VG55 Product Introduction

International Marketing Dept.

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2019/01

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VG55 Introduction

- VG55 is specially designed for Non-Invasive Ventilation (NIV).
- VG55 adopts advanced turbine technology; provides NIV with ICU-grade monitoring.
- Target user: adult & pediatric

Noninvasive ventilation (NIV) refers to the administration of ventilatory support without using an invasive artificial airway (endotracheal tube or tracheostomy tube).

Noninvasive ventilation, Medscape, Oct 22,2018.

Why NIV?

Why NIV ?

- Reduction in the need for endotracheal intubation
- Decrease in complication rate
- Reduce duration of hospital stay
- Reduction in hospital mortality

Why NIV?

Table 1. – Randomised controlled clinical trials assessing the efficacy of noninvasive ventilation (NIV) in patients with chronic obstructive pulmonary disease (COPD)

First author [Ref.]	Patients n	Location/study	Impact of NIV
BOTT [14]	60	Ward	Improvement in ABGs, dyspnoea Reduction in ETI criteria Reduction in mortality (excluding 4 patients not on NIV)
KRAMER [15]	31 (74% COPD)	ICU	Improvement in ABGs, dyspnoea Reduction in ETI (67 to 9% in COPD)
BROCHARD [16]	84	ICU	Improvement in ABGs Reduction in ETI (74 to 26%), complications, LOS Reduction in mortality
BARBÉ [17]	24	Emergency ward	No benefit; no ETI required
ANGUS [18]	17	NIV *versus* doxapram	Improvement in ABGs
CELIKEL [19]	30	–	Improvement in ABGs Reduction in criteria for ETI, LOS
PLANT [20]	236	Ward	Improvement in ABGs Reduction in criteria for ETI Reduction in mortality
CONTI [21]	49	Late ICU admission and NIV	Reduction in ETI (48 to 100%) Similar ICU outcome Fewer long-term readmissions (65 *versus* 100%)
NAVA [22]	50	MV curtailment after 48 h	Improvement in weaning success Reduction of LOS, complications Reduction in mortality
GIRAULT [23]	33	MV curtailment after 4–5 days	Shorter duration of ETI No change in outcome Longer duration of ventilation

ABGs: arterial blood gases; ETI: endotracheal intubation; ICU: intensive care unit; LOS: length of stay; MV: mechanical ventilation.

Eur Respir J 2003;22;Suppl.47,31s-37s
DOI:10.1183/09031936.03.00050403

Application site

Application site:

ICU

Emergency room

Preparation room

Clinics

General ward

General information

Ventilation modes

CPAP

S/T

T

VGPS

Communications

USB

VGA

Nurse Call

Wifi &

Bluetooth

Clinical tools

Manual breath

Nebulization

2min intelligent O2

HFT

High Flow Therapy（HFT）

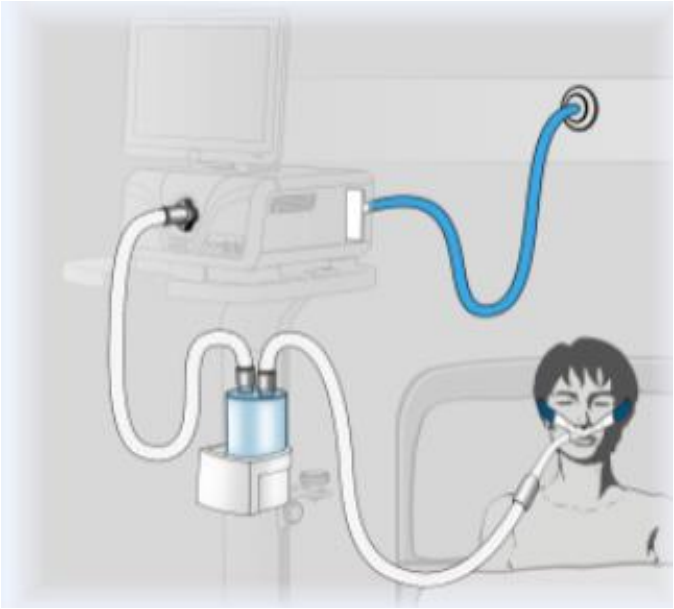
Delivers to a patient at rates of flow higher than that delivered traditionally in oxygen therapy.

Traditional oxygen therapy is up to 16 L/min and high flow oxygen therapy is up to 60 L/min.

- Eliminate most of the anatomic dead space
- Create a reservoir with high FiO2 in the nasal cavity
- Improve gas exchange
- Significantly reduce the work of breathing

Parameter:

- Flow Rate：2～60 L/min
- FiO_2：21%～100%

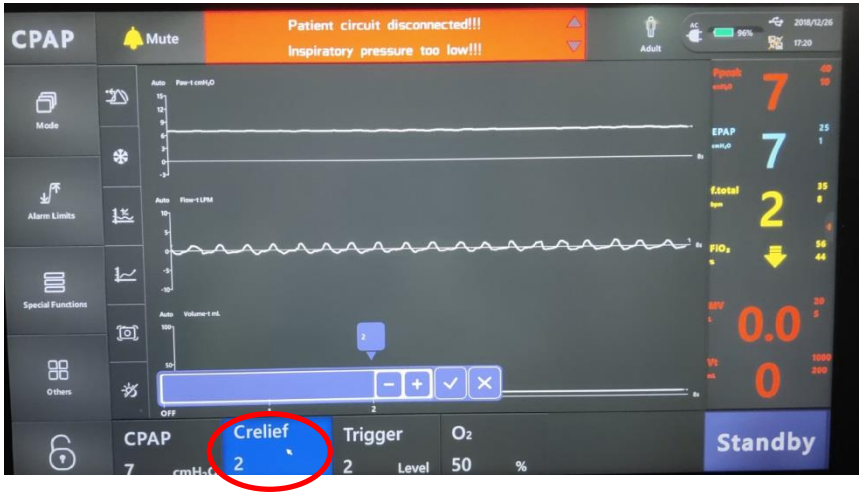


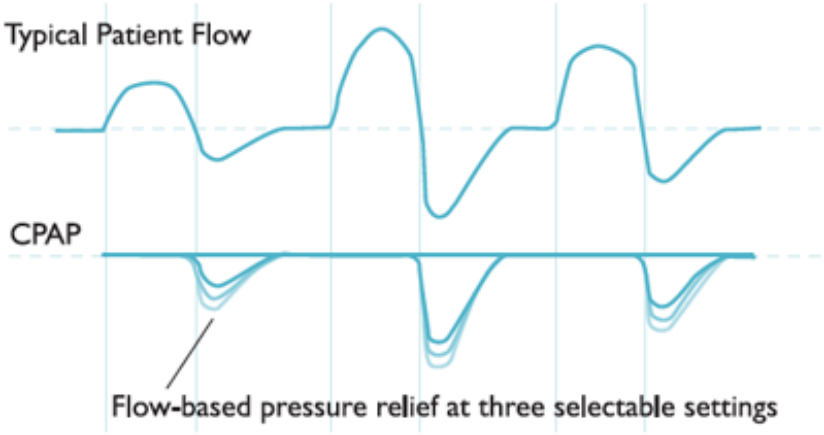
Special Features 2

SpO2 module
PR (Pulse Rate) module
Electronic mesh type nebulizer

Ventilation modes: CPAP

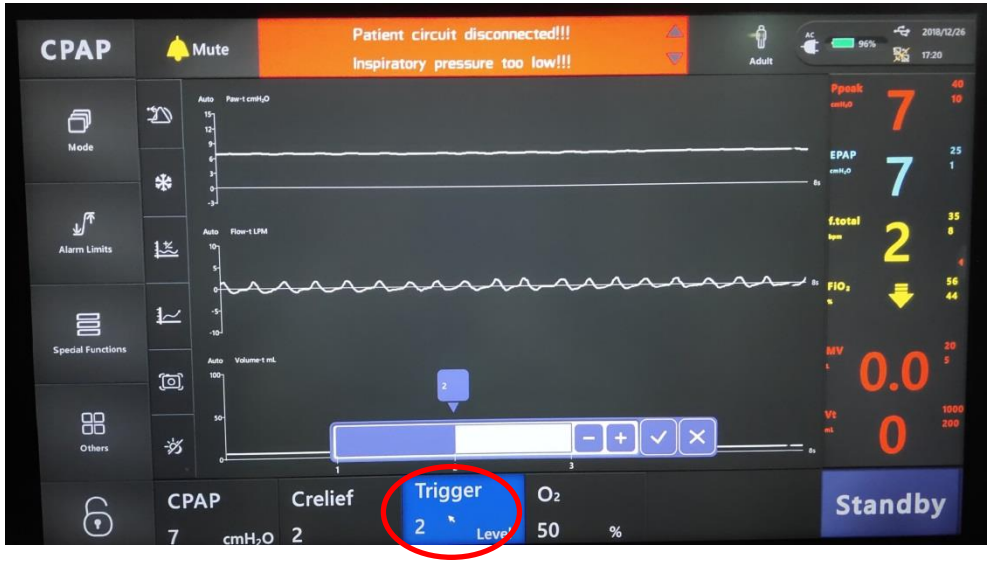
Set parameters： CPAP, Trigger, Crelief (0/1/2), O_2





Start your natural breath within 15 Seconds

- Auto-calibration is performed within 15 seconds, safely guaranteeing the ventilator's performance;
- Smart trigger combines pressure and flow triggers, highly improving the patient-machine synchrony
- Max flow 260L/min, max leakage compensation 220L/min

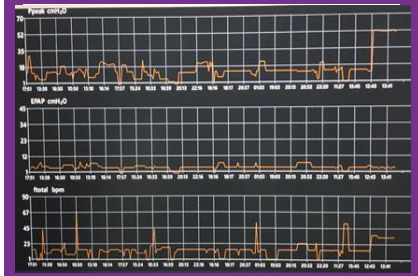


Become a Respiratory Therapist in 5 Minutes

- With 15.6” intelligent touchscreen
- Simplifies the patient management with user-friendly interface and guide-way information
- Brief explanations of all included ventilation modes provide a clear clinical reference for treatment options（extended function）

Get what you want in Seconds

Day and Night Mode



7 Days Trend

3000 Pieces Alarm Log

20 Pieces Screen Shot

Contraindication

Table 3. Contraindications To Noninvasive Ventilation.

Absolute

- Apnea
- Shock
- Inability to protect the airway
- Significantly altered mental status
- Pneumothorax
- Recent gastric, laryngeal, or esophageal surgery
- Significant facial fractures (especially those involving cribriform plate)
- Inability to cooperate with fitting and wearing mask
- Rapid deterioration
- Inadequate staff to closely monitor patient for deterioration

Relative

- Nausea and vomiting
- Agitation
- Cardiac arrhythmias
- Cardiac ischemia or acute myocardial infarction (an absolute contraindication in some studies)
- Significant chest trauma

Single-limb NIV VS dual-limb NIV

	Single-limb NIV	Dual-limb NIV
Hard Ware	Small volume, simple panel	Big volume, complax panel
Function	High flow low pressure, Strong leakage compensation, Simple interface and monitoring data	Low flow high pressure, Relatively low leakage compensation, Complax interface and monitoring data
Ventilation Modes	BiPAP(BI-level,I:E),CPAP and some simple modes	VCV, PCV,SIMV,PSV and more complicated modes
Intended User	Patient with spontaneous breathing/ Mild to moderate respiratory failure patient	Serviour respiratory failure patient
Application Site	General ward, ICU	ICU

Noninvasive ventilation VS invasive ventilation

	NIV	IV
Start ventilation	Simple	Complex
Manner	Mask	Artificial airway
Bleed	N	P
Infection	N	P
Stenosis	N	P
Laryngeal edema	N	P
Barotrauma	N	P
Respiratory muscular atrophy	N	P
Ventilator dependent	N	P
Nursing workload	Light	Heavy
Duration	Short	Long
Cost	Economic	Expensive

Advantages when compared with invasive ventilation

- Decreased cost
- Better tolerated (no need for sedation)
- More convenient
- Better availability outside of the ICU setting (eg. domiciliary)
- Ability to interrupt therapy for breaks allows easier weaning from mechanical support
- Does not require airway skills to commence

CO_2
SpO_2
Neb.

HFT

通气口可拆卸消毒

可旋转式电容屏

PK

Q&A

AEOMMED

谊安