ZONDAneo Ventilator

ventilation for neonatal patients.

Available for invasive and non invasive ventilation.

Continous flow CPAP: NIV using nasal prong and

with automatic leak compensation

Proximal flow sensor.

Respiratory mechanics menu.

Acurate tidal volumes from 2 ml.

Intra-hospital transportation.

72 hours of trend storage.

Low cost maintenance.

Built-in battery with capacity higher than 2.5 hrs.

CE and FDA approve





50 years of innovation and development in mechanical ventilators.

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INTENDED USE

Ventilator designed to provide Invasive and Non-invasive ventilation for the critical care management of neonate-infant (including premature) patients.

OPERATIVE MODES

- VCV Volume Control (Assist/Control).
- PCV Pressure Control (Assist/Control).
- PSV Pressure Support.
- · CPAP Continuous Positive Airway Pressure.
- · SIMV (VCV) + PSV.
- SIMV (PCV) + PSV. TCPL Time Cycled Pressure Limited.
- · SIMV (TCPL) + PSV.
- · CPAP with Continuous Flow (with leak compensation for NIV).
- APRV Airway Pressure Release Ventilation.
- PRVC Pressure Regulated Volume Control.

PARAMETER SELECTION (according to operative mode and patient category)

- · Tidal Volume: 2-350 mL.
- Resulting Minute Volume: 0.01-17 L/min.
- · Inspiratory Time:
 - 0.1 10 s (in assist/control modes).
 - 0.2 30 s (Low time in APRV).
- 0.5 30 s (High time in APRV). I:E Ratio: 5:1 1:599.
- Respiratory Rate: 1-150 bpm.
- FiO₂: 0.21-1.0.
- · Inspiratory sensitivity:

Flow Triggered: 0.2-15 L/min.

Pressure Triggered: 0.5-20 cmH₂O below PEEP.

- Expiratory sensitivity for PSV: 5%-80% of the initial peak flow, in steps of 5%.
- · PEEP/CPAP: 0-50 cmH₂O.
- Controlled Pressure (PCV): 2-100 cmH₂O.
- Support Pressure (PSV): 0-100 cmH₂0.
- Inspiratory Pause (programmable in VCV): 0-1 s.
- Inspiratory Flow Waveform (in VCV): Rectangular and Descending
- Inspiratory Flow: 0.2-40 L/min.Continuous Flow (NEO-INF): 2-40 L/min.
- Limited Pressure in TCPL (NEO-INF): 3-70 cmH₂O.
- Maximum pressure limited (safety limits): up to 120 cmH₂0.

ALARMS

Light and audible signals according to priority and messages on the screen. The system keeps a record of the occurred events with name, date, and time. This record is printable and cannot be deleted.

- High and Low Inspiratory Pressure.
- Low Pressure of O₂ and Air, or one of them.
- · Main Power Loss.
- · Low Battery.
- Depleted Battery.
- High Continuous Pressure.
- · Technical Failure.
- · Disconnection.
- Oxygen not adequate.
- High and Low Minute Volume.High and Low Tidal Volume.
- High and Low O₂ percentage.
- Apnea.
- · Leak (non-compensable)
- · Fan Failure.
- · High Respiratory Rate.
- · PEEP Loss.

OTHER FEATURES AND CONTROLS

- 12" color Touch Screen.
- · Trends (up to 72 hs).
- Loops: Pressure vs Flow, Pressure vs Volume and Volume vs Flow. They can be saved as reference loops.
- · Alarm sound volume regulation.
- Suction %02: for suction sequence with variable FiO2.
- FiO₂ controlled nebulizer.
- Manual Inspiration.
- · Inspiratory/Expiratory Pause (manual).
- Inspiratory O₂ sensor.
- · Standby function.
- Watchdog.
- · Inspiratory relief valve (antisuffocation).
- Pneumatic safety valve: 120 cmH₂O (±5)
- · Reusable Expiratory Set (Exhalatory valve and exhalatory flow
- · Proximal flow sensor for neonate category.

COMPLEMENTARY FUNCTIONS

- · Altitude compensation.
- BTPS compensation.
- Volume correction according to patient circuit compliance.
- Pressure correction according to patient circuit resistance.
- · Leak compensation available in all operative's modes.
- Tidal Volume Setting based on Ideal Body Weight (IBW).
- Possibility to set the VCV mode as Tidal volume + Inspiratory Time or Tidal Volume + Peak flow.
- Intra-hospital transport: facilitates the mobilization when the ventilator can only be supplied with oxygen bottles.
- Extended event log to record and search the following items:
 - Alarms / warnings: activated alarms during the ventilation and warnings shown during the self-test.
 - · Adjustments: operative mode, settings and ventilatory adjuncts.
 - · States: Turn on, turn off, Standby, transport, calibrations and battery charge.

RESPIRATORY MECHANICS

Selection by onscreen menu:

- AutoPEEP.
- Dynamic and static compliance.
- Inspiratory and Expiratory Resistance.
- · Trapped volume measurement.
- Expiratory time constant (TCexp)

CONNECTIVITY

- · RS-232C with DB-9 connector.
- · VGA output for an external monitor connection.

ELECTRICAL REQUIREMENTS

- Main Power: 100-240 V / 50-60 Hz. Automatic voltage switching.
 Internal Battery: 11.1 V / 7.8 Ah. Automatic recharge. Estimated duration: 2.5 hours when fully charged. Charge level indicator onscreen.

PNEUMATIC REQUIREMENTS

· Gases supply:

Oxygen: Pressure 2.8-6 bar (approx. 40.61-87 psi). Connector:

Air: Pressure 2.8-6 bar (approx. 40.61-87 psi). Connector: DISS

· Automatic gas switching when one of them is absent in order to allow patient ventilation with the remaining gas.

Distributor:

PT. CIPTA VARIA KHARISMA UTAMA

Jl. Utan Kayu no. 105A, Jakarta Telp. : +62 21 8511 303 Fax. : +62 21 8507 633

: kharisma-utama@kharisma-utama.com E-mail

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