Servo-air

Hands-on guide



Introduction

- to lead you into it

There are different ways to navigate the user interface, adjust settings and get support.

The objective with this Servo-air hands-on guide is to guide you through some of the most important steps you need to familiarize yourself with when starting to use the Servo-air ventilator.

To go through these exercises you need a Servo-air System version 4.6, O_2 supply, patient circuit and a test lung. The exercises can be done individually or in sections. It takes approximately 30 minutes to do the entire Servo-air handson guide. Know-ledge Check questions with answers can be found at the end of the guide.







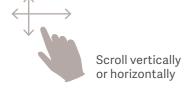
Confirm the settings by tapping Accept or the green check mark.







Exit settings without changing by tapping Cancel or the red x.





Close by tapping the green x.

Servo-air 4.0. This guide is intended for hospital personnel as a hands-on training using the Servo-air ventilator. It does not cover all aspects of the Servo-air ventilator. Please see the user's manual for more information.

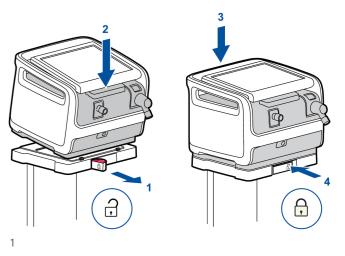
Some modes and functions are options and might not be included.

Setting up the Servo-air

- Mount the ventilator to the cart by tilting the ventilator to fit the two front clamps in position on the mobile cart. Press down the rear end of the ventilator to fit the rear clamp in position. Lock the ventilator system with the locking clamp. Make sure that the ventilator system is firmly mounted on the mobile cart.
- 2. Plug in the power cord.
- Switch ON the ventilator.
 Note: When switching on the Servo-air, you need to pull the ON/OFF switch downwards.
- 4. Connect the oxygen hose.
- Lock the wheels. It's important to lock the wheels when the ventilator is in use to avoid accidental movement of the ventilator.
- 6. Start the **PRE-USE CHECK**. (You need the test tube during the Pre-Use Check).
- 7. Follow the instructions on the screen.
- 8. Included in the Pre-Use Check is the patient circuit test. Connect the patient circuit.

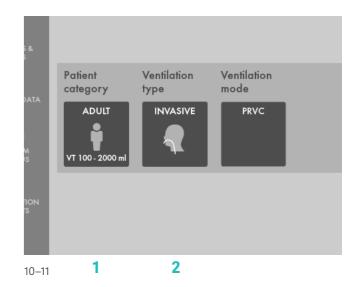
Note: Pre-Use Check includes pressure and flow transducers calibration. Each test starts automatically after the previous test is completed. The patient circuit test is included in the Pre-Use Check, but can be selected separately.

- 9. Connect a test lung to the patient circuit.
- 10. Choose patient category: ADULT. (1)
- Choose Ventilation type: INVASIVE. (2)
 (You can also choose NON INVASIVE here).





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12. Tap on Ventilation mode **PRVC. (1)** (Depending on start up the configuration a different mode can be shown here.)

Note: Some modes are options and might not be included. Information is available for each mode.

- 13. Then tap and hold the PRVC tile. (1)
- 14. Close by tapping X
- 15. Select Mode by tapping PRVC.
- 16. Change the:
 - Tidal volume to 350 ml
 - Respiratory rate to 18 b/min
 - PEEP to 10 cmH₂O
- 17. Accept the mode settings.
- 18. Go to ALARM LIMITS in QUICK MENU.
- 19. Change the alarm limits:
 - Alarm sound: 6
 - Ppeak: 30 cmH₂O
 - RR (Respiration Rate): High 12 b/min
 - MVe (Minute volume): Low 6.0 L/min
- 20. ACCEPT the alarm settings.
- 21. Tap **START VENTILATION**.
- **Alarms**

22. The alarms are silenced for 30 seconds after starting ventilation. (2)

Note: Alarms can be in one of three colours: red, yellow or blue, depending on priority.

23. Tap the activated alarm in message bar (3) and read the messages.

Note: By tapping the numerical value, you gain access to the alarm setting (shortcut) (4)

24. Tap the red tile in the numerical values MVe alarm.

Note: By tapping the activated alarm in the numerical values field, you gain access to the alarm setting (shortcut).



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16-17



22-24

25. Go to alarm limits. Adjust the alarms so none are active.

Note: The arrow indicates the current measured value. (1)

26. Activate the **AUTOSET** function by tapping. (2)

Note: The alarm autoset function can only be used in controlled modes.

Tap the placed next to Ppeak alarm setting.
(3) You can find more information about the alarm setting there.

The information sign can be found in different positions on the Graphic User Interface.

27. ACCEPT the alarm settings.

Note: When ventilating, you can see that the patient circuit test has been performed by the symbol Ω - The symbol will not appear if a patient circuit test has not been done. (4)



25-27



Note

28. Decrease the PEEP to 4 cmH₂O (use the direct access keys) and increase the scale by tapping the . (5) Then increase the PEEP to 26 cmH₂O. Cancel the settings by tapping the ...

Note: The color changes when the settings are changed outside the normal range.



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VT/PBW

- 29. Tap PBW or the VT/PBW to open PATIENT DATA. (1)
- 30. Enter gender **FEMALE**.
- 31. Enter HEIGHT 160 cm.
- 32. Enter WEIGHT 75kg.

Note: The predicted body weight is often not the same as the patient's actual weight (in Pediatric patient category the actual weight is entered).

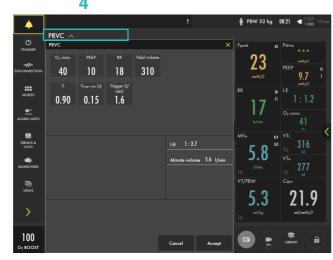
- 33. Check the ml/kg measurement. (2)
- 34. Go to the direct access bar and change the **TIDAL VOLUME** so you receive 6 ml/kg. (3)

29-33



Mode setting

35. Tap the mode PRVC and open the mode setting. (4)

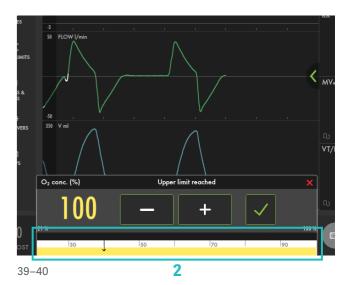


35

- 36. Change the **TRIGGER** value to pressure triggering -1 cmH₂0.
 - Note: Read the text by the scaling. Less patient effort and more patient effort. (1)
- Change the Ti (or I:E if this is configured).
 Note: The changes of the dynamic images.
- 38. CANCEL changes.



- 39. Make a quick change of O₂ to 100%. Change the O₂ setting in the direct access bar to 100% by tapping on the 100% directly on the sliding scale. (2)
- 40. **CANCEL** the changes by tapping the X.



- Tap MODES in the QUICK MENU and choose PS/CPAP.
- 42. Change the **END INSPIRATION** to 40 % and then to 60%. Look at how the dynamic image changes and read the text- Longer and shorter inspiration.
- 43. **ACCEPT** 60%.
- 44. ACCEPT PS/CPAP mode.
- $45. \ \, \text{Compress the test lung to trigger breaths.}$

Note: The white indicates the triggering in the waveforms, depending on how the trigger is set (pressure or flow) the color indication changes - if pressure triggering is set-white indication in pressure waveform. If flow triggering is set-white indication in flow waveform. Also there is a lung on the screen indicating the triggered breath.



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46. Stop compressing the test lung.

Note: The color changes to bold white for PC and the BACKUP settings. The mode and settings that are not active are grey. (1)

47. Tap the in the direct access bar (2), you then have access to all the mode settings directly.

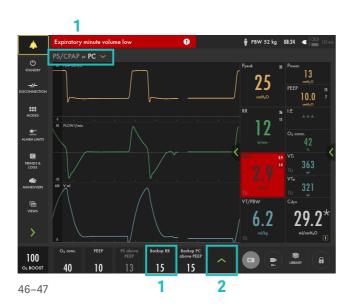
48. Go to MODES and change back to PRVC.

Note: It is marked previous. (3)

49. Accept previous settings.

Views

- 50. Go to VIEWS in QUICK MENU. (4) Change to **BASIC** view.
- 51. Use the < to find additional values. (5)
- 52. Go through the different views; DISTANCE, FAMILY, LOOPS and SERVO COMPASS view. If Servo Compass view is available tap on the Servo Compass. Note that you can change the targets for ml/kg and driving or total pressure. Compress the test lung.
- 53. Change back to **ADVANCED** view.
- 54. To access screen layout, tap on layout (6). You can also access screen layout by holding the waveform.







- 55. Change to filled waveforms by tapping the waveform image. (1)
- 56. Change back to non-filled waveforms.

Note: Here can the Servo Compass be switched on/off.



55-56

Screenshots and recordings

57. Tap the **RECORDER** once and tap the **CAMERA** in the status bar three times. (2)

Note: A 30 second recording will be made starting 15 seconds before and lasting until 15 seconds after the recording is initiated.

58. Choose (3) to access LIBRARY. Navigate between the different screenshots and the recording.

Note: Screenshots are displayed at the bottom of the window.

59. Find the USB port at the back. (4)

Note: You can use a USB memory stick to export the data (e.g. screenshots).



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Disconnection

- 60. Go to DISCONNECTION in QUICK MENU. (1) There are two options: DISCONNECT - or choose PAUS VENTLATION - the ventilation will be paused immediately.
- 61. Change the O₂ CONCENTRATION to 60%. (2) and accept.
- 62. Disconnect the test lung.
- 63. **FINISH** post-oxygenation.

Note: When disconnection is activated the ventilator system is prevented from cycling without activating alarms.

64. Go back to **DISCONNECTION** again and accepts O₂ pre oxegenation and choose **PAUS VENTILATION**. You need to tap and hold to activate. The ventilation is paused immediately.

Note: that there is a time limitation if you do not disconnect within 15 seconds the ventilation will start.

65. Disconnect the circuit and then reconnect the circuit and FINISH post-oxygenation.

Note: The disconnection function should not be used if closed suction system is used.



60-61



64

Maneuvers

- 66. Go to MANEUVERS in QUICK MENU. (3)
 Go to STATIC MEASUREMENT.
- 67. Tap INSPIRATORY HOLD and hold for 4 seconds, and then EXPIRATORY HOLD for 4 seconds. (4)
- 68. Observe the PEEPtot value.

Note: PEEPtot value is the set PEEP + intrinsic PEEP. 4

69. Tap the i You can find more information about static measurement setting there.

Note: The information sign can be found in different positions on the Graphic User Interface.



66-69

70. Go to **NEBULIZATION**.

Note: You can choose continuous nebulization or a nebulization period. The time for nebulization can be changed. When nebulization is activated there will be the corresponding nebulization symbol on the screen. By tapping the symbol you can stop nebulization.



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71. The nebulizer connection is at the front of the ventilator. (1)



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Battery

- 72. Unplug the mains cable.
- 73. Click on the battery symbol . (2)

The battery compartment is divided into two slots – slot 1 (optional) and slot 2 (main). The battery module in slot 1 may be exchanged during ventilation.

Note: You can see how much capacity remains for each battery.



72-73

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Lock screen

- 74. **LOCK SCREEN** is found in the lower right corner. Lock the screen. (1)
- 75. Tap anywhere on the screen and see what happens.
- 76. **UNLOCK** the screen by tapping on the Locking Symbol.

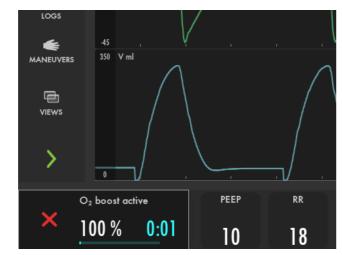


74-76

O₂ boost

- 77. Activate O₂ BOOST by tap and hold. (2)

 Note: O₂ boost is active for one minute.
- 78. **CANCEL** O₂ boost by tapping



77-78

- 79. Go to **MANEUVERS** and select **O**₂ **BOOST**. Unlock the 100% O₂ boost by tapping the 100% lock symbol. (3)
- 80. Observe the new O₂ BOOST level. Change the O₂ BOOST LEVEL to 40% and accept .



Trends

- 81. Go to TRENDS in the QUICK MENU. (1)
- 82. Change the trend scale to 1 hour. (2)
 - Note: Trend values are stored every 60 seconds and retained for a maximum of 72 hours.
- 83. Drag the cursor and note that each event/changes have been trended.
- 84. Tap ORGANIZE to change the order of the trends. (3)
- 85. Put the RR sp, RR at the top by dragging and dropping **TRENDS**.

Note: You can see the trend of VT/PBW.

- 86. Close the window by tapping X
- 87. Tap on the greeen arrow (4) to open the short trends. Here you can change the time of the trends 15 min to 72 hours.



81-86

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Stop ventilation

88. Tap **STANDBY** in **QUICK MENU** and then tap and hold **STOP VENTILATION**.



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Knowledge check

| _ | | |
|----|---|--|
| 1. | Which priority level does the red alarm have? HIGH, MEDIUM or LOW priority? | |
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| | | |
| 2 | Can autoset of alarm settings be used in | |
| ۷. | supported modes? | |
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| 3. | How can you see on the screen that the patient is triggering? | |
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| 4 | William I and the state of the | |
| 4. | What values need to be entered in order to get the parameter for ml/kg? | |
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| | | |
| 5 | Can O ₂ Boost level be changed? | |
| J. | Call O ₂ Boost level be changed: | |
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| | | |
| 6. | Where on the screen can the alarm volume be changed? | |
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| | | |

Answers

6. The alarm sound level can be changed

5. Yes, go to Manuevers – O₂ boost level.

(PBW) and the weight for pediatric patients to get

4. You need to enter the gender and height for adults

ml/kg value.

3. There is a lung on the screen indicating the triggered in the alarm menu. breath. Also there is a white indication in the waveforms (if pressure triggering is set-white indication in pressure waveform and if Flow triggering is set –

 Autoset is not available in supported or NIV modes or in STANDBY because the ventilator system requires patient values in order to propose alarm limits.

alarms. Blue – Low priority alarms.

white indication in flow curve).

1. Red – High Priority alarms. Yellow – Medium priority

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Getinge is a leading global provider of innovative solutions for operating rooms, intensive-care units, hospital wards, sterilization departments and for life science companies and institutions. Based on first-hand experience and close partnerships, Getinge offers innovative healthcare solutions that improve every-day life for people, today and tomorrow.

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