “⏪”, the operator may move the time of trend graph 72 hours forward, and “⏩” the current time.

12.3 Alarm Review

When physical alarm occurs, the monitor will save all the parameters and 16 seconds waveforms in the alarm event database. the monitor can display 200 alarm event in the alarm review.

Choosing the “Alarm Review” in the “Review” menu will display recent alarm event information, just as the following chart shows:

- Sequence number: format is I/N which I means the index of alarm event and N means the total alarm event number in the database, as chart 12-4 shown. new alarm has smaller number, eg, No 1 means the closest alarm.
- Alarm event’s time;
- Alarm event’s type;
- Parameters when alarm occurs;
- 2 channels of waveform, 16 seconds for both channels;

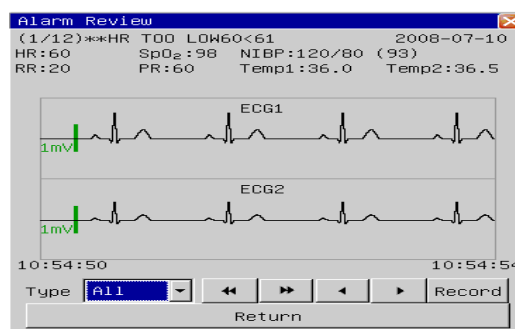


Chart 12-4 NIBP measurement review

12.2.1 Alarm Type

There are 8 types of alarm event: “All”, “ECG”, “NIBP”, “SpO2”, “RESP”, “TEMP”, “All” means all parameters. User can select the parameter’s alarm event to view.

12.2.2 Choose Alarm

User may use button “◀◀” and “▶▶” to choose alarm event. By selecting “◀◀” button, the previous event will be displayed, selecting “▶▶” button, the next event will be displayed,

12.2.3 Select waveform

With the buttons “◀” and “▶”, the operator may move the alarm waveform a page forward or backward.

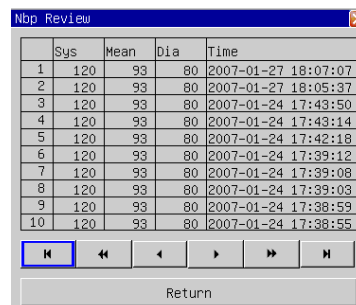
12.2.4 Record

The recorder will output current alarm event if the user pressed button ”Record”.

12.4 NIBP Review

The monitor may display the recent 1000 pieces of noninvasive blood pressure measurement data in the NIBP review.



Choosing the “NIBP Review” in the “Review” menu will display the results and time of the recent 10 pieces of noninvasive blood pressure measurement, just as the following window shows:



	Sys	Mean	Dia	Time
1	120	93	80	2007-01-27 18:07:07
2	120	93	80	2007-01-27 18:05:37
3	120	93	80	2007-01-24 17:43:50
4	120	93	80	2007-01-24 17:43:14
5	120	93	80	2007-01-24 17:42:18
6	120	93	80	2007-01-24 17:39:12
7	120	93	80	2007-01-24 17:39:08
8	120	93	80	2007-01-24 17:39:03
9	120	93	80	2007-01-24 17:38:59
10	120	93	80	2007-01-24 17:38:55

Chart 12-4 NIBP measurement review

The data is arranged in order according to the time, the recent measurement data is displayed on the topside, 10 measurement data can be displayed on the screen each time. The buttons “◀” and “▶” can display the pre or the next measurement data. With the buttons “◀◀” and “▶▶”, the operator may move the time of trend graph a page forward or backward. By selecting

the button “”, the operator may see the earliest measurement data, and “” the most recent.

12.5 Wave review

The monitor can display 1 hour waveform data in the waveform review.

Choosing the “wave review” in the “history review” menu will display the recent measurement waveform, just as the following chart shows:









Chart 12-5 waveform review

Above the waveform shows the interrelated information: waveform scanning velocity, current review time, the currently reviewed parameter measurement tabulate.

12.2.1 Select waveform

By selecting “waveform 1” and “waveform 2” with cursor, the operator may choose the waveform that he wants to observe: ECG1, ECG2, pulse wave and resp wave.

12.2.2 Adjust observing time

With the buttons “” and “”, the operator may move the waveform a page forward or backward. With the buttons “” and “”, the operator may move the waveform one minute forward or backward. By selecting the button “”, the operator may move the waveform time one hour backward, and “” the current time.

Attention

The trend data can be preserved for 72 hours after the turning off of the monitor. If the monitor is turned on after 72 hours' power-off, the trend data would be eliminated.

The waveform review data can be preserved for 1 hour after the turning off of the monitor. If the monitor is turned on after 1 hour's power-off, the waveform review data would be deleted.

Chapter 13 Drug Calculation

This monitor provides the function of computation for 21 kinds of medicines and the titration table.

13.1 Drug Calculation

The kinds of medicine that can be computed include: AMINOPHYLLIN, DOBUTAMINE, DOPAMINE, EPINEPHRINE, HEPARIN, ISUPREL, INOCOR, INSULIN, INSUPREL, LIDOCAINE, NIPRIDE, NITROGLYCERIN, NOREPINEPHRINE, PITOCIN, PROCAINAMIDE, VASOPRESIN. DRUG A, DRUG B, DRUG C, DRUG D, DRUG E have been provided in addition to replace any kind of the medicine nimbly.

Selecting the “Drug Calculate” in the menu will spring out window as the following chart shows:

Dose Calculation	
Drug Name	Drug A
Weight	2.00 Kg
Amount	500.00 mg
Volume	250.00 ml
Dose/min	3333.33 mcg(ug)
Dose/hr	200.00 mg
Dose/kg/min	1666.66 mcg(ug)
Dose/kg/hr	9999.99 mcg(ug)
Inf Rate	100.00 ml/hr
Drip Rate	33.33 GTT/min
Drop Size	20.00 GTT/ml
Inf Time	2.50 hr
Titration Table	
Return	

Chart 13-1 Drug Calculate

The drug calculation can apply the following formulas:

$$\begin{aligned} \text{Concentrate} &= \text{Amount/volume} \\ \text{Inf rate} &= \text{Dose / Concentrate} \\ \text{Durate} &= \text{Amount / Dose} \\ \text{Dose} &= \text{Inf rate} \times \text{Concentrate} \end{aligned}$$

13.2 Operating procedures

In the Drug Calculate window, first the operator should choose the name of the drug that is to be computed, then confirm the patient's weight, and input other values that's already known.

Rotate the knob, move the cursor to each calculated item in the formula separately. Press down and rotate the knob, select the calculated values. After the selection, value of the calculated item will be displayed in the corresponding place.

Drug name selection: move the cursor to the "drug name", rotate the knob, may choose among the 21 kinds of medicines, AMINOPHYLLIN, DOBUTAMINE, DOPAMINE, EPINEPHRINE, HEPARIN, ISUPREL, INOCOR, INSULIN, INSUPREL, LIDOCAINE, NIPRIDE, NITROGLYCERIN, NOREPINEPHRINE, PITOCIN, PROCAINAMIDE, VASOPRESIN, DRUG A, DRUG B, DRUG C, DRUG D, DRUG E. Only one type of medicine can be computed each time.

13.3 Titration table

Select the "Titration Table" in the "Drug Calculate" menu to turn into the interface of titration table.

The following chart shows the interface of the titration table:

The screenshot shows a window titled "Titration Table" with the following parameters: Weight 71 kg, Dose/hr 200.00mg, Amount 500.00mg, Inf Rate 100.00ml/hr, Volume 250.00ml, Drip Rate 20.00 GTT/min. Below these parameters is a table with 10 rows and 4 columns. The first two columns are labeled "Dose" and "Inf Rate", and the last two are also labeled "Dose" and "Inf Rate". The values in the table increase linearly from 1.00 to 10.00 in both columns. Below the table are navigation buttons (Home, Left, Right, End), a "DoseType" dropdown menu set to "Dose/hr", an "Item" dropdown menu set to "Dose", a "Step" spinner set to 1, a "Record" button, and a "Return" button.

Dose	Inf Rate	Dose	Inf Rate
1.00	0.50	11.00	5.50
2.00	1.00	12.00	6.00
3.00	1.50	13.00	6.50
4.00	2.00	14.00	7.00
5.00	2.50	15.00	7.50
6.00	3.00	16.00	8.00
7.00	3.50	17.00	8.50
8.00	4.00	18.00	9.00
9.00	4.50	19.00	9.50
10.00	5.00	20.00	10.00

Chart 13-2 titration table

- 1) Move the cursor to the "DoseType" option, press down the knob to choose dosage unit.
- 2) Move the cursor to the "Item" option, then press down the knob to choose "Dose", "Inf Rate". The selection of "Dose" will calculate the infusion rate taking the dose as the basis of calculation, otherwise the dose taking infusion rate as the basis of calculation.

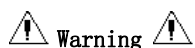
3) Move the cursor to the “step” option, press down the knob to choose length of step. The optional scope is 1~10.

4) With the buttons “◀” and “▶”, the operator may move the titration table a step backward or forward. With the buttons “◀◀” and “▶▶”, the operator may move the table a page forward or backward. By selecting the button “⏪”, the operator may display the minimum titration table data, and “⏩” the maximum.

5) The recorder will output current titration table if “Record” button is pressed.

6) Move the cursor to the “Return” button, press down the knob to get back to the “Drug Calculate” menu.

Chapter 14 Appendix - Product Specifications



The patient monitor may not meet its performance specification if stored or used outside the manufacturer's specified temperature and humidity range.

14.1 Classification

Anti-electroshock type	Class II equipment with internal battery
Anti-electroshock degree	ECG/RESP :CF defibrillation; NIBP/SPO2/TEMP: BF defibrillation

14.2 Accordant Standard

GB 9706.1-2007
GB 9706.25-2005
YY91079-1999

14.3 Power Supply

DC 16.8V, 1A

14.4 Battery

2200 mAh 14.8V rechargeable Lithium battery.
Operating time after full charge is more than 5 hours.
Operating time after the first alarm of low battery will be about 5 minutes.
Maximum charging time is less than 5 hours.

14.5 Environment

Temperature

Working	0 ~ 40 °C
Storage	-20 ~ 50°C

Humidity

Working	15% - 90 %
Storage	15% - 90 % (no coagulation)

14.6 Signal Interface

Network interface standard RJ45 Socket
USB socket for USB storage.

14.7 ECG

14.2.1 Lead mode

5 Leads, I, II, III, AVR, AVL, AVF, V

14.2.2 Gain

$\times 2.5\text{mm/mV}$, 5.0mm/mV , 10mm/mV , 20mm/mV

14.2.3 Heart rate

Measure range:

Adult	15 ~ 300 bpm
Neonatal/Pediatric	15 ~ 350 bpm
accuracy	$\pm 1\%$
resolution	1 bpm

14.2.4 Sensitivity

$> 200 \mu\text{V P-P}$

14.2.5 Differential Input Impedance

$> 5 \text{ M ohm}$

14.2.6 CMRR

Diagnostic Mode	$> 90 \text{ dB}$
Monitor Mode	$> 110 \text{ dB}$
Surgery Mode	$> 110 \text{ dB}$

14.2.7 Electrode offset potential

$\pm 300\text{mV}$

14.2.8 Leakage Current

$< 10 \mu\text{A}$

14.2.9 PACE pulse detect

range	$\pm 2 \sim \pm 700\text{mV}$
width	$0.1 \sim 2\text{ms}$
rise time	$10 \sim 100\mu\text{s}$

14.2.10 PACE pulse rejectionrange $\pm 2 \sim \pm 700 \text{mV}$ width $0.1 \sim 2 \text{ms}$ rise time $10 \sim 100 \mu\text{s}$ **14.2.11 Baseline Recovery**

< 3 s After defibrillation.

14.2.12 Signal Range $\pm 8 \text{ mV p-p}$ **14.2.13 Bandwidth**Surgery $1 \sim 20 \text{ Hz}$ Monitor $0.5 \sim 40 \text{ Hz}$ Diagnostic $0.05 \sim 130 \text{ Hz}$ **14.2.14 Calibration Signal** $1 \text{ mV p-p}, \pm 5\% \text{ accuracy}$ **14.2.15 ST measurement**range $-2.0 \sim +2.0 \text{ mV}$ Accuracy $-0.8 \text{mV} \sim +0.8 \text{mV}: \pm 0.02 \text{mV}$ or $\pm 10\%$, which is greater; Other range: unspecified**14.8 Respiration****14.2.1 Method**

Impedance between RA-LL

14.2.2 Differential Input Impedance $> 2.5 \text{ M ohm}$ **14.2.3 Respiration Impedance Range** $0.3 \sim 3 \Omega$ **14.2.4 Base Impedance Range** $200 \Omega - 4000 \Omega$

14.2.5 Bandwidth

0.3 ~ 2.5 Hz

14.2.6 Gain

×0.25,×0.500,×1,×2,×4

14.2.7 Respiration Rate

Measurement Range

Adult 0 ~ 120 BrPM

Neonatal / Pediatric 0 ~ 150 BrPM

Resolution 1 BrPM

Accuracy 0~6 BrPM: unspecified

7~150 BrPM: ± 2 BrPM or $\pm 2\%$, use the greaterInspiriting current < 300 μ A RMS max**14.2.8 Apnea Alarm**

10 ~ 40 s

14.9 NIBP**14.2.1 Method**

Oscillometry

14.2.2 Measure mode

Manual, Auto, STAT

14.2.3 Measure Interval in AUTO Mode

1,2,3,4,5,10,15,30,60,90,120,180,240,480 min

14.2.4 Measure Period in STAT Mode

5 min

14.2.5 Pulse Rate Range

40 ~ 240 bpm

14.2.6 Measure and Alarm Range

Adult Mode

SYS	40 ~ 280 mmHg
DIA	10 ~ 220 mmHg
MEAN	20 ~ 240 mmHg

Pediatric Mode

SYS	40 ~ 220 mmHg
DIA	10 ~ 160 mmHg
MEAN	20 ~ 170 mmHg

Neonatal Mode

SYS	40 ~ 135 mmHg
DIA	10 ~ 100 mmHg
MEAN	20 ~ 110 mmHg

14.2.7 Static pressure accuracy

±3mmHg

14.2.8 Resolution

1mmHg

14.2.9 Accuracy

Maximum Mean error	±5mmHg
Maximum Standard deviation	8mmHg

14.2.10 Overpressure Protection

Adult	300 mmHg
Pediatric	240 mmHg
Neonatal	150 mmHg

14.10 SpO₂

14.2.1 Measurement Range

0 ~ 100 %

14.2.2 Resolution

1 %

14.2.3 Accuracy

70% ~ 100%	$\pm 2\%$
0% ~ 69%	unspecified

14.2.4 Pulse Rate

Measure and Alarm Range	20~300bpm
Resolution	1bpm
Accuracy	± 3 bpm

14.11 Temperature

Channel	1
Measure and Alarm Range	0 ~ 50 °C
Resolution	0.1°C
Accuracy(no sensor)	$\pm 0.1^{\circ}\text{C}$
Accuracy(include sensor)	$\pm 0.2^{\circ}\text{C}$