Drager Apollo Anesthesia Machine Manual

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Drager Apollo Anesthesia Machine Manual

Sign in Forgot Password. My Bench Close Sign In Not A Member. Sign Up Join MedWrench OK name type Receive Summary Emails. Today's increasingly integrated healthcare environment places more demands on the anesthesia provider. In addition, the interaction between the anesthesia workplace and the rest of the hospital is increasingly complex. The Apollo anesthesia machine can simplify this complexity. With a heightened emphasis on cost reduction in healthcare, our anesthesia solutions help you reduce operating costs and maximize reimbursement. FORUMS View All 11 Ask a New Question 1 Reply ATBA 2 years ago 2 years ago Machine Turn Off. A member of staff is claiming because our machines are older that they need to be turned off when not in use. We are a trauma center and could have cases come in at any time so our machines need to be calibrated and ready. Theyre saying because our machines are old we need to have them off to prevent further deterioration. Is it okay if a majority of the machines are turned off at night, calibrated in the morning, and left on during the day in standby mode. Is there any truth to their claim. Reply 3 Replies Johnny B 3 years ago 3 years ago PM Checklist I am looking for any type of PM check list.Height 59 in Length 33.5 in Weight 365 lbs Width 31.5 in This site uses cookies. By continuing to browse the site you are agreeing to our use of cookies. Please review our Privacy Policy for more details. All Rights Reserved. The anesthesia machine passed the daily checks through the electronic system, and the circle breathing circuit had also been manually checked using the thumbocclusion test by G.H. before the case. The patient was preoxygenated, during which time the bag was moving appropriately with inspiration and expiration. The patient had good lung compliance, so little pressure was required to generate an adequate tidal volume.http://konisochi.ru/pic/congresso-internacional-de-fisioterapia-manual.xml

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The ventilation mode was switched from manual to controlled ventilation because deep anesthesia was required for the procedure. Controlled ventilation was switched to manual mode with the adjustable pressurelimiting APL valve fully open. The confirm wheel on the machine was pressed to activate the change in ventilation modes. The patient at that point did not make any spontaneous respiratory effort, so the plan was to manually assist her until she had a regular respiratory pattern. There was a faint hissing sound at the time of squeezing the reservoir bag while there was still enough pressure in the circuit to try to attempt manual ventilation, but this was shortlived because the system quickly emptied, and no pressure could be generated. The sound of gas appeared to be coming from where the circuit attached to the inspiratory and expiratory limbs, but these connections were tested and intact. This seemed unlikely because the transfer had been very smooth without any strain on the circuit. It still was not possible to mask ventilate the patient via the machine bag because it was completely empty. Therefore, ventilation was changed from the machine to a bag valve mask, and ventilation of the patient was easily accomplished. A few minutes later, she

commenced spontaneous respiration. The patient was stable throughout the incident. After case 1, the anesthesia technicians repeated the electronic leak test, and the machine passed. The technicians understood the problem that had been identified, but this was not reproducible during the second electronic test. A manual check of the machine for a leak was performed with a thumbocclusion test, and no problems could be identified. Preoxygenation was accomplished with appropriate bag movement and normal end tidal capnography. Ventilation was successfully obtained using a bag valve mask; anesthesia was maintained with propofol.http://aethercircus.com/conia-air-conditioner-instruction-manual.xml

Anesthesia technicians returned to the room with clinical engineers, who checked the machine and still found no faults. They were able to generate positive pressure ventilation. During the bag valve mask and Guedal airway ventilation, clear fluid appeared from the patients mouth the patient had no history of gastroesophageal reflux disease, so he was immediately intubated after the administration of succinylcholine. There was no fluid in the inspiratory hose. The patient was stable throughout. Because the engineers could not find any fault with the machine, anesthesia was continued in a volumecontrolled ventilation mode manual ventilation was not tested on the patient via the machine before continuing in the controlled mode. At the end of the procedure, the controlled mode was switched to manual mode, and the patient immediately resumed spontaneous ventilation, so the reservoir bag did not need to be squeezed to generate positive pressure. The patient was extubated awake. An Oring that is compromised can cause a leak, so the Oring was replaced. A full inspection of the machine was performed. The machine was then put back into service and used without any problems on multiple patients. However, 2 weeks later problems occurred again. There was no problem with the first patient on the schedule in either the spontaneous or controlled ventilation modes. Manual check of the circuit was performed before each patient use, and no problems were detected. The second patient on the schedule was preoxygenated while the bag inflated and deflated appropriately. After intravenous induction of anesthesia, it again was not possible to manually ventilate the patient via the machine bag, so a muscle relaxant was not given. Correct mask positioning was verified. Once again, the machine bag remained empty despite that the APL valve was closed and high fresh gas flows were used. A hissing noise appeared to come from the flow sensor area, as occurred in cases 1 and 2.

Ventilation was changed to a bag valve mask, and anesthesia was maintained with propofol. Because of a delay in obtaining a replacement anesthesia machine, anesthesia was discontinued and the patient was allowed to wake. The anesthesia machine was taken out of service for the second time. The problem in case 3 appeared to G.H. to be the same as that in cases 1 and 2. There are four published reports of failure to ventilate as a result of the gas sampling line trapped under the APL valve. All four published reports have been on Drager anesthesia machines Fabius GS Premium, 1 Apollo, 2 Optima, 3 and Fabius 4 . Drager has modified the APL valve on newer machines to reduce the incidence of lines becoming trapped under the APL valve. 1 In the three events we report, the gas sampling line was not trapped under the APL valve. In addition, the Oring in the bag arm connection was found to be broken, and it was replaced. However, if the Oring in the flow sensor had been the main and only cause of the problem, we would not have been able to generate pressure for the ventilator to function, but in cases 1 and 2 the ventilator did work. The machine in question, which had been in service since December 2006, was put through rigorous investigations. During the investigation, it was found that downward pressure on the bagarmtovalvebody connection could potentially cause a leak. During the three cases reported here, there was never any downward pressure exerted on the bag arm. The screws connecting the bag arm to the valve body must always be properly seated and tightened to avoid this type of leak. Could the APL valve have gotten stuck in the open position internally, despite the control knob having been turned to the closed position externally. The ManAuto valve APL bypass valve was inspected and replaced as a precaution.

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At a later time, after the second bag failure, the entire valve body fresh gas decoupling valve, scavenging valve, ManAuto valve, positive end expiratory pressure valve, expiratory valve, inspiratory valve, heater block was replaced. Although we believe that this is the most likely explanation, it could not be confirmed. The machines error log was sent to Drager in Germany. Drager stated they could not find any errors that could explain the failuretoventilate problem. They did not specifically mention what the error log might detect in relation to this specific type of problem. Drager recommended replacing the inspiratory and expiratory flow sensor harness assemblies as well as the analog board and the expiratory sensor in case the problems were related to malfunction of any of the associated components. Information furnished courtesy of Drager.A specific requirement is “Backup ventilation equipment available and functioning.” By continuing to use our website, you are agreeing to our privacy policy. Ventilators and humidifier see the Ventilators section. Anaesthesia machines of GE and Datex Ohmeda might be identical. Support is not desired. Drager Cicero EM Support is not desired. Drager Circle Absorption System 7a Support is not desired. Drager Kreissystem 7a Support is not desired. Drager Kreissystem 8 Support is not desired. Drager Circle Absorbtion System 8 Support is not desired. Drager DVapor Desflurane Vaporiser Support is not desired. Drager Evita XL Support is not desired. Drager Evita XL, XL Neo Support is not desired. Drager Fabius CE Support is not desired. Drager Fabius Tiro Support is not desired. Drager Narkomed GS Support is not desired. Drager Narkomed 6400 Support is not desired. Drager Narkomed Mobile Support is not desired. Drager Oxydig O2 Meter Support is not desired. Drager Primus Support is not desired. Drager Seneca Support is not desired. Drager Sulla 808 Support is not desired. Drager Trajan 808 Support is not desired.

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According to the checklist, the user is advised to check the proper functionality of the adjustable pressurelimiting APL valve by a short manual test.Drager medical. ADrager and Siemens Company. Anesthetic Vaporizer. Operating Instructions. Emergency Care. Joyal et al.1 recently presented an alarming case in which the Drager Apollo system failed to detect an occlusion of the main exhaust valve during the routine selfcalibration testing and missed an occlusion by a plastic. Drager Apollo, Perseus, Fabius GS; GE Aisys, Avance, Aespire, Aestiva; Other; Paragon, Anestar. Older or obsolete. The user must rely more on the pressure and capnography waveforms as opposed to the bellows. The manual breathing bag moves during mechanical ventilation, but in a direction opposite to Apollo. Devices of Drager do not have a service mode ventilators Oxylog 3000, Carina etc. PC only or service access is blocked by a special key Primus, Zeus, Apollo the application of service laptops. Drager prohibited also sharing of service manuals at For these. Available Drager Apollo Anesthesia Machine for sale, professionally refurbished to original factory specifications. Drager Medical Inc Fabius GS Operators instruction Manual, Catalog No. 4117102001. Telford, Penn Drager Medical Inc; 2002. Draeger Medical lnc. Draeger Medical Inc. Drager Medical Drager Vapor 2000 anaesthetic vaporizer instructions for use, ed 11, Lubeck, Germany, 2005, Drager Medical. Yoder M, Vaporizers In Understanding modern. Drager Medical Operating instructions Apollo, ed 2, Lubeck, Germany, 2008, Drager Medical. Wilkes AR Anaesthesia 6631, 2011. American. Tidal volume compensation; One motion from mechanical to manual mode; Two key presses to total standby end case; Cardiac bypass case mode. Just found out our GE Aestivas will be replaced next month with Drager Apollos. Anyone. Its a piston based ventilator so your bag will remain in line even when you switch from manual to the vent. You can also.

Aside from the vaporizers on the left which I actually like, that machine is so user unfriendly. A potential hazard involving the gas sampling line and the adjustable pressure limiting valve on the Drager Apollo Anesthesia Workstation. August 2010. 7. Temporary malfunction of an APL valve. BJA, March 2006. 8. Massive Leak During Manual Ventilation Adjustable Pressure. Bestinclass performance and safety. Only Drager Medical features the EVent servocontrolled piston ventilator. It delivers maximum peak flow far more precisely than any bellows ventilator and requires no drive gas. Its rapid response time has clear physiological benefits for the patient. And the Fabius MRI offers it to you.The 7900 ventilators automatically deliver initially high flow with Paw feedback modulation, and the others deliver user selected flow rates. Draeger ventilators. Draeger Apollo. Latest Draeger release combining many of the above features. Cylinder gas pressure with electronic and manual measurement, SORC from. An anesthesiologist manually initiated calibration of the machines flow sensor to correct a suspected sensor error. Shortly after, the unit began making “popping” noises, and the breathing system began emitting smoke. Drager Primus. Questions and Answers. This presentation is provided for both nursing and medical staff wishing to widen their knowledge of the functions and capabilities of the Drager Primus anaesthetic machine. Users should carefully follow the links provided. Follow instructions as indicated. Return to Questions 1. Until the exchange of affected printed circuit boards has been implemented, the firm is recommending that users closely monitor all device displays and error messages and if applicable act in accordance with the advisory statements and remedial information provided in the Instructions for Use as well as making provisions. Save up to 80% on preowned Anesthesia Machines. Request a Quote for this

product now. Features Advance anesthesia ventilation.

Optimized system for low flow anesthesia. Warmed breathing system. Low Fow Wizard. Accurate, reliable flow sensor. Integrated gas and agent monitoring with optional integrated. From a simple pneumatic device of the early 20th century, the anaesthesia machine has evolved to incorporate various mechanical, electrical and electronic components to be more appropriately called anaesthesia workstation. Modern machines have overcome many drawbacks associated with the older machines. Drager Apollo Anesthesia Machines and Multigas Monitor Model SCIO. Specific Incident. These gas modules were manufactured by Drager for Philips Medical from. June 2007 to December 2008. Instructions For Use IFU for the affected gas modules, anesthesia machines, and gas monitors, and. View and Download Drager Infinity Delta instructions for use manual online. Infinity Delta Series Patient Monitoring device. Infinity Delta Medical Equipment pdf manual download. Also for Infinity delta xl, Infinity kappa. Please cite this article as Ball L, Dameri M, Pelosi P, Modes of Mechanical Ventilation for the Operating. Room, Best. e.g. Drager Apollo, turbine ventilators e.g. Drager Perseus and proprietary gasdriven rigid reservoir system. To an infinity delta series monitor will be displayed in the trend graphs.Combining advanced ergonomics with a wide range of configurable options the Drager PSS 5000 provides the user with the comfort and versatility to meet the demands of first. Always within the field of view the head up display allows easy monitoring of the cylinder contents without any manual action by the wearer. For each gas machine model you may find comments, important features, a picture, how it fits in with your current equipment, and limited specifications like size, number of vaporizers or flowmeters. It is accurate to very low tidal volumes in volume control mode range 201400 mL. Can view measured respiratory parameters or ventilator settings, but not both simultaneously.

Electronic capture of fresh gas flows. No minimum oxygen flow. SORC sensitiveoxygen ratio controller for hypoxic guard. Vapor 2000, Vapor 19, or Tec 6. Prepackaged or loose carbon dioxide absorbent granules may be used. Patient monitors will not function, as they are not part of the gas machine. Pneumatic functions remain after battery is exhausted vaporizers, SORC, APL valve, flowmeters, breathing pressure gauge, cylinder and pipeline pressure gauges, total fresh gas flowmeter. Can interface with integrated or addon physiologic monitors. Click on the thumbnail, or on the underlined text, to see the larger version. Unique in that it is the first turbine ventilator in anesthesia in US; also, first to offer APRV. It is accurate to very low tidal volumes range 201400 mL.Electronic capture of fresh gas flows. SORC sensitiveoxygen ratio controller for hypoxic guard. Patient monitors may not function. Pneumatic functions remain after battery is exhausted vaporizers, SORC, APL valve, flowmeters, cylinder and pipeline pressure gauges, total fresh gas flowmeter. Click on the thumbnail, or on the underlined text, to see the larger version 29 KB. Displays tidal VT and minute VE volume, respiratory rate, respiratory pressure waveform. It is accurate to very low tidal volumes range 201400 mL. SORC sensitiveoxygen ratio controller for hypoxic guard. Vapor 2000, Vapor 19, or Tec 6. The breathing circuit is lower volume 2.8 L of which 1.5 L is absorbent volume. Prepackaged or loose carbon dioxide absorbent granules may be used. Manufacturer recommends changing if the machine has been idle for 48 hours, or each week on Monday. Cannot be used with nonrebreathing circuits. Patient monitors will not function, as they are not part of the gas machine. Pneumatic functions remain after battery is exhausted vaporizers, SORC, APL valve, flowmeters, breathing pressure gauge, cylinder and pipeline pressure gauges, total fresh gas flowmeter.

Fresh gas decoupling causes manual breathing bag to fluctuate during mechanical ventilator cycle, which serves as a further disconnect alarm. An economical choice particularly if one wishes to retain ones current patient monitoring system. Must supply own patient monitors, and gas analysis. Variations include models for MRI, Tiro for constrained spaces, Tiro M military field machine for forward areas. Optional integrated physiologic monitoring Accurate to very low tidal volumes in

volume control mode 201500 mL.No minimum oxygen flow. Loose fill granules or prepackaged absorbent. Safety oxygen flow control allows oxygen flow in the absence of electrical power. Electronic control of FGF and vaporization. Web site Avance Description, Specifications.Like Avance, Aespire uses traditional vaporizers. Aespire shares the Advanced Breathing System used by Aisys and Avance. The 7100 ventilator features VCV, PCV, and electronic PEEP. VT range is 451500 mL. Maximum inspired pressure is 50 cm water. Web site Aespire Description, Specifications.Click on the thumbnail, or on the underlined text, to see the larger version 78 KB. Accurate to very low tidal volumes in VCV mode 201500 mL.Users must review operators manual to check the machine correctly. No electronic capture of fresh gas flows.Loose fill granules or prepackaged absorbent. The machine is compatible with nonrebreathing circuits. Excellent ventilator capable of PCV first gas machine to feature Pressure support mode. Variable orifice flow sensors have shown some sensitivity to moisture in the breathing circuit in the past. Must purchase own gas analysis and patient physiologic monitors. Absorbent capacity is 1.3 kg of loose or prepacked absorbent. The breathing circuit is latex free. Breathing circuit manual Click on the thumbnail, or on the underlined text, to see the larger version 24 KB. Mindray Operating instructions Click on the thumbnail, or on the underlined text, to see the larger version 100 KB.

Click on the thumbnail, or on the underlined text, to see the larger version 78 KB. Two sensors whose values are compared.Pressure transducers measure the flight time of two ultrasonic waves passing upstream and downstream in the airway flow path, yielding velocity and flow of gas in the breathing circuit. Displays tidal VT and minute VE volume, respiratory rate, respiratory volume waveform. This includes ECG up to seven leads, ST Segment Analysis, 4 invasive blood pressures, noninvasive blood pressure, pulse oximetry, temperature 2 sites, thermodilution cardiac output, and output for communication with defibrillators and intraaortic balloon pumps. Use pediatric circle system hoses for VT less than 200 mL repeat vent selftest when changing circuits. Can bypass ventilator test 10 days or ten times only, after which ventilator is unavailable until its selftest is performed. Because circuit compliance is measured and tidal volume is adjusted accordingly, the manufacturer discourages expandable circuit hoses. Periodic leak test is performed during use. The machine checkout basically follows FDA guidelines but there are some nontrivial differences. For example, the manufacturer recommends breathing through each circuit limb to test check valves, and disconnecting the oxygen wall hose to check oxygen pipeline pressurefailure device. Users must review operators manual to check the machine correctly. Pneumatic ORC oxygen ratio controller for hypoxic guard. Only loose carbon dioxide absorbent granules may be used. The machine is not compatible with nonrebreathing circuits. Fresh gas decoupling causes manual breathing bag to fluctuate during mechanical ventilator cycle, which serves as a further disconnect alarm. Superseded by Apollo, Perseus. Click on the thumbnail, or on the underlined text, to see the larger version 56 KB.