

# Infinity<sup>®</sup> Acute Care System<sup>™</sup> - Evita Infinity<sup>®</sup> V500 Option SmartCare<sup>®</sup>/PS

SmartCare<sup>®</sup>/PS is an option for the Evita Infinity<sup>®</sup> V500 intensive care ventilator. The SmartCare<sup>®</sup>/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<sup>®</sup>/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

Weaning strategy reduction	Automatic adjusted Pressure Support
Protocol implementation	Knowledge base
Metabolic parameter for classification	etCO <sub>2</sub>
Respiratory parameter for classification	f <sub>spont</sub> , VT
Data acquisition interval	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 <sub>2</sub> max	range: 30 – 100 Vol%
PEEPmax	range: 5-15 mbar (cmH <sub>2</sub> 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 <sub>2</sub> max	range : 45-65 mmHg (5.99-8.66 kPa)



MT-0912-2008

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 $\geq 36$ kg ( $\geq 79$ lbs) of body weight
Pressure change limit	Max. 4 cmH <sub>2</sub> O

### Settings

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

Trend	Classification, SC-P <sub>supp</sub> Time range last 1- 24 h
Logbook	Classification, Phase, Automatic and manual changes in P <sub>supp</sub>

### Safety

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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