



Veterinary Monitor Operation Manual

PROPERTY STATEMENT

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Chapter 1 Overview

1.1 Overview

This monitor is suitable for adult, pediatric and neonate patient, may monitor the physical parameters, such as electrocardiograph (ECG), noninvasive blood pressure (NIBP), oxygen saturation (SpO₂), respiration rate (Resp), body temperature (Temp), invasive blood pressure (IBP), CO₂ monitoring(CO₂), GAS, the cerebral state monitoring(IOC) and so on, can display maximum 8 waveforms and all information of the parameters monitored in the same screen.

Below shows the monitoring functions of this monitor:

- 1) electrocardiograph (ECG), including: heart rate, 6 channels ECG waveforms;
- 2) oxygen saturation (SpO₂), including: oxygen saturation, pulse rate, pulse wave;
- 3) noninvasive blood pressure (NIBP), including: Systolic pressure, diastolic pressure, mean pressure;
- 4) body temperature (Temp): 2 channels body temperature data;
- 5) respiration (Resp): Breath rate, breath waveform;
- 6) CO₂ monitoring(CO₂): Fi/EtCO₂, AwRR, CO₂ waveform;
- 7) GAS monitoring: Fi/EtCO₂, Fi/Et N₂O, Fi/Et O₂, Fi/E GAS, AwRR, CO₂ N₂O, O₂, GAS waveform,;
- 8) invasive blood pressure (IBP): 2 channels IBP waves and Systolic pressure, diastolic pressure, mean pressure;
- 8) the cerebral state monitoring(IOC): IOC, EEG waveform;

1.2 Safety information

 NOTE 	Points to be noted.
 CAUTION 	Points to be noted to avoid damage to the equipment.
 WARNING 	Points to be noted to avoid injury to the animal and the operator.

WARNING

- Do not rely only on audible alarm system to monitor animals. When monitoring adjusting the volume to very low or completely muting the sound may result in the disaster to the animals. The most reliable way of monitoring the animals is at the same time of using monitoring equipment correctly, manual monitoring should be carried out.
- This multi-parameter Veterinary monitor is intended for use only by medical professionals in health care institutions.
- To avoid electrical shock, you shall not open any cover by yourself. Service must be carried out by qualified personnel.
- Use of this device may affect ultrasonic imaging system in the presence of the interfering signal on the screen of ultrasonic imaging system. Keep the distance between the monitor and the ultrasonic imaging system as far as possible.
- It is dangerous to expose electrical contact or applicant coupler to normal saline, other liquid or conductive adhesive. Electrical contact and coupler such as cable connector, power supply and parameter module socket-inlet and frame must be kept clean and dry. Once being polluted by liquid, they must be thoroughly dried. If to further remove the pollution, please contact your biomedical department or Factory.

Warning

Monitor can only monitoring one animal at a time.

 Warning

There could be hazard of electrical shock by opening the monitor casing. All servicing and future upgrading to this equipment must be carried out by personnel trained and authorized by Factory.

 Warning

You must verify if the device and accessories can function safely and normally before use.

 Warning

Possible explosion hazard if used in the presence of flammable anesthetics or other flammable substance in combination with air, oxygen-enriched environments, or nitrous oxide.

 Warning

You must customize the alarm setups according to individual animal situation and make sure that alarm sound can be activated when alarm occurs.

 Warning

Do not touch the animal, table, or the device during defibrillation.

 Warning

Do not use cellular phone in the vicinity of this device. High level electromagnetic radiation emitted from such devices may greatly affect the monitor performance.

 Warning

Devices connected to the monitor shall form an equipotential system (protectively earthed). Connect the grounding wire to the equipotential grounding terminal on the main system. If it is not evident from the instrument specifications whether a particular instrument combination is hazardous or not, for example due to summation of leakage currents, the user should consult the manufacturers concerned or else an expert in the field, to ensure that the necessary safety of all instruments concerned will not be impaired by the proposed combination.

 Warning

When used with Electro-surgery equipment, you (doctor or nurse) must give top priority to the animal safety.

 Warning

Do not place the monitor or external power supply in any position that might cause it to fall on the animal. Do not lift the monitor by the power supply cord or cable, use only the handle on the monitor.

 Warning

Consult IEC-601-1-1 for system interconnection guidance. The specific requirements for system interconnection are dependent upon the device connected to the monitor and the relative locations of each device from the animal, and the relative location of the connected device to the medically used room containing the monitor. In all circumstance the monitor must be connected to a grounded AC power supply. The monitor is referred to as an IEC 601/F device in the summary of situations table contained in IEC 601-1-1.

 Warning

Dispose of the packaging material, observing the applicable waste control regulations and keeping it out of children's reach.

Warning

Grounding:

Connect the monitor only to a three-wire, grounded, hospital-grade receptacle. The three-conductor plug must be inserted into a properly wired three-wire receptacle; if a three-wire receptacle is not available, a qualified electrician must install one in accordance with the governing electrical code.

Do not under any circumstances remove the grounding conductor from the power plug.

Do not use extension cords or adapters of any type. The power cord and plug must be intact and undamaged.

If there is any doubt about the integrity of the protective earth conductor arrangement, operate the monitor on internal battery power until the AC power supply protective conductor is fully functional.

Warning

For continued safe use of this equipment, it is necessary that the listed instructions be followed. However, instructions listed in this manual in no way supersede established medical practices concerning animal care.

Warning

It is important for the hospital or organization that employs this equipment to carry out a reasonable maintenance schedule. Neglect of this may result in machine breakdown or injury of human health.

Caution

If you have any doubt to the grounding layout and its performance, you must use the built-in battery to power the monitor.

1.3 Device Label

	This symbol means "BE CAREFUL". Refer to the manual.
	This symbol indicates that the instrument is IEC 60601-1 Type CF equipment. The unit displaying this symbol contains an F-Type isolated (floating) applied part providing a high degree of protection against shock, and is suitable for use during defibrillation.
	Equipotential grounding system.
	Protective earth ground.
	Power On/Off
	AC power
	This symbol indicates that the instrument is IEC 60601-1 Type BF equipment.

1.4 Intended Usage

The monitor is intended to be used for monitoring, recording, and alarming of multiple physiological parameters of animal in health care facilities. The devices are to be used in health care facilities by trained health care professionals. They are not intended for home use. This device is restricted to be used by or on the order of a physician. Not a therapeutic device.

1.5 Screen layouts introduction

The screen is divided into four sections: 1st information section; 2nd waveform section; 3rd parameters section; 4th menu section (as chart 1-1 shows).

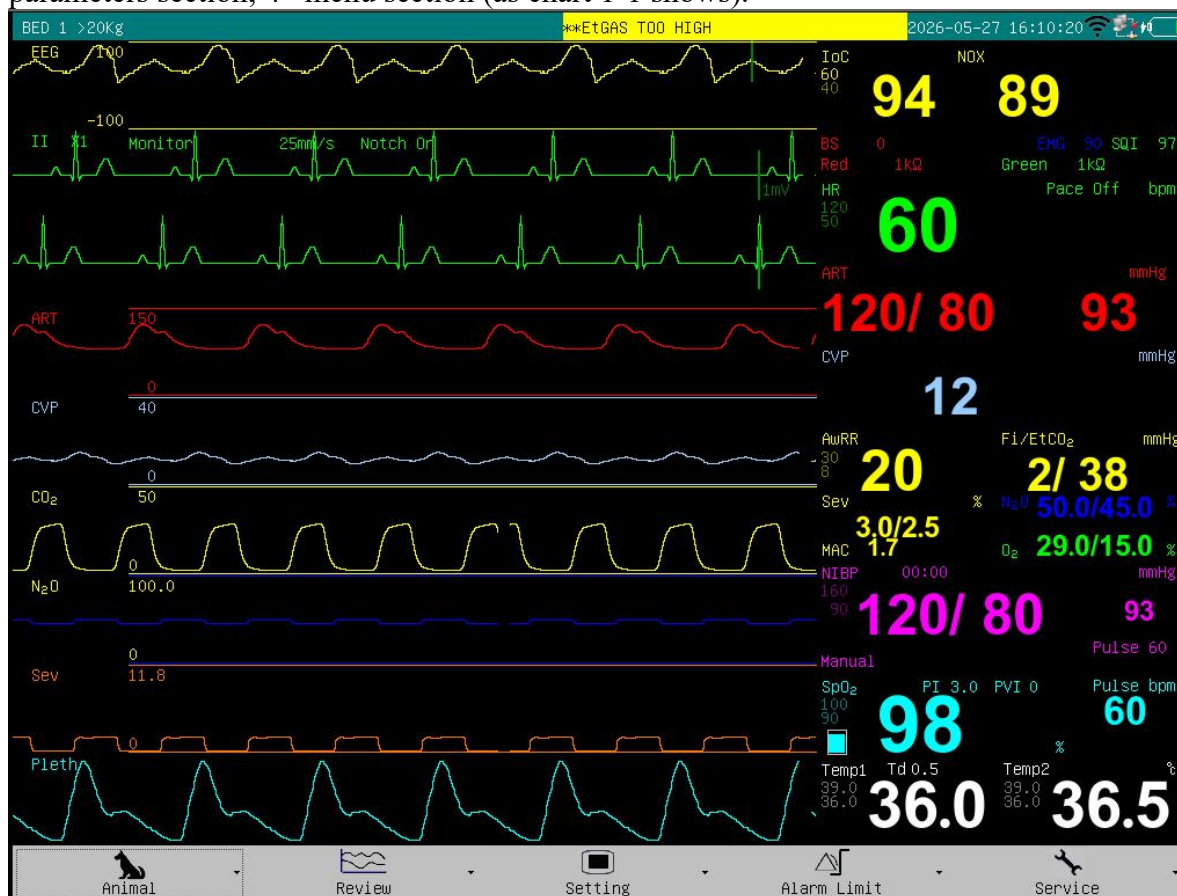


Chart 1-1 monitor demo interface

1.5.1 Information section

The information section is on top of the screen, displays current conditions of monitor and animal. The information in turn from left to right on the top is “Animal information”, “technical alarm information”, “physiological alarm information”, “date and time”, “network state” and “battery state”.

1) Animal information:

Bed number (refers to the hospital bed number of animal monitored);

Type of animal (“>20kg”, “10~20kg” or “<10kg”);

Name of animal (if operator doesn’t input animal name, this position will displays “NO NAME”);

2) Technical alarm information: Reporting current condition of monitor or sensors, this section will display alarm information;

3) Physiological alarm information: If animal's physiological parameters exceed the alarm limit, this section will display alarm information;

4) Date and time: Updating current date and time every second;

5) Network connection state;

6) Battery state: current battery capacity or its condition.

1.5.2 Parameters section

Heart rate: heart rate (unit: beats per minute bpm)

ST: ST segment (unit: millivolt mV)

PVCs: times of premature ventricular constriction (unit: times/minute)

NIBP: From right to left is: systolic pressure, diastolic pressure, mean pressure (unit: millimeter mercury column- mmHg or kilopascal- kPa)

SpO₂: oxygen saturation SpO₂ (unit: %), Pulse rate (unit: pulses /minute), PI(Persusion Index), PVI(Pulse Variability Index)

Respiration rate: respiration rate (unit: Breaths/Minute BrPM)

Temperature: body temperature (unit: centigrade -°C or Fahrenheit- °F)

The user may change the settings of above monitored parameters which will be introduced in later chapters in detail.

1.5.3 Waveform section

The waveform section displays 7 waveforms in standard screen layout, which from top to bottom respectively are: ECG1 waveform, ECG2 waveform, pulse wave, respiration waveform,. Total 8 waveforms can be displayed if in “ECG Full Lead” screen layout.

The name appears in upper left side of each waveform. The ECG waveform gain and filter mode will be also displayed besides the ECG wave name. On the right side of the ECG waveform stands a mark with the unit of 1 mV. The gain of breathing waveform is displayed on the right side of the name of breathing wave..

When user push the keys of monitor, a window may pop-up in the waveform section. The waveform section will restore demo after the window is retreated.

1.5.4 Menu section

On the bottom of the screen there are 5 menu item: “Animal”, “Review”, “Setting”, “Alarm Limit” and “Service”. When no window displays on the screen, the user may visit these menus by rotating the knobs. When the cursor chooses anyone of the items, sublevel menus will popup. When the user presses down the knob once again, the corresponding dialog will pop-up and the user can change the settings in the dialog.

1.6 Alarm

When the alarm occurs, the warning light will glitter or bright, the color represents certain level of the alarm. The detailed contents please refer to chapter2 “Alarm”.

1.7 Control panel

The control panel is on the front panel. The total keys from left to right are listed below:

- 1) Power key: key to turning on and turning off of the power;
- 2) Alarm silence key: With this key pressed down, sound of the alarm will shut down, also the “ALARM SILENCE” will be displayed in the information section, and other sounds (key sound, palpitation sound and so on) will not be affected. Pressing down the key again will restore all the alarms.
- 3) Alarm pausing key: With this key pressed down, the alarm may hang up for 2 minutes (“1 minute”, “2 minutes” and “3 minutes” are optional), and the “ALARM PAUSE” will be displayed in the information section. All the alarm will be restored after this key is pressed again.
- 4) Freezing key: In the normal mode, all the waveforms on the screen will be frozen with this key pressed down. Pressing down this key once again will release the frozen waveforms;
- 5) Blood pressure key: Pressing down this key will start to charge the cuff with gas, and to measure the blood pressure. Pressing down the key once again can cancel the measurement;
- 6) Record/Stop key: If the monitor has a recorder, pressing down this key will start recording the real-time waveforms. Pressing the key again may stop recording;
- 7) Main menu key: press this key to returning to the main menu;
- 8) Knob key: With this key, the user may enter the menus and windows and change the monitor settings.

1.8 Menu

1.8.1 animal management

By pushing the “Animal” button, the user may choose to enter the window of “Admit new Animal”, “Discharge Current Animal” or “Dose Calculation” the detailed introductions may refer to chapter4 “Admit and Discharge animal”.

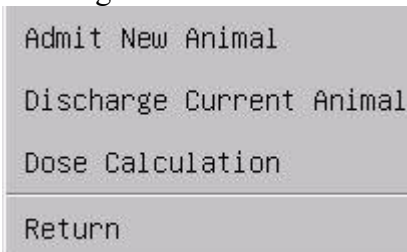


Chart 1-3 Animal management

1.8.2 History review

By selecting the “Review” button, the user may choose to enter the window of “Trend Graph”, “Trend Table”, “Alarm Review”, “NIBP review”, “Wave review” or “Data Export”. The detailed introductions may refer to chapter12 “History Review”.



Chart 1-4 history review

1.8.3 Setting

By selecting the “Setting” button, the user may choose to enter the window of “Alarm setting”, “Record setting”, “Screen layout”, “Adjust time”, “Miscellaneous”, “ECG setting”, “ST setting”, “SpO₂ setting”, “NIBP setting”, “Resp setting”, “Temp setting”, or “Load Default”.

Color Setting
Alarm Setting
Record Setting
Print Setting
Screen Layout
Adjust Time
Miscellaneous
ECG Setting
SpO₂ Setting
NIBP Setting
Resp Setting
Temp Setting
IBP Setting
GAS Setting
IoC Setting
Load Default
Return
Chart 1-5 setting

1.8.3.1 Alarm setting

Detailed introductions can refer to Chapter2 “Alarm”.

1.8.3.2 Recording setting

Detailed introductions can refer to Chapter3 “Recording”.

1.8.3.3 Screens layout

After entering the screen layouts window, the user may change the current display interface by selecting the interfaces of 6 types of “Standard”, “ECG Full Lead”, “Big Font”, “OxyCRG”, “NIBP Trend”, “Trend Table”, and choose to turn on or turn off parameter or waveform in the “parameter switch” and “waveform switch”.

The user can change trend resolution from “1 min” to “60 min” by setting “Trend Time” if the screen layout is set to “Trend Table”.

The following chart shows the menu of screen layouts:

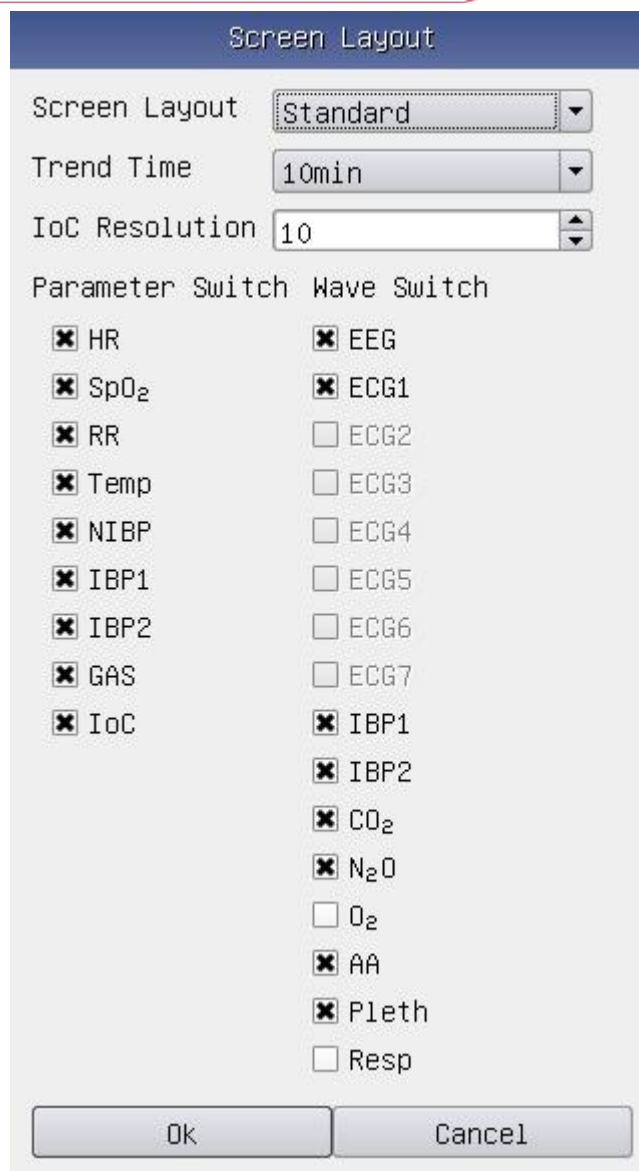
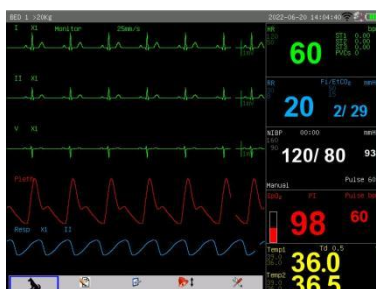


Chart 1-6 screen layouts

1.8.3.4 Screen layout



Big font



Standard



ECG Full Lead



OxyCRG



Trend Table



NIBP Trend

1.8.3.5 Adjust Time

By entering the adjust time window, the user may choose the date format and adjust the current date and time, as the following chart shows:

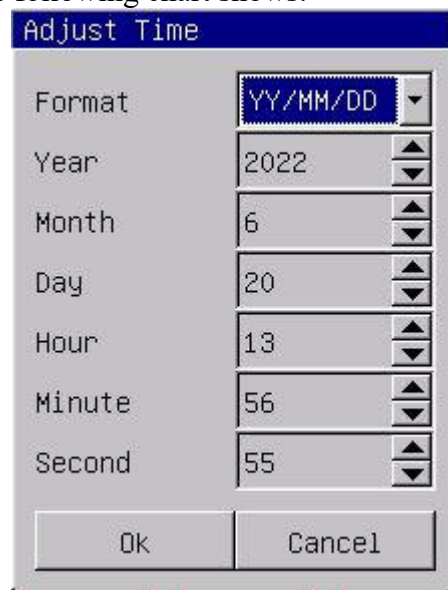


Chart 1-7 adjust time

1.8.3.6 Miscellaneous

By entering the miscellaneous windows, the user may change the key volume and the screen brightness. The adjusting scope of key volume is 0~10 (0 means volume closure); The adjusting scope of screen brightness is 1~10 (10 means the highest brightness). If “Wave Smooth” switch is “On”, the wave will be displayed as smooth mode.

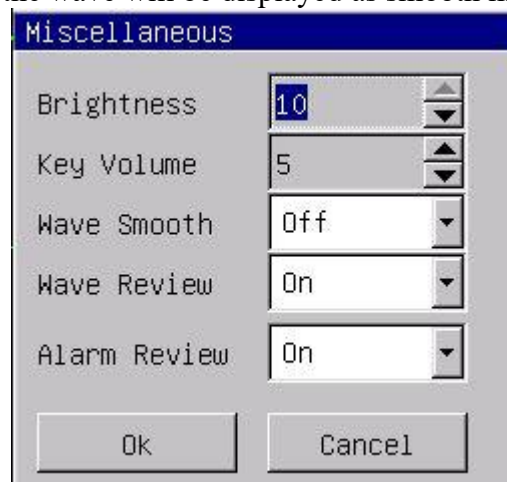


Chart 1-8 miscellaneous setting

1.8.3.7 ECG setting

Detailed introductions of ECG settings can refer to Chapter5 “ECG monitoring”.

1.8.3.8 ST setting

Detailed introductions of ST settings can refer to Chapter6 “ST monitoring”.

1.8.3.9 Resp setting

Detailed introductions of RESP settings can refer to Chapter8 “RESP monitoring”.

1.8.3.10 SpO₂ setting

Detailed introductions of oxygen saturation settings can refer to Chapter9 “SpO₂ monitoring”.

1.8.3.11 NIBP setting

Detailed introductions of noninvasive blood pressure settings can refer to Chapter10 “NIBP monitoring”.

1.8.3.12 Temperature setting

Detailed introductions of body temperature settings can refer to chapter11 “temperature monitoring”.

1.8.3.13 Load default setting

The following chart shows the window of Apply default settings:

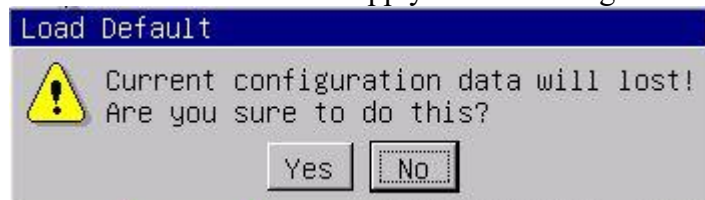


Chart 1-9 Load default settings

If “Yes” is chosen, then the current settings will be replaced with default settings

1.8.4 Alarm limit

By selecting the “limits of alarm” button, the user may choose to enter the windows of “ECG Alarm Limit”, “SpO₂ Alarm Limit”, “NIBP Alarm Limit”, “Resp Alarm Limit”, “Temp Alarm Limit”, or “Load default Alarm Limit”, the detailed introductions refer to chapter2 “alarms”.

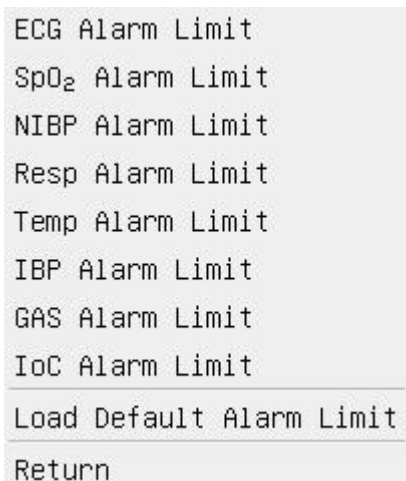


Chart 1-10 Alarm Limit

1.8.5 Maintenance

By selecting the “Service” button, the user may choose to enter the windows of “ECG calibration”, “Temp Sensor Type”, “NIBP Pneumatic Test”, “NIBP calibration”, “NIBP Reset”, “Demo mode”, “Version info”, “User setting”, “Factory Service” and so on.

ECG Calibration
Temp Sensor Type
IBP Zero
IBP Calibration
Quit Demo
Night Mode
Version Info
Software Upgrade
Logo Upgrade
Wireless Network
User Setting
Factory Service
Return

Chart 1-11 Service

1.8.5.1 ECG calibration

Entering the ECG calibration window, the user may turning on or turning off of the ECG calibration signal, as the following chart shows:

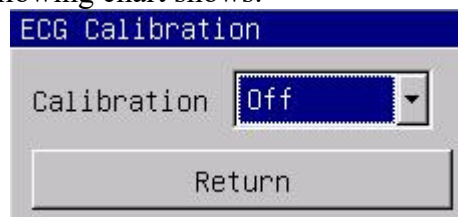


Chart 1-12 ECG calibration

1.8.5.2 Temp Sensor Type

Entering the Temp Sensor Type window, the user may initialize the type of body temperature sensor: 10K or 2.25K, as the following chart shows:

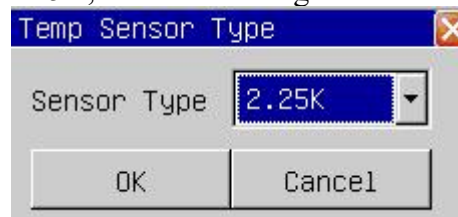


Chart 1-13 Temp Sensor Type

1.8.5.3 NIBP Pneumatic test

Selecting the “NIBP Pneumatic test”, the user may examine whether the entire air way of blood pressure measurement leaks air or not.

When the blood pressure cuff is connected, the user may start the air leakage test with this key, thus discover whether the airtight condition of gas route is good or not. The examination result is:

If air leakage examination is passed, the system will not make any prompt;

If isn't, the corresponding failure prompts will be displayed in the noninvasive blood pressure information section.

The detailed introductions refer to 10.5 the air leakage examination.

1.8.5.4 NIBP calibration

After selecting the noninvasive blood pressure calibration, the user enters the calibration mode, and at this time the user may calibrate, using a pressure gauge (or mercury sphygmomanometer) with a calibration precision higher than 1 mmHg after calibrated. If the “measure blood pressure” key is pressed down during the calibration, the system will stop calibrating. The detailed introductions refer to 10.4 the blood pressure calibrations.

1.8.5.5 NIBP reset

After choosing the noninvasive blood pressure reset, the user may restore the blood pressure module to the initial settings.

When the blood pressure measurement is abnormal, yet the monitor cannot prompt reasons of the problem, using this key is suggested. Because this causes the blood pressure module to reset, the blood pressure module may commit self-recovery when the abnormality of work is caused by accidental reasons.

1.8.5.6 Demo mode

The user input the correct password, the monitor will enter demo mode, and in the centre of the screen a big “DEMO” label will be shown. The demo mode is a particular state just for demonstrating performance of the machine, helping user carry out trainings. In the actual clinical use, this function is forbidden, because it can possibly cause the medical staffs to take demo waveforms as the waveforms and parameters by mistake, to affect animal monitoring.

1.8.5.7 Version information

Choosing the “version information”, the user may look over the version information of the software installed in the monitor.

1.8.5.8 User settings

The user may carry out user maintenance in the user settings menu, by inputting the password. This item is merely open to the serviceman appointed by the factory.

1.8.5.9 Factory service

The user cannot implement functions of maintenance. This item is merely open to the serviceman appointed by the factory.

1.9 Networks

The network port of the monitor is the standard RJ45 network interface, may communicate with the central station through the ethernet cable, to achieve the function of remote monitoring. In the top right corner of the screen there is a network icon representing current network status. If the network electric cable is disconnected, the network condition icon shows as “”; After the monitor has established connection with the central station, the icon shows as “”; If the monitor communicates normally with the central monitoring system, the icon shows as “”.

1.10 Rechargeable built-in battery

The monitor is equipped with a rechargeable built-in battery. In the top right corner of the screen exists one symbol “”, indicating the state of the battery capacity, of which the green part denoting electric quantity of the battery. When the battery is charged, the charging condition is expressed with animation. After the battery is full-charged, the symbol will show as “”. When this monitor has not been installed the built-in battery, the symbol shows as “” indicating no battery.

When running with power supply from battery, the monitor detects the volume of the battery, and alarms when the battery is insufficient, and prompts in the information section: “BAT LOW”. At this time, the AC power should be plug in, and immediately charge battery

in time. If battery is still used for power supply, the monitor will power off automatically when the battery exhausted.

 Warning

If you have any doubt to the grounding layout and its performance, you must use the built-in battery to power the monitor.

1.11 Installation

1.11.1 Open the Package and Check

Open the package and take out the monitor and accessories carefully. Keep the package for possible future transportation or storage. Check the components according to the packing list.

- Check for any mechanical damage.
 - Check all the cables, modules and accessories.
- If there is any problem, contact the distributor immediately.

1.11.2 Connect the Power Cables

Connection procedure of the AC power line:

- Make sure the AC power supply complies with following specification: 100~240 VAC, 50/60 Hz.
- Apply the power line provided with the monitor. Plug the power line to INPUT interface of the monitor. Connect the other end of the power line to a grounded 3-phase power output.

 Note

Connect the power line to the jack special for hospital usage.

- Connect to the ground line if necessary. Refer to **Chapter Animal Safety** for details.

1.12 Power on the Monitor

Press **power switch** to power on the monitor. Then the company logo will show on the screen, After 15 seconds or so, the system will enter monitoring screen after self-test, and you can perform normal monitoring now.

During self-test, the Model Code will display.

 Note

If the monitor finds any fatal error during self-test, it will alarm.

 Note

Check all the functions that may be used to monitor and make sure that the monitor is in good status.

 Note

The battery must be recharged to the full electricity after each use to ensure adequate electricity reserve.

 Warning

If any sign of damage is detected, or the monitor displays some error messages, do not use it on any animal. Contact biomedical engineer in the hospital or COMPANY Customer Service Center immediately.

 Note

The interval between twice press of POWER should be more than 1 minute.

1.13 Connect Sensors

Connect all the necessary sensors between the monitor and the animal.

 Note

For information on correct connection, refer to related chapter 5-11.

1.14 Check the Recorder

If your monitor is equipped with a recorder, open the recorder door to check if paper is properly installed in the output slot. If no paper present, refer to **Chapter Recording** for details.

Chapter 2 Alarms

2.1 Alarms overview

2.1.1 Types of the alarms

The alarms can be divided into two types: physiology alarms and technical alarms.

Physiology alarms: triggered by some of animal physiological parameters exceed the limits, taking the body temperature exceeding temperature alarm limit as an example.

Technical alarms: triggered by the abnormality of certain monitoring function or distortion of monitoring results caused by failure of system or sensors, taking ECG lead off as an example.

2.1.2 Level of alarms

The alarms have three levels: high, medium and low.

The monitor has set levels for technical alarms and physiology alarms.

2.1.3 Modes of the alarms

When alarming, the monitor gives alarm prompts by three ways: sound alarm, light alarm, and alarm message description.

The prompts of sound and light come from the speaker, the alarm indicator light and alarm message description. The alarm message description is displayed on the screen. The physiology alarm is displayed in the animal alarm information section, while the technical alarm displayed in the monitor alarm information section.

When the physiology alarm occurs, which is caused by the measurement parameters exceeding the alarm limit, the color of high limit and low limit would change from dark to bright, besides the three means of alarm prompting mentioned above.

When there is “*” before technical or the physiology information section, it means low level alarm. “**” means medium level alarm and the information bottom color will turn yellow. “***” means high level alarm and information bottom color will turn red. For example: The “*** HR TOO HIGH” is the expression of medium alarm.

Physical alarm has 2 kind of alarm mode: LATCH or Unlatch. LATCH means that once alarm occurs, the system will give alarm all the time until manual intervention (such as push the “SILENCE” button on the panel). UNLATCH means that the system will stop giving alarm once the alarm condition does not exist.

There are three levels of the alarm: high, midium, low, by using the different light and the sound. The following table shows in order:

Alarm level	alarm light	sound characteristic of the alarm
High	alarm light glitters red, the flicker frequency is quick	The pattern as “honk - honk - honk-----honk - honk, honk - honk - honk-----honk - honk”, each 8 seconds occur once
medium	alarm light glitters yellow, the flicker frequency is slow	The pattern as “honk - honk - honk”, each 25 seconds emit sound once
Low	alarm light is bright and always show yellow	The pattern as “honk -”, each 25 seconds emit sound once

2.2 Alarms pausing

Presses “PAUSE” key on the control panel, all alarm sound and light and the alarm message are closed. Then the system enters alarm suspend state. The suspension countdown time is displayed in the area of the technical alarm.

Three options can be set about the alarm suspension time: 1 minute, 2 minute and 3 minutes.

The user must enter the window of the alarm setting, chooses correspondingly the suspension time. After presses down of “PAUSE” key again, the system may restore to the normal state.

2.3 Alarms SILENCE

Presses “SILENCE” key on the control panel, then may close the sound and the light alarm; when presses down “SILENCE” key again, will quit from alarm silence condition and reactivated correspondingly sound alarm, returns to normal alarm condition.

If the alarm still exists under the condition of the silence state, then the information section display this alarm information.

If there is no alarm exists under the condition of the silence state, then all the alarm will be eliminated.

 **Attention** 

When the system is under the “SILENCE” condition, any newly triggered alarm will terminate the silence condition, and then makes the system to restore to the normal alarm condition.

2.4 Alarm Setting

Enter the alarm setting window, the options below may be set.

- 1) Alarm Volume: The scope is 1~10 (10 is the highest volume).
- 2) Suspend Time: 1 minute, 2 minutes, 3 minutes.
- 3) Flash: if “On” is selected and there is physical alarm, corresponding parameter digit will flash to indicate that the parameter has alarm.
- 5) Alarm Record: If “On” is selected, the recorder will record the alarm event when physical alarm occurs, otherwise it will not record.
- 6) Voice Alarm: If “On” is selected and alarm event occurs, a human voice alarm will continuously notify the user, otherwise it will not notify by human voice.



Chart 2- 1 alarm setting

2.5 Limits of the alarms

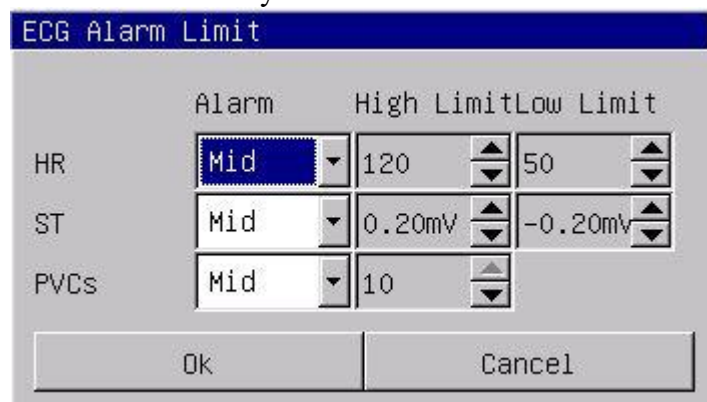
Physiology alarm is triggered according to the settings limits. Various parameters limits are showed by the dark color in the parameter area of the upper corner on the left side. If the parameter exceeds the limits, then triggers the physiology alarm at this parameter by the bright color. For example: the low limit of the heart rate is 80, if at this time the heart rate is 60 pieces, then triggers “HR TOO LOW”, the low limit of the heart rate “80” will be a bright color, the following chart will show:



Chart 2-2 Alarm Limit

2.5.1 ECG Alarm Limit

Choosing “ECG Alarm Limit” may enter “ECG Alarm Limit” window:



	Alarm	High Limit	Low Limit
HR	Mid	120	50
ST	Mid	0.20mV	-0.20mV
PVCs	Mid	10	

Ok Cancel

Chart 2-3 Ecg Alarm Limit

Following is the adjustment scope of the heart rate:

animal type	>20kg	10~20kg	<10kg
HR high limit	300	350	350
HR low limit	15	15	15

adjustment scope of the ST:- 2.00mV~2.00mV.

adjustment scope of the PVCs :0~10.

2.5.2 SpO₂ Alarm Limit

Choosing “SpO₂ Alarm limit” may enter “SpO₂ Alarm Limit” window:



	Alarm	High Limit	Low Limit
SpO ₂	Mid	100	90
Pulse Rate	Mid	120	50

Ok Cancel

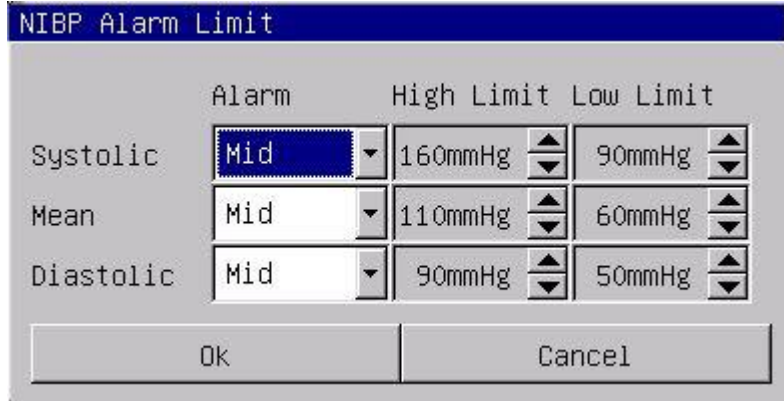
Chart 2-4 SpO₂ Alarm Limit

The SpO₂ limit adjustment scope is 0~100;

The Pulse rate alarm limit adjustment scope are 20~300.

2.5.3 NIBP Alarm Limit

Choosing “NIBP Alarm Limit” may enter “NIBP Alarm Limit” window:



The NIBP Alarm Limit window displays settings for Systolic, Mean, and Diastolic pressure. Each parameter has an Alarm mode (Mid), a High Limit, and a Low Limit, all adjustable via up/down arrows.

	Alarm	High Limit	Low Limit
Systolic	Mid	160mmHg	90mmHg
Mean	Mid	110mmHg	60mmHg
Diastolic	Mid	90mmHg	50mmHg

Buttons: Ok, Cancel

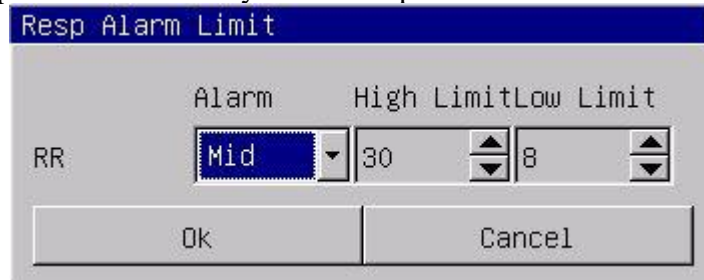
Chart 2- 5 NIBP Alarm Limit

The NIBP Alarm Limit adjustment scope as follows:

animal type	>20kg	10~20kg	<10kg
Systolic pressure high limit	280	220	135
Systolic pressure low limit	40	40	40
Diastolic pressure high limit	220	160	100
Diastolic pressure low limit	10	10	10
mean pressure high limit	240	170	110
mean pressure low limit	20	20	20

2.5.4 Resp Alarm Limit

Choosing “Resp Alarm Limit” may enter “Resp Alarm Limit” window:



The Resp Alarm Limit window displays settings for RR (Respiratory Rate). It includes an Alarm mode (Mid), a High Limit, and a Low Limit, all adjustable via up/down arrows.

	Alarm	High Limit	Low Limit
RR	Mid	30	8

Buttons: Ok, Cancel

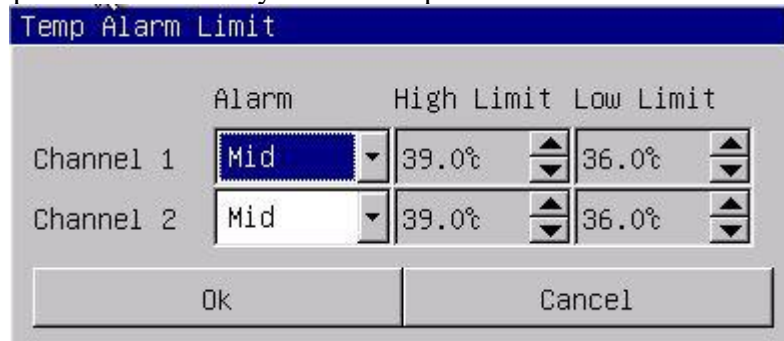
Chart 2- 6 Resp Alarm Limit

The Resp rate alarm limit adjustment scope is:7~120.

animal type	>20kg	10~20kg	<10kg
RR high limit	120	150	150
RR low limit	7	7	7

2.5.5 Temp Alarm Limit

Choosing “Temp Alarm Limit” may enter “Temp Alarm Limit” window:



The Temp Alarm Limit window displays settings for Channel 1 and Channel 2 temperature. Each channel has an Alarm mode (Mid), a High Limit, and a Low Limit, all adjustable via up/down arrows.

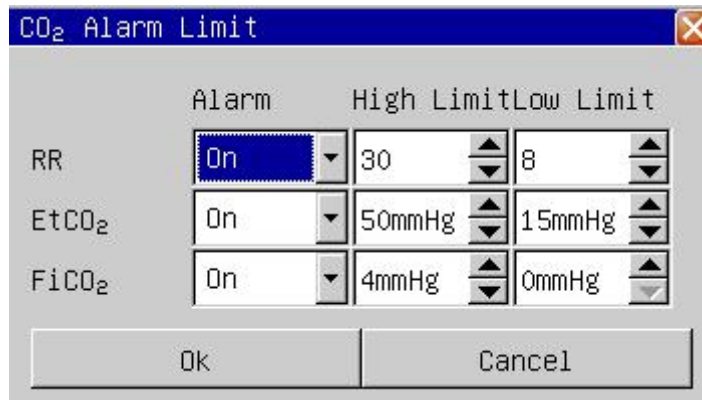
	Alarm	High Limit	Low Limit
Channel 1	Mid	39.0℃	36.0℃
Channel 2	Mid	39.0℃	36.0℃

Buttons: Ok, Cancel

chart 2- 7 Temp Alarm Limit

The Temp alarm limit adjustment scope is:0~50℃ (32~122°F).

2.5.6 CO₂ Alarm Limit



	Alarm	High Limit	Low Limit
RR	On	30	8
EtCO ₂	On	50mmHg	15mmHg
FiCO ₂	On	4mmHg	0mmHg

Ok Cancel

Chart 2-9 CO₂ Alarm Limit

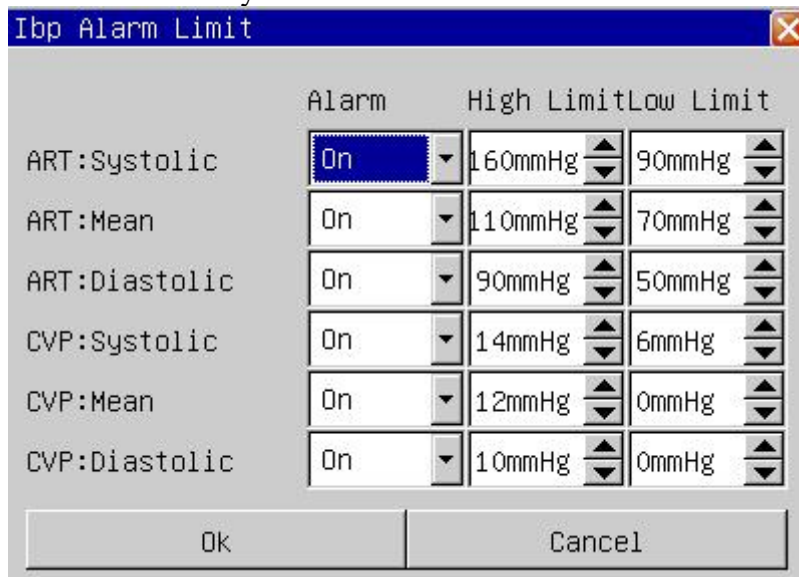
The Resp rate alarm limit adjustment scope is: 7~120;

The EtCO₂ alarm limit adjustment scope is: 0~100mmHg;

The FiCO₂ alarm limit adjustment scope is: 0~100mmHg.

2.5.7 IBP Alarm Limit

Choosing “IBP Alarm Limit” may enter “IBP Alarm Limit” window:



	Alarm	High Limit	Low Limit
ART:Systolic	On	160mmHg	90mmHg
ART:Mean	On	110mmHg	70mmHg
ART:Diastolic	On	90mmHg	50mmHg
CVP:Systolic	On	14mmHg	6mmHg
CVP:Mean	On	12mmHg	0mmHg
CVP:Diastolic	On	10mmHg	0mmHg

Ok Cancel

chart 2- 8 IBP Alarm Limit

The IBP alarm limit adjustment scope is: -50~300mmHg.

2.5.8 Load Default Alarm Limit

Choosing “Load Default Alarm Limit” can enter “load default Alarm limit” window:



 Current alarm limit setting will lost!
Are you sure to do this?

Yes No

The chart 2- 11 Load default Alarm Limit

If chooses “Yes”, then the current alarm limit settings will be able to substituted by the default alarm limit settings.

2.6 Physiology alarm information

Below is all physiologies alarm tabulates:

Alarm Information	Trigger Condition
***ASYSTOLE	Over 4 seconds non- palpitations signals
*** APNEA	In a setting time without breath signal
*** NO PULSE	Over 15 seconds without pulse signals
** HR TOO HIGH	The heart rate exceeds the alarm high limit
** HR TOO LOW	The heart rate is lower than the alarm low limit
** ST-I TO HIGH	the ST value correlate with I surpass the upper alarm limit
** ST-I TOO LOW	the ST value correlate with I surpass the lower alarm limit
** ST-II TO HIGH	the ST value correlate with II surpass the upper alarm limit
** ST-II TOO LOW	the ST value correlate with II surpass the lower alarm limit
** ST-III TO HIGH	the ST value correlate with III surpass the upper alarm limit
** ST-III TOO LOW	the ST value correlate with III surpass the lower alarm limit
** ST-AVR TOO HIGH	the ST value correlate with AVR surpass the upper alarm limit
** ST-AVR TOO LOW	the ST value correlate with AVR surpass the lower alarm limit
** ST-AVL TOO HIGH	the ST value correlate with AVL surpass the upper alarm limit
** ST-AVL TOO LOW	the ST value correlate with AVL surpass the lower alarm limit
** ST-AVF TOO HIGH	the ST value correlate with AVF surpass the upper alarm limit
** ST-AVF TOO LOW	the ST value correlate with AVF surpass the lower alarm limit
** ST-V TOO HIGH	the ST value correlate with V surpass the upper alarm limit
** ST-V TOO LOW	the ST value correlate with V surpass the lower alarm limit
** PVCs TOO HIGH	The PVCs value exceeds the alarm high limit
** SPO ₂ TOO HIGH	The oxygen saturation exceeds the alarm high limit
** SPO ₂ TOO LOW	The oxygen saturation is lower than the alarm low limit
** Pulse rate TOO HIGH	The Pulse rate surpass the alarm high limit
** Pulse rate TOO LOW	The Pulse rate are lower than the alarm low limit
**NIBP SYS TOO HIGH	NIBP systolic pressure exceeds the alarm high limit
**NIBP SYS TOO LOW	NIBP systolic pressure is lower than the lower alarm limit
**NIBP MEAN TOO HIGH	NIBP mean pressure exceeds the alarm high limit
**NIBP MEAN TOO LOW	NIBP mean pressure is lower than the alarm

	low limit
**NIBP DIA TOO HIGH	NIBP diastolic pressure exceeds the alarm high limit
**NIBP DIA TOO HIGH	NIBP diastolic pressure is lower than the alarm low limit
** RR TOO HIGH	The Breath rate exceeds the alarm high limit
** RR TOO LOW	The Breath rate is lower than the alarm low limit
** TEMP1 TOO HIGH	The body temperature channel 1 exceeds the alarm high limit
** TEMP1 TOO LOW	The body temperature channel 1 is lower than the alarm low limit
** TEMP2 TOO HIGH	The body temperature channel 2 exceeds the alarm high limit
** TEMP2 TOO LOW	The body temperature channel 2 is lower than the alarm low limit

**EtCO ₂ TOO HIGH	EtCO ₂ exceeds the high limit
**EtCO ₂ TOO LOW	EtCO ₂ is lower than the low limit
**FiCO ₂ TOO HIGH	FiCO ₂ exceeds the high limit
**FiCO ₂ TOO LOW	FiCO ₂ is lower than the low limit
**ART SYS TOO HIGH	ART systolic pressure exceeds the alarm high limit
**ART SYS TOO LOW	ART systolic pressure is lower than the low limit
**ART MEAN TOO HIGH	ART mean pressure exceeds the high limit
**ART MEAN TOO LOW	ART mean pressure is lower than the low limit
**ART DIA TOO HIGH	ART diastolic pressure exceeds the high limit
**PA DIA TOO LOW	PA diastolic pressure is lower than the low limit
**PA SYS TOO HIGH	PA systolic pressure exceeds the alarm high limit
**PA SYS TOO LOW	PA systolic pressure is lower than the low limit
**PA MEAN TOO HIGH	PA mean pressure exceeds the high limit
**PA MEAN TOO LOW	PA mean pressure is lower than the low limit
**PA DIA TOO HIGH	PA diastolic pressure exceeds the high limit
**PA DIA TOO LOW	PA diastolic pressure is lower than the low limit
**PA DIA TOO LOW	PA diastolic pressure is lower than the low limit
**CVP SYS TOO HIGH	CVP systolic pressure exceeds the alarm high limit
**CVP SYS TOO LOW	CVP systolic pressure is lower than the low limit
**CVP MEAN TOO HIGH	CVP mean pressure exceeds the high limit

**CVP MEAN TOO LOW	CVP mean pressure is lower than the low limit
**CVP DIA TOO HIGH	CVP diastolic pressure exceeds the high limit
**CVP DIA TOO LOW	CVP diastolic pressure is lower than the low limit
**LAP SYS TOO HIGH	LAP systolic pressure exceeds the alarm high limit
**LAP SYS TOO LOW	LAP systolic pressure is lower than the low limit
**LAP MEAN TOO HIGH	LAP mean pressure exceeds the high limit
**LAP MEAN TOO LOW	LAP mean pressure is lower than the low limit
**LAP DIA TOO HIGH	LAP diastolic pressure exceeds the high limit
**LAP DIA TOO LOW	LAP diastolic pressure is lower than the low limit
**RAP SYS TOO HIGH	RAP systolic pressure exceeds the alarm high limit
**RAP SYS TOO LOW	RAP systolic pressure is lower than the low limit
**RAP MEAN TOO HIGH	RAP mean pressure exceeds the high limit
**RAP MEAN TOO LOW	RAP mean pressure is lower than the low limit
**RAP DIA TOO HIGH	RAP diastolic pressure exceeds the high limit
**RAP DIA TOO LOW	RAP diastolic pressure is lower than the low limit
**ICP SYS TOO HIGH	ICP systolic pressure exceeds the alarm high limit
**ICP SYS TOO LOW	ICP systolic pressure is lower than the low limit
**ICP MEAN TOO HIGH	ICP mean pressure exceeds the high limit
**ICP MEAN TOO LOW	ICP mean pressure is lower than the low limit
**ICP DIA TOO HIGH	ICP diastolic pressure exceeds the high limit
**ICP DIA TOO LOW	ICP diastolic pressure is lower than the low limit
**P1 SYS TOO HIGH	P1 systolic pressure exceeds the alarm high limit
**P1 SYS TOO LOW	P1 systolic pressure is lower than the low limit
**P1 MEAN TOO HIGH	P1 mean pressure exceeds the high limit
**P1 MEAN TOO LOW	P1 mean pressure is lower than the low limit
**P1 DIA TOO HIGH	P1 diastolic pressure exceeds the high limit
**P1 DIA TOO LOW	P1 diastolic pressure is lower than the low limit

**P2 SYS TOO HIGH	P2 systolic pressure exceeds the alarm high limit
**P2 SYS TOO LOW	P2systolic pressure is lower than the low limit
**P2 MEAN TOO HIGH	P2mean pressure exceeds the high limit
**P2 MEAN TOO LOW	P2mean pressure is lower than the low limit
**P2 DIA TOO HIGH	P2diastolic pressure exceeds the high limit
**P2 DIA TOO LOW	P2diastolic pressure is lower than the low limit
**CSI TOO HIGH	CSI is higher than the low limit
** CSI TOO LOW	CSI is lower than the low limit

2.7 Technical alarm information

Below is all technical alarm tabulates:

Alarm Information	Trigger Condition	Process Method
** ECG LEAD OFF	RL or more than 2 ECG leads falls off	check the ECG lead connection
** ECG LEAD RA OFF	RA lead fall off	check the ECG lead connection
** ECG LEAD LA OFF	LA lead fall off	check the ECG lead connection
** ECG LEAD LL OFF	LL lead fall off	check the ECG lead connection
** ECG LEAD V OFF	V lead fall off	check the ECG lead connection
** MODULE INIT ERR	Module self-checking mistake	Restart the machine, if error still existed, contact the factory service
***MODULE COMM STOP	The module and the main engine communication have the problem	Restart the machine, if error still existed, contact the factory service
** MODULE COMM ERR	The module and the main engine communication have the problem	Restart the machine, if error still existed, contact the factory service
** PARA ALARM LMT ERR	The parameter of the alarm limit is modified by the accident	contact the factory service
** RANGE EXEED	The parameter observed value has exceed the measurement scope which the system can carry on	contact the factory service
** SpO ₂ SENSOR OFF	SpO ₂ sensor does not connected	Check SpO ₂ sensor connection
** SpO ₂ FINGER OFF	The finger fall off from SpO ₂ sensor	Check SpO ₂ sensor connect with the finger
SEARCHING PULSE...	SpO ₂ sensor connect bad or the animal move the arm	Check SpO ₂ sensor connection situation and animal current condition
** Temp1 SENSOR OFF	The body temperature channel 1 sensor do not connect	Check temperature sensor connection
** Temp2 SENSOR OFF	The body temperature channel 2 sensor do not connect	Check temperature sensor connection

** WATCHDOG ERR	Main engine watch-dog self-checking defeat	Restart the machine, if wrong still existed, contact the factory service
** SYSTEM TIME LOST	The system clock has not set	Change the system time as the current time, if error still existed, related the factory to carry on the service
** 12V HIGH	The 12V voltage examination exceeds the normal voltage scope	Restart the machine, if error still existed, contact the factory service
** 12V LOW	The 12V voltage examination is lower than the normal voltage scope	Restart the machine, if error still existed, contact the factory service
** 3.3V HIGH	The 3.3V voltage examination exceeds the normal voltage scope	Restart the machine, if error still existed, contact the factory service
** 3.3V LOW	The 3.3V voltage examination is lower than the normal voltage scope	Restart the machine, if error still existed, contact the factory service
**BAT HIGH	The battery voltage examination exceeds the normal voltage scope	Restart the machine, if error still existed, contact the factory service
**BAT LOW	The battery capacity is insufficient	Meets the alternating current to carry on the charge immediately to the battery
* NIBP LOOSE CUFF	The cuff has not connected	Reconnects the blood pressure cuff
* NIBP AIR LEAK	The cuff has not connected good or the air course leaks air	check the pipe connection situation or replace cuff, if the breakdown still existed, please contact the factory service
* NIBP DEFLATE ERR	When blood pressure measurement deflates has the problem	check the tube connection or replace cuff, if the error still existed, please contact the factory service
* NIBP WEAK SIGNAL	When blood pressure measurement the pulse signal too weak, is unable to calculate the blood pressure	Examined the animal type set whether correctly, check the tube connection or replace cuff, if the error still existed, please contact the factory service
* NIBP OUT OF RANGE	When blood pressure measurement the blood pressure or the pulse signal exceeds the normal range, is unable to carry on the measurement	check the tube connection or replace cuff, if the error still existed, please contact the factory service
* NIBP MOVEMENT	animal arm move	Check the animal situation or replace cuff, if the error still existed, please contact the factory service
** NIBP OVER PRESSURE	The pressure value exceeds the measurement scope	check the pipe connection situation or replace cuff, if the error still existed, please contact the factory service

* NIBP SATURATE	When blood pressure measurement the pulse signal exceeds the normal range, is unable to carry on the measurement	Check the animal situation or replace cuff, if the error still existed, please contact the factory service
* NIBP PNEUMATIC FAIL	The cuff has not connected good or the air course leaks air	check the pipe connection situation or replace cuff, if the error still existed, please contact the factory service
** NIBP SYSTEM ERR	Blood pressure system self-check defeat	Restart the machine, if the error still existed, please contact the factory service
** NIBP TIME OUT	Blood pressure measurement overtime	Restart the machine, if the error still existed, please contact the factory service
** NIBP MEASURE FAIL	This blood pressure measurement has not been able to calculate the blood pressure	Check the animal situation or replace cuff, if the error still existed, please contact the factory service
** NIBP RESET ERR	When blood pressure measurement exceptionally reset	Restart the machine, if the error still existed, please contact the factory service

**CO ₂ STANDBY	CO ₂ is on standby mode	Set CO ₂ to run mode
***CO ₂ COMM STOP	CO ₂ module and the main engine communication have the problem	Restart the machine, if error still existed, contact the factory service
CO ₂ SENSOR OFF	CO ₂ sensor does not connected	Check CO ₂ sensor connection
CO ₂ TEMP TOO HI	CO ₂ sensor's internal temperature too high	Check CO ₂ sensor connection or reconnect sensor, if the error still existed, please contact the factory service
CO ₂ SENSOR FAULT	CO ₂ sensor's hardware failure	Check CO ₂ sensor connection or reconnect sensor, if the error still existed, please contact the factory service
CO ₂ SET COMPENSATION	CO ₂ sensor need set compensation	Check CO ₂ sensor connection or reconnect sensor, if the error still existed, please contact the factory service
CO ₂ IN SLEEP	CO ₂ sensor's in sleep mode	Set CO ₂ to run mode in "CO ₂ Setting"
CO ₂ ZEROING	CO ₂ sensor is in zero mode	Wait 5 seconds until CO ₂ zero mode ends.
CO ₂ WARM UP	CO ₂ sensor in warm up mode	Wait 1 minutes until CO ₂ zero mode ends.
CO ₂ CHECK SAMPLING	CO ₂ sensor's drying tube and dryline blockage	Check or replace sensor's watertrap and dryline, if the error still existed, please contact the factory service
CO ₂ NEED ZERO	CO ₂ sensor need zero	Set CO ₂ to zero mode in "CO ₂ Setting"

CO2 OUT OF RANGE	CO2 sensor's hardware failure	Check CO2 sensor connection or reconnect sensor, if the error still existed, please contact the factory service
CO2 CHECK ADAPTER	CO2 sensor's adapter not connected	Check CO2 adapter connection or reconnect sensor, if the error still existed, please contact the factory service
CO2 PUMP LIFE EXCEED	CO2 sensor's pump life exceeded	contact the factory service
GAS STANDBY	GAS sensor's in standby mode	Set GAS sensor to run mode
GAS WARM UP	GAS sensor in warm up mode	Wait 5 minutes until GAS sensor zero mode ends.
GAS NO ADAPTER	GAS sensor's adapter not connected	Check gas adapter connection or reconnect sensor, if the error still existed, please contact the factory service
GAS REPLACE ADAPTER	CO2 sensor's adapter out of usage	Replace GAS adapter then reconnect sensor
GAS SENSOR ERROR	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS MODULE ERROR	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS COMM STOP	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS COMM ERROR	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS O2 PORT FALIURE	GAS sensor's O2 port hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS ZERO ERROR	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS HARDWARE ERROR	GAS sensor's hardware failure	Check GAS sensor connection or reconnect

		sensor, if the error still existed, please contact the factory service
GAS MIXED AGENTS	There are more than 2 types of anesthetic gas in airway	No need or use only one type of anesthetic gas
GAS ZEROING IN PROGRESS	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS ZERO CALIBRATION DISABLED	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS OUTSIDE OF RANGE	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS SOFTWARE ERROR	GAS sensor's software failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS MOTOR SPEED OUT OF BOUNDS	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS REPLACE O2 SENSOR	O2 sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS O2 SPAN CALIBRATION REQUIRED	O2 sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS ROOM AIR O2 CALIBRATION REQUIRED	GAS sensor need to calibration by room air	calibration by room air
ZERO REFERENCE CALIBRATION REQUIRED	GAS sensor's need zero	GAS sensor zero by air.
ZERO AND SPAN CALIBRATION DISABLED	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
LATEST SPAN CALIBRATION FAILED	GAS sensor's calibration failed	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service

GAS SPAN CALIBRATION IN PROGRESS	GAS sensor's in calibration	Wait the calibration ends.
GAS SAMPLING LINE BLOCKAGE	GAS sensor's sampling line blockage	Check GAS sensor sampling line connection or reconnect sampling line, if the error still existed, please contact the factory service
GAS NO SAMPLING LINE	GAS sensor's sampling line not connected	Check GAS sensor sampling line connection or reconnect sampling line, if the error still existed, please contact the factory service
GAS CO2 OUT OF RANGE	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS N2O OUT OF RANGE	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS O2 OUT OF RANGE	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS TEMPERATURE OUT OF RANGE	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS PRESSURE OUT OF RANGE	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
GAS FACTORY CALIBRATION LOST	GAS sensor's hardware failure	Check GAS sensor connection or reconnect sensor, if the error still existed, please contact the factory service
**IBP1 SENSOR OFF	IBP sensor does not connected	Check IBP sensor connection
**IBP2 SENSOR OFF	IBP sensor does not connected	Check IBP sensor connection
**IBP1 NEED ZERO	IBP1 has not been zeroed	Zero IBP channel 1 sensor
** IBP1 NEED ZERO	IBP2 has not been zeroed	Zero IBP channel 2 sensor
**IOC COMM STOP	IOC module and the main engine communication have the problem	Restart the machine, if error still existed, contact the factory service
** IOC SENSOR OFF	IOC sensor does not connected	Check IOC sensor connection
** IOC SQI LOW	IOC sensor does not connected or skin dirty	Check IOC sensor connection
**IOC ARTEFACT	Patient movement or electrical	Check IOC sensor

	interference	connection
**IOC HIGH IMP	The communication between IOC module and host goes wrong	Restart the patient monitor and the IOC module, if error still existed, contact the factory service

 Attention

- 1. When different level of alarm simultaneously exists, the sound of the alarm is the highest level alarm.**
- 2. In alarm suspend condition, Monitoring will not process any alarm information.**

Chapter 3 Record

3.1 Record setting

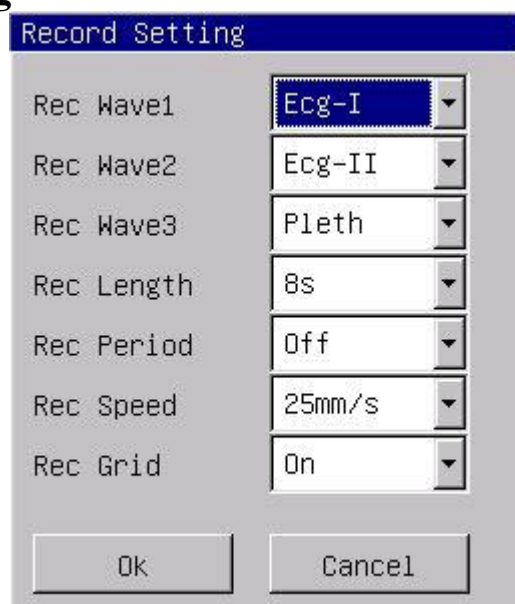


Chart 3- 1 recording settings

1) record waveform 1, record waveform 2: there are five options of the waveform to be choose: off, ECG1, ECG2, pulse wave, respiratory wave, IBP1 wave, IBP2 wave, CO₂ wave. The user may choose simultaneously two waveforms to record, or choose one waveform to record while close another record wave.

2) record length: there are two options, which are “continuous”, “8 seconds”. “continuous” means that the record can continuously output the wave until presses down the “RECORD” key again.

3) record period: the time interval of two record outputs. There are 10 options which are: off, 10 minutes, 20 minutes, 30 minutes, 40 minutes, 50 minutes, 1 hour, 2 hours, 3 hour and 4 hours. The recording length is 8 seconds.

4) record speed: There are two options, which are “25.0mm/s” and “50.0mm/s”.

5) record grid: “Off” means non- grid output. “On” means grid output.

3.2 Record type

The monitor can carry on several kinds of types record: the continuously real-time records; 8 seconds real-time records; Automatic 8 second records.

3.2.1 Real-time record

This means that it starts the real-time recording waveform when presses down the recording key , and stops the record when press down the recording key again in the recording process .

3.2.2 Auto record

The monitor can trigger the record output according to the time interval. the recording length is 8 seconds.

3.3 Record content

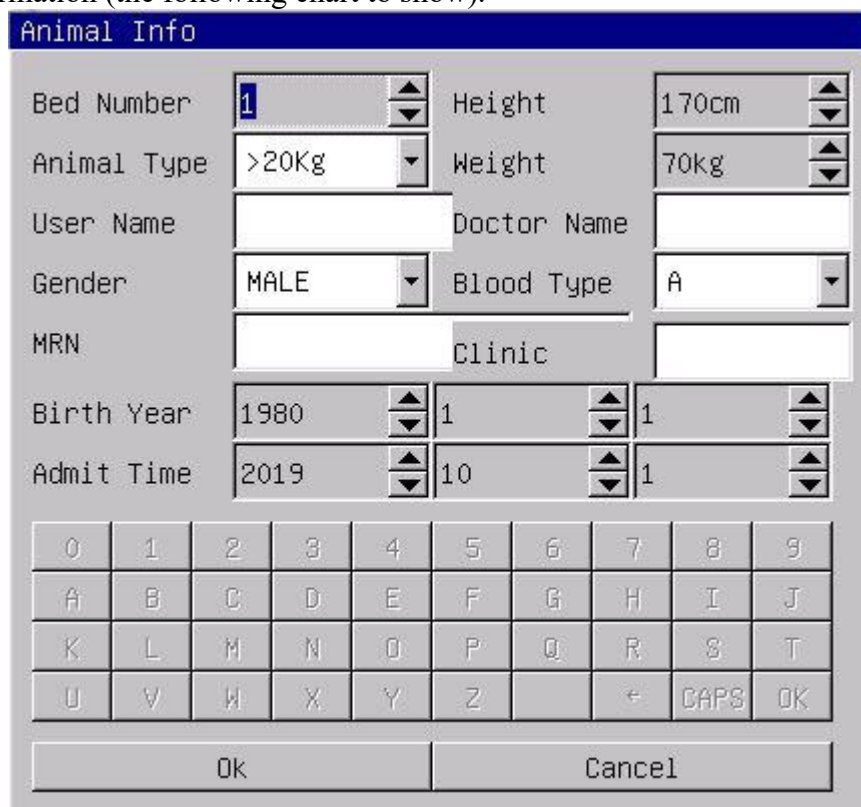
The record outputs contents: The recording type, the animal information, the parameter table, the record time, the waveform name, the waveform amplitude and waveforms.

Chapter 4 Admit/Discharge Animal

4.1 Admit Animal

The step of receiving new animal is as follows:

enter “animal info” window by choosing the “Admit new Animal” menu, and input the animal information (the following chart to show).



The form is titled "Animal Info" and contains the following fields and controls:

- Bed Number: 1 (spinner)
- Animal Type: >20Kg (dropdown)
- User Name: (text input)
- Gender: MALE (dropdown)
- MRN: (text input)
- Birth Year: 1980 (spinner)
- Admit Time: 2019 (spinner)
- Height: 170cm (spinner)
- Weight: 70kg (spinner)
- Doctor Name: (text input)
- Blood Type: A (dropdown)
- Clinic: (text input)

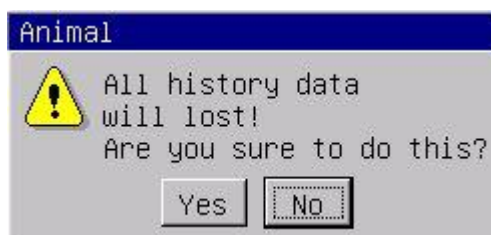
Below the form is a numeric keypad with letters A-Z and a CAPS button, and two buttons at the bottom: Ok and Cancel.

Chart 4- 1 admit new animal

choose the "OK" button , the animal's information is accepted.

4.2 Discharge animal

Enter the “Discharge animal” window by choosing ”Discharge animal” menu, as the following chart to show.



The dialog is titled "Animal" and contains a yellow warning icon. The text inside reads:

All history data will lost!
Are you sure to do this?

At the bottom are two buttons: Yes and No.

Chart 4-2 Discharge animal

Carry on the following operations to relieve the animal:

- 1) Discharge all animal information;
- 2) Discharge all historical data (including trend graph, trend table, blood pressure review, waveform review data);

⚠Attention ⚠

If do not relieve the animal firstly before receive new animal, new animal's measurement data would be save in the preceding animal 's data. The monitor can not distinguish the new animal data from the old one.

Chapter 5 ECG Monitoring

The ECG monitors the heart electricity activity of the body, and shows the heart electricity waveform and the heart rate on the monitor.

5.1 Connecting ECG electrodes

1) make the animal's skin preparation at first before place the electrode. A good signal at the electrode provides the monitor with valid information for ECG data processing.

Clean the skin with the soap and the water (don't use aether and pure alcohol, because this can increase skin impedance) or scratches the skin dry to increase the blood stream capillary of the organization, and remove skin filings and fat. If necessary, shave the hairs in which the electrode is placed.

2) place the electrode on the animal's body.

3) Connect the ECG-lead with the animal cable.

5.2 ECG electrode placement

The position of the ECG electrode is as follows:

The RA (right arm) electrode — place under the subclavian, approaching the right shoulder.

The LA (left arm) electrode — places under the subclavian, approaching the left shoulder.

The LL (left leg) electrode — places under the left abdomen.

The RL (right leg) electrode — places under the right abdomen.

The V (chest) electrode — places on the chest.

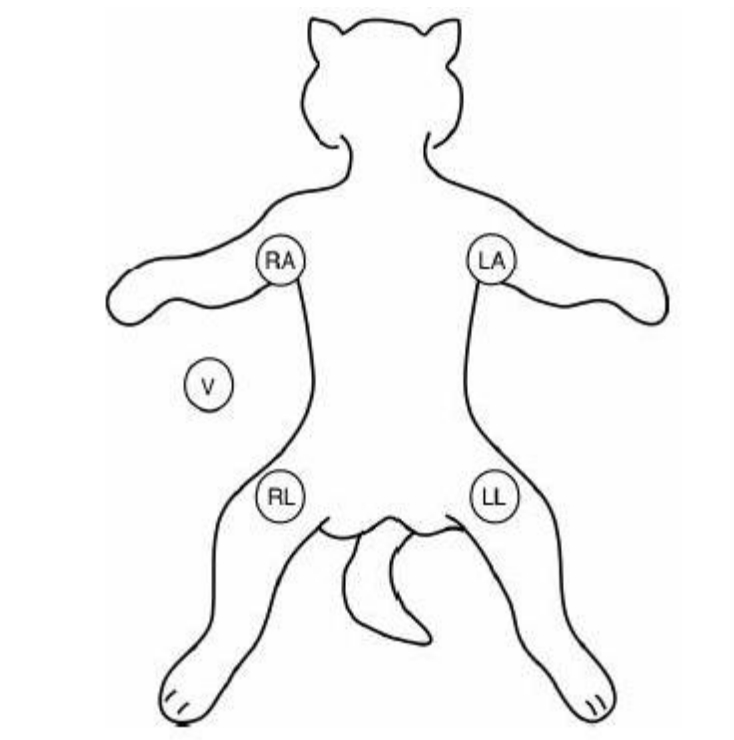
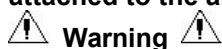


Chart 5-1 The position of electrode



Warning
When connecting the cables and electrodes, make sure no conductive part is in contact with the ground. Verify that all ECG electrodes, including neutral electrodes, are securely attached to the animal.



Warning
Verify lead fault detection before start of monitoring. Unplug the ECG cable from the

socket, the screen will display the error message “ECG LEAD OFF” and the audible alarm is activated.

5.3 Connecting ECG leads recommended for surgery

The position of ECG electrode is decided by the type of the operation. For example, regarding the chest operation, the electrode may be put on the chest side or the back. Sometimes in the operating room, because of using surgical equipment, the artifact possibly can affect the ECG waveform. In order to reduce the artifact, place the electrode on the left or right shoulder, approaching the left or right side of the abdomen, however, the chest leads can be placed on the center of the chest left side. Avoid to place the electrode on the upper arm, otherwise ECG signal can be very weak.

A good characteristic of the ECG-waveform:
the QRS wave height is great and narrow with no notchs.
The R wave height is big and located completely above the baseline or under.
The amplitude of the P wave and the T wave is smaller than 0.2mV.

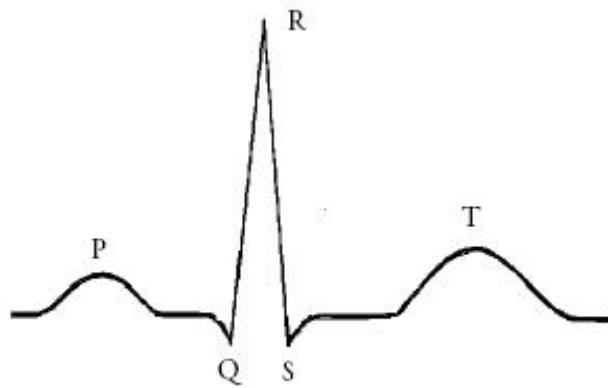


Chart 5-2 standard ECG-waveform

⚠ Warning ⚠

Do not touch the animal, table nearby, or the equipment during defibrillation.

⚠ Warning ⚠

When apply the ECG cable with no resistances to animal monitor or other animal monitors which themselves with no current limit resistance, it can't be applied to defibrillation.

⚠ Note ⚠

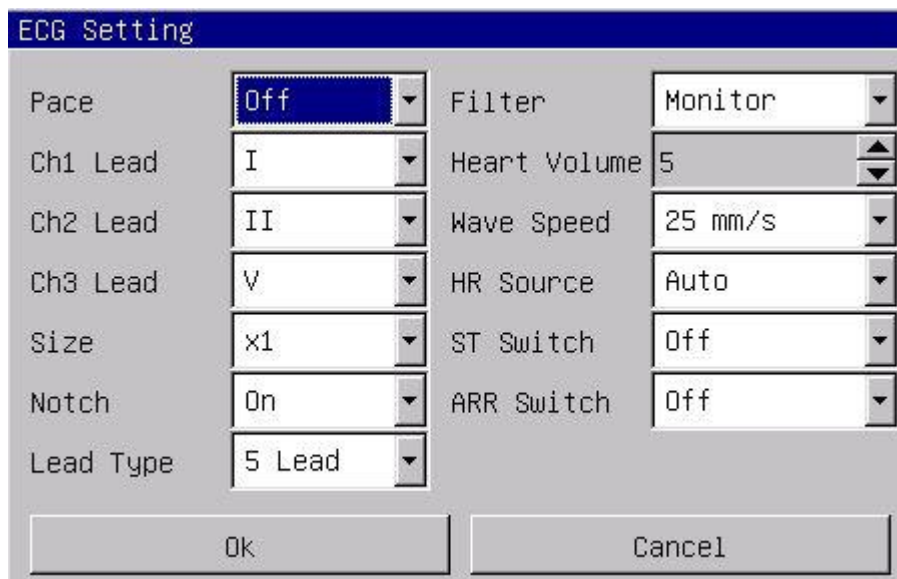
Interference from a non-grounded instrument near the animal and ESU interference can cause inaccuracy of the waveform.

⚠ Warning ⚠

When using ESU equipment, leads should be placed in a position in equal distance from ESU electrotome and the grounding plate to avoid cautery. ESU equipment wire and ECG cable must not be tangled up.

5.4 ECG setting

enter the” ECG setting” window by choosing the “ECG setting” menu, as can be seen from the following chart:



The screenshot shows the 'ECG Setting' menu with the following options:

Pace	Off	Filter	Monitor
Ch1 Lead	I	Heart Volume	5
Ch2 Lead	II	Wave Speed	25 mm/s
Ch3 Lead	V	HR Source	Auto
Size	x1	ST Switch	Off
Notch	On	ARR Switch	Off
Lead Type	5 Lead		

At the bottom are 'Ok' and 'Cancel' buttons.

Chart 5-3 ECG settings menu

1) Pacemaker: When it is turned on, the pacing signal, which is considered as the pacing symbol, is shown as a vertical line above the ECG waveform I; When it is turned off, the pace maker will not be detected.

2) channel 1 lead, channel 2 lead: There are 7 leads: I, II, III, AVR, AVL, AVF, V.

3) channel 1 gain, channel 2 gain: There are four gains: “×0.25”, “×0.5”, “×1”, “×2”. 1 millivolt ruler mark is displayed on the right of the ECG waveform, the height of which make a direct ratio with the wave amplitude.

4) Notch: work frequency suppression switch, when it is “On” will filter the AC disturbance of ECG signal.

5) filter mode: There are 3 filter modes, diagnostic, monitor and surgery.

In “diagnostic” mode, The ECG wave without filtering is displayed;

In “monitor” mode, the artifact which causes the false alarm, is filtered out;

In “surgery” mode, the artifact and the disturbance caused by the electricity surgical equipment can be reduced.

The filter modes can be displayed above the heart electricity waveform.

6) heart volume: the range is from 0 to10, “0” means that the sound of heartbeat is shuted, “10” means it is on the maximum volume.

7) wave speed: There are three levels of the ECG waveform tracing speed to be chosen, 12.5, 25.0 and 50.0 mm/s.

8) HR source: there are “Auto”, “Ecg”, “SpO₂”. When “Ecg” is selected, HR and heart sound are from ECG; when “SpO₂” is selected, HR and heart sound are from SpO₂; when “Auto” is selected, animal monitor will auto detect the ECG and SpO₂ signal, HR will from ECG when ECG signal exist, otherwise is from SpO₂;

9) ST switch: When it is “On”, the ST analysis is carried on; otherwise, it isn’t.

10) arrhythmia switch: When it is “On”, the arrhythmia analysis is carried on, which shows the PVCs parameter in the parameter area; Otherwise, the arrhythmia analysis isn’t carried on, and the PCVs parameter is not shown.

⚠ Attention ⚠

When the Pace analysis is turned on, the arrhythmia which is related to PVC / Premature Ventricular Contractions(including the PVCs computation), will not be detected, simultaneously, the ST section analysis is not carried on.

⚠ Warning ⚠

- 1) Don't touch the animal or the monitor in the period of defibrillating.
- 2) In order to ensure the animal safety, all leads must be connected to the animal
- 3) When the electricity surgical (ES) equipment is used, lay the ECG-lead in the middle of both the ES ground plate and ES to avoid burning. The cable of the electricity surgical equipment cannot twist with the ECG-cable.
- 4) When the electricity surgical (ES) equipment is used, don't place the electrode on the ground plate near the electricity surgical equipment. Otherwise, the ECG-signal will be disturbed.
- 5) If monitoring a animal with the pacemaker, set "PACE" to On. If monitoring a animal without pacemaker, set "PACE" to Off.
- 6) Regarding the pacemaker animal, the pacing switch must be "On", otherwise, it is possibly to consider the pacing pulse as the normal QRS

Chapter 6 Resp Monitoring

6.1 Principles of Respiration measurement

When the human body breathes, the chest impedance will change along with the breath, the monitor gets the breath signal through the chest impedance value from the RA and the LL electrodes at the chest. After amplify the signal of the impedance between the electrodes (as a result of the thorax activity), the breath wave will be displayed on the screen.

6.2 Placing the electrodes

Connect the electrodes like the way that connect the heart electrodes at 5.1.

6.3 Resp settings

Choose the “Resp settings” menu and enters “Resp setting” window.

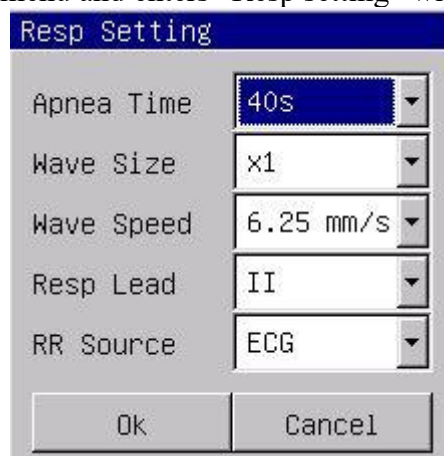


Chart 8-1 RESP settings

1) Apnea alarm: Setting the judgment time while the animal is asphyxiating, between 10 seconds and 40 seconds, if switch the settings off, indicate the asphyxiation alarm is closed.

2) Waveform speed: you can choose the waveform speed at 6.25mm/s, 12.5mm/s, 25.0 mm/s .

3) Amplitude: The user may setting the amplitude's enlargement factor, has $\times 0.25$, $\times 0.5$, $\times 1$, $\times 2$, $\times 4$ altogether 5 levels.

4) RR Source: when “Ecg” is selected, RR is from ECG leads; when “CO₂” is selected, RR is from CO₂ module and AwRR is displayed on parameter area.



Resp monitoring is not recommended on animal who moves a lot, because this possibly causes wrong alarm.

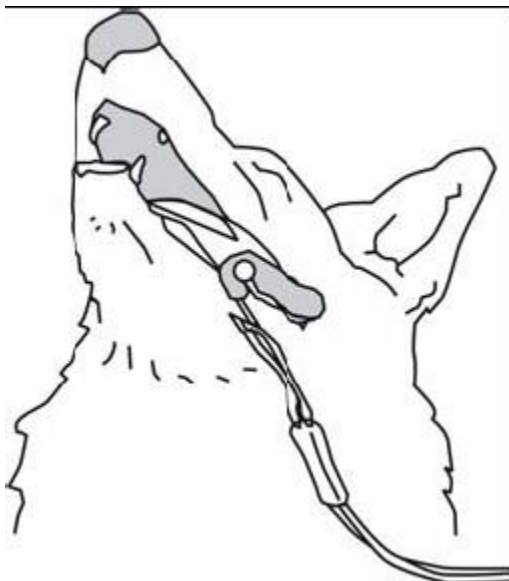


Place the RA and the LL electrode in the animal opposite angle of the body in order to obtain the best breath wave. Should avoid the liver area and the ventricle at the breath electrode's lines, this may avoid the false difference to be caused by the heart beat or pulsing blood stream, this is specially important to the animal.

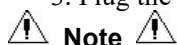
Chapter 7 SpO₂ Monitoring

The Oxygen Saturation (SpO₂) parameter measurement the artery blood oxygen saturation, it is the percentage of the oxygen gathers hemoglobin .For example, if in the artery blood red blood cell, 97% hemoglobin combine with the oxygen, then this blood has 97% oxygen saturation, the value reading on the monitor should be 97%, this value demonstrated the percent of the carry oxygen hemoglobin molecule which forms the oxygen gathers hemoglobin.

7.1 Monitoring Procedure



1. Switch on the monitor.
2. Attach the sensor to the appropriate site of the animal finger.
3. Plug the connector of the sensor extension cable into the SpO₂ socket



Note

If the sensor cannot be positioned accurately to the part to be measured, it may result in inaccurate SpO₂ reading, or even that the SpO₂ cannot be measured because no pulse is detected. If this is true, you must position the sensor again.

The excessive animal movement may result in inaccurate reading. In this situation, you must keep the animal quiet or change the part for monitoring to reduce the adverse influence of excessive movement.



Warning

In the process of extended and continuous monitoring, you should check the peripheral circulation and the skin every 2 hours. If any unfavorable changes take place, you should change the measured position in time.

In the process of extended and continuous monitoring, you should periodically check the position of the sensor. In case that the position of the sensor moves during monitoring, the measurement accuracy may be affected.

7.2 Measurement restrictions

In the operating process, following factors may affect the accuracy of the oxygen saturation measurement:

1) High-frequency electrical jam, such as the disturbance which is produced by monitor system oneself or comes from such as the electricity surgery instrument disturbance which connected with the system;

- 2) In magnetic resonance image formation scanning (MRI) period do not use the blood oxymeter and the blood oxygen sensor, the induced current possibly can cause the burn;
- 3) In vein dye;
- 4) animal too frequently migration;
- 5) Outside ray radiation;
- 6) Sensor installment inappropriate or contact the improper position with the object;
- 7) Body temperature (best body temperature should in 28°C - 42°C);
- 8) Lay aside the sensor in the body has the blood pressure cuff, in the ductus
- 9) arteriosus or the cavity on the pipeline body;
- 10) The density of the non- function hemoglobin like carbon oxygen hemoglobin (COHb) and blood and iron hemoglobin (MetHb) and so on;
- 11) Oxygen saturation lowly;

To be circular poured is not good at the test part;

Shock, anemia, the low temperature and applies the vasoconstriction medicine and so on all possibly cause the artery blood stream to be reduced to the level which was unable to measurement;

12) Measurement is also decided on the oxygen gathers hemoglobin and the absorption situation of the return oxygen gathers hemoglobin to the special wave length light. If other substances which absorb the same wave length light exist, they can cause the measurement to appear pseudo or the low oxygen saturation value. For example: Carbonizes the hemoglobin, the blood and iron hemoglobin, the methylene blue, indigo carmine.

7.3 PI

The perfusion index (PI) is the ratio of nonpulsating blood to pulsating blood flow through the capillary bed at the periphery.

7.4 PVI

PVI is an automated measurement technique used to measure the dynamic changes in PI that occur during the respiratory cycle.

$$PVI = \frac{PI_{max} - PI_{min}}{PI_{max}} \times 100$$

The higher the PVI value, the more likely the patient is to have an infusion reaction.

7.5 SpO₂ setting

Chooses “SpO₂ settings” menu and enters “SpO₂ setting” window.

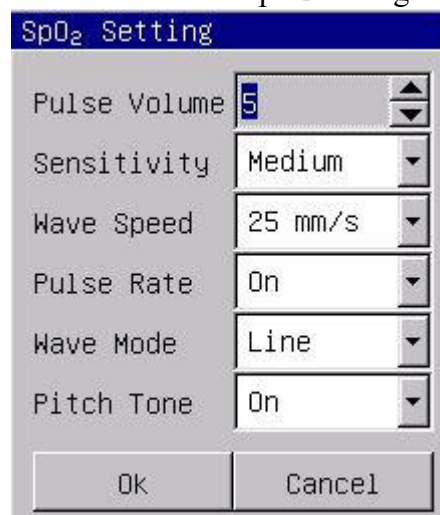


Chart 9-1 SpO₂ settings

- 1) Pulse volume: the volume choice scope is the 0~10,0 denotes closure pulse sound, 10 denotes maximum volumes.
- 2) Sensitivity: the sensitivity for computing oxygen saturation value, has “high”, “medium”, “low” three options.
- 3) Wave speed: the waveform scanning velocity has 12.5 and 25mm/s ,two levels may choose.
- 4) Pulse rate: setting as “On”, in parameter area will show Pulse rate; otherwise the Pulse rate will not be displayed.
- 5) Wave Mode: when “Line” is selected, will use line mode to draw pleth wave; when “Fill” is selected, will use fill mode to draw pleth wave;

 Warning

- 1) If it has the carbon oxygen hemoglobin, metahemoglobin or dye dilution chemicals, then the oxygen saturation value can have the deviation;
- 2) Electricity surgical department equipment electric cable cannot twine with the sensor cable in the same place;
- 3) Do not place the sensor at the body has the ductus arteriosus or the vein syringe ;
- 4) Guarantees the nail to block the lights. Sensor should at the back of hand;
- 5) Do not place SpO₂ or the blood pressure oversleeve blood pressure measurement on the same body, because in the blood pressure measurement process the blood stream unenlightened can affect the oxygen saturation reading.
- 6) Continually, the excessively long time monitor possibly can increase do not hope danger that the skin characteristic change occurs, for example exceptionally sensitive, changes red, bubbles or pressure necrosis, specially in the animal or has pour barrier as well as the change or juvenility skin kind sickness person;
- 7) In the long time continuous monitoring process, about every 2 hours inspects the measurement SpO₂ the end circulation situation and the skin situation, if discovered changes not good, should change the measurement SpO₂ promptly, simultaneously should periodical inspection the sensor fastness situation, avoids the sensor fastness situation change caused by the moving and so on the factors affect the accuracy of the measurement;
- 8) If the test SpO₂ and the sensor cannot locate accurately, possibly causes the oxygen saturation reading inaccurate, even unable to search the pulse wave result in unable to carry on the blood oxygen monitor, this time should relocate;
- 9) Measurement SpO₂ move excessively possibly creates measurements inaccurate, this time should cause the animal peaceful or the replacement measurement SpO₂ , reduces the influence of moves excessively to the measurement

Chapter 8 NIBP monitoring

8.1 NIBP measurement procedure



Use accessories specified by COMPANY only, otherwise; the device may not function normally.



- Before starting a measurement, verify that you have selected a setting appropriate for your animal (>20kg, 10~20kg or <10kg.)
- Do not apply the cuff to a limb that has an intravenous infusion or catheter in place. This could cause tissue damage around the catheter when infusion is slowed or blocked during cuff inflation.



Make sure that the air conduit connecting the blood pressure cuff and the monitor is neither blocked nor tangled.



The blood pressure of the animal as the basis for establishing therapy may be obtained by using other method such as the cuff/stethoscope auscultation method. Accordingly, the clinical doctor must note that the values obtained by using other method and may be different.



NIBP monitoring uses the oscillometric method of measurement. Blood pressure determined with this device are equivalent to those obtained by a trained observer using the cuff/stethoscope auscultation method and an intra-arterial blood pressure measurement device, within the limits prescribed by the ANSI/AAMI SP10.



This equipment is suitable for use in the presence of electro-surgery.

- 1) Insert the gas tube into the blood pressure socket of the monitor;
- 2) Tie the blood pressure cuff on the animal upper arm or the thigh;
- 3) Use the suitable size cuff for the animal, guaranteed the symbol Φ is located above to the suitable artery. Guarantee the cuff to twine the body is not too tight, otherwise possibly causes the body far-end to change color even lacks the blood;
- 4) Inspects the edge of the cuff to fall in the range signed $\leftarrow \rightarrow$. If it is not this, exchange a more appropriate cuff;
- 5) Confirm the cuff deflated completely;
- 6) Cuff and gaseous tube coupling. The body which will be measured should put in the same horizontal position with the animal heart. If it is unable to achieve, must use the following adjustment method to make the revision to the measurement result
If the cuff is higher than the heart horizontal position, each centimeter disparity should add 0.75mmHg(0.10kPa) in the value.
If the cuff is lower than the heart horizontal position, each centimeter disparity should reduce 0.75mmHg(0.10kPa) in the value.
- 7) Confirm the animal type whether correct (animal type shows in the block of information on the monitor, the right side of bed number), if needs to change the animal type, please enter “the animal information” window, change “the animal type”;
- 8) Press down the blood pressure measurement button on the front panel, start to measures the blood pressure.

8.2 NIBP measurement limits

This machine NIBP measuring technique is the vibration method, this kind of measuring technique basis has the certain limit according to difference metrical object. The user should realize at following several situations, the observed value changes unreliable, or the time measured press increases or the measurement is unable to carry on.

- 1) animal movement: If the animal is moving, trembles or the convulsion;
- 2) Arrhythmia: the irregular heart beat caused by the arrhythmia;
- 3) Heart-lung machine: such as the animal uses the heart-lung machine connection;
- 4) Pressure variation: such as while in blood pressure measurement the animal blood pressure rapid change;
- 5) Serious shock: such as the animal is being in the serious shock or the hypothermia;
- 6) The heart rate exorbitant or lower: The heart rate is lower than 40bpm (heart beat/minute) and is higher than 240bpm (heart beat/minute), cannot carry on the blood pressure measurement;
- 7) Obese animal: The excessively thick fat stratum can reduce the accuracy of the measurement, because the fat can cause the artery pulse signal cannot arrive the cuff.

8.3 NIBP settings

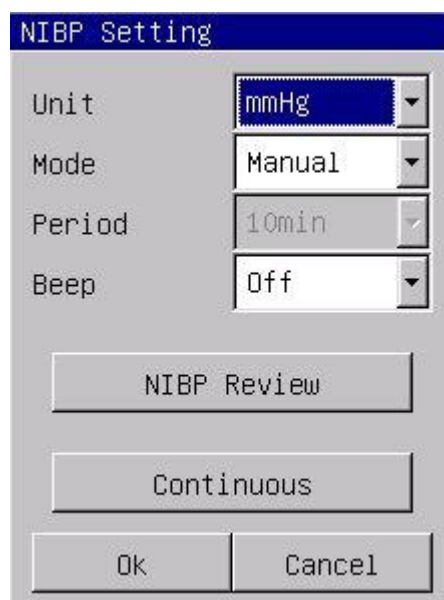


Chart 10-1 NIBP settings

- 1) Pressure unit: mmHg or kPa is optional.
- 2) measurements mode: have 3 kinds of mode: manual, automatic, STAT.
Under the manual measurement way, presses down the blood pressure measurement button on the control panel, then starts the manual measurement once;
Under the automatic measurement way, presses down the blood pressure measurement button on the control panel, then starts the automatic measurement once, afterwards the monitor can automatic start blood pressure measurement defer to the period;
Under the STAT measurement way, presses down the blood pressure measurement button on the control panel, then starts to continuously measure for 5 minutes.
While the blood pressure measuring, the user presses down the blood pressure measurement button on the control panel anytime, can stop the current blood pressure measurement.
- 3) The automatic sampling interval: If the measurement pattern setting as “automatically”, then the automatic sampling interval button will be available.
The automatic sampling interval time can be chosen in 1 minute, 2 minutes, 3 minutes, 4

minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes, 60 minutes, 90 minutes, 2 hours, 3 hours, 4 hours, 8 hours.

After choose the time interval, presses down the blood pressure measurement button will start the first automatic measurement charge, in order to finish the automatic measurement should choose the “manually” returns to the manual pattern while in sampling interval period.

8.4 Blood pressure calibrations

Using the precision of the pressure gauge (or mercury sphygmomanometer) is higher than 1 mmHg after the calibration carries to carry on the calibration, choose “noninvasive blood pressure calibration” in the “the maintenance” menu to start to carry on the calibration, if presses down the blood pressure measurement button while calibrating, then the system will stop calibrating.

Connect the pressure gauge, the cuff through a 3-way tube to the blood pressure trachea jack on the monitor, setting the monitor as “the calibration” pattern, then charge the cuff using a air pump, first make the pressure to 250 mmHg, then slowly deflates, when the monitor display 200, 150 and 50 mmHg, the disparity between the standard pressure gauge value and the monitor pressure value should in 3 mmHg. If the value exceeds 3 mmHg, please contact our company’s attendant.

Attention: The cuff must entangle in the suitable big and small pillars.



Warning

You shall calibrate NIBP measurement once every two years (or as required in your hospital's maintenance regulation). You shall check the performance according to following information.

8.5 leakage examination

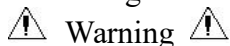
When the cuff is connected may use this function to start air course charge process, thus to discover whether the air way’s airtight condition is good or not. If the test passes, the system will not make any prompt; If do not passed, then in the noninvasive blood pressure parameter area will have the corresponding wrong prompt.

The air leakage examination process:

- 1) Connect the cuff and the blood pressure socket on the monitor;
- 2) Wrap the cuff around a suitable cylinder;
- 3) Choose “NIBP Pneumatic Test” in “Service” menu, the noninvasive blood pressure parameter area displays “Pneumatic test.....”, indicated the system starting to carry out leak air examination;

5) After about 20 seconds, the system will turn on the valve automatically, marking leaks air examination is completed;

6) If in the noninvasive blood pressure parameter area does not prompt the information, indicate the system does not leak air. If “Pneumatic leak!” is displayed, indicate the air course possibly leaks air. The operator should check loose conditions and carry on the leaks air examination again after confirming all connections are ok.



Warning

1) Can’t carry on the noninvasive blood pressure on the animal who have the sickle cell anemia or have the skin disrepair or will have damage.

2) To the animal who has the serious hemoglutination machine-made barrier, must according to the clinically appraise decided whether carries on the automatic blood pressure measurement, because the place where the body and the cuff friction will has have the haematoma danger.

3) Before start the measurement, you must confirm the animal type is correct.

4) Do not enwind the cuff to the body have the venous transfusion or inserted the drive pipe, while cuff charging period, when the transfusion reduces speed or stops up, possibly causes damage around the drive pipe.

5) If the time of the automatic pattern noninvasive blood pressure measurement pull too long, then the body connected with the cuff possibly have the purpura, lack the blood and the neuralgia. When guarding animal, must inspect the luster, the warmth and the sensitivity of the body far-end frequently. Once observes any exception, please immediately stop the blood pressure measurement.

6) The calibration of the noninvasive blood pressure measurement is supposed to be carried on one time every year. (Or according to the maintenance regulation of your hospital).

7) The cuff width should be 40% size of the body perimeter. (small animal is 50%), or the 2/3 of the upper arm length. The length of the cuff charging part should long enough surround 50~80% of the body, the inappropriate size cuff can have the wrong reading. If the cuff size has the question, should use the bigger cuff to reduce the mistake.

Chapter 9 Temperature Monitoring

9.1 Steps of temperature measurement

- 1) Insert temperature sensor directly into the socket.
- 2) Power on animal monitor.

9.2 Temperatures settings menu

Chooses “Temperature setting” menu and enters “Temp setting” window:

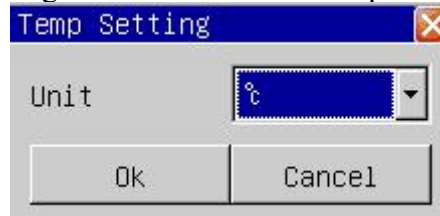


Chart 11-1 Temperature settings

Temperature unit: Choose °C or °F.

Warning

Before start to use the temperature measuring , please examine whether the sensor cable is normal. Unplug the temperature sensor cable from the socket, the screen will display the error message “Temp sensor off” and sends out the sound alarm.

Chapter 10 IBP Monitoring

10.1 Steps of IBP measurement

- 1) Plug the pressure cable into the IBP connector on the monitor and power on the monitor;
- 2) Prepare the flush solution.
- 3) Flush the system to exhaust all air from the tubing. Make sure that the transducer and stopcocks are free of air bubbles.
- 4) Connect the pressure line to the patient catheter.
- 5) Position the transducer so that it is level with the heart, approximately at the level of the midaxillary line.
- 6) Select IBP channel name.
- 7) Zeroing IBP transducer.

Following is IBP sensor connection chart:

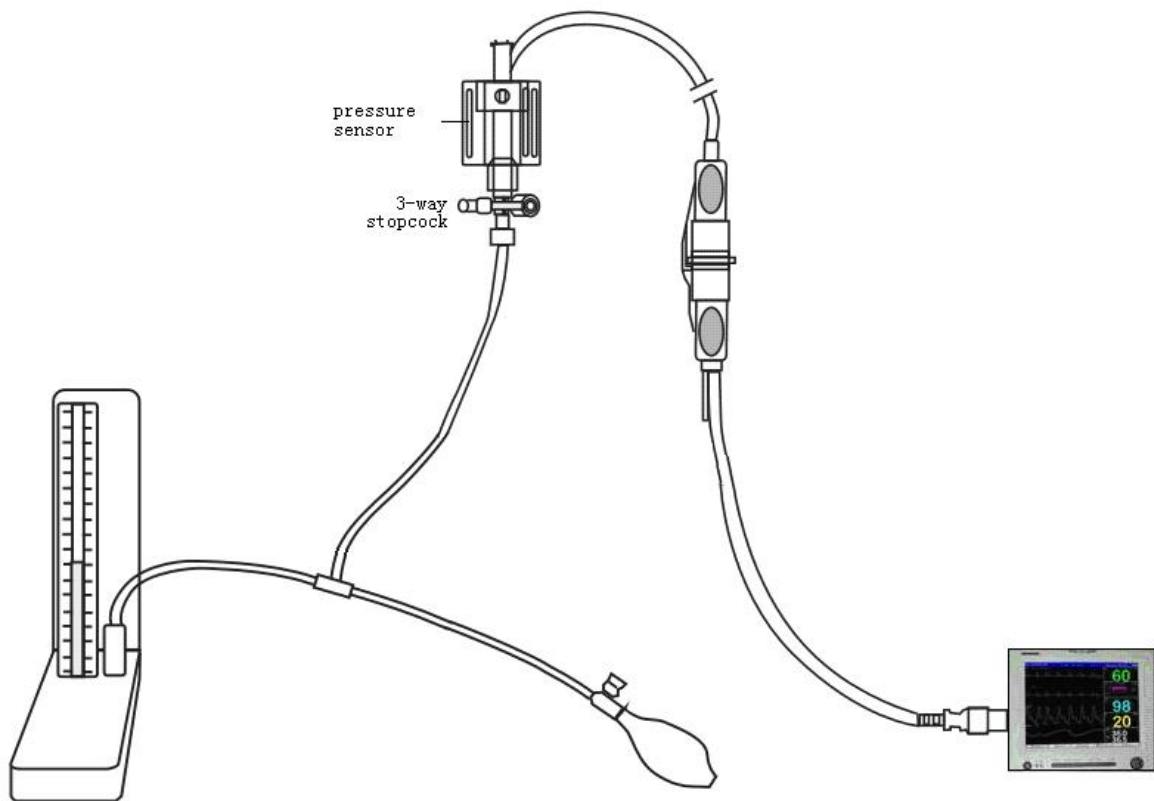
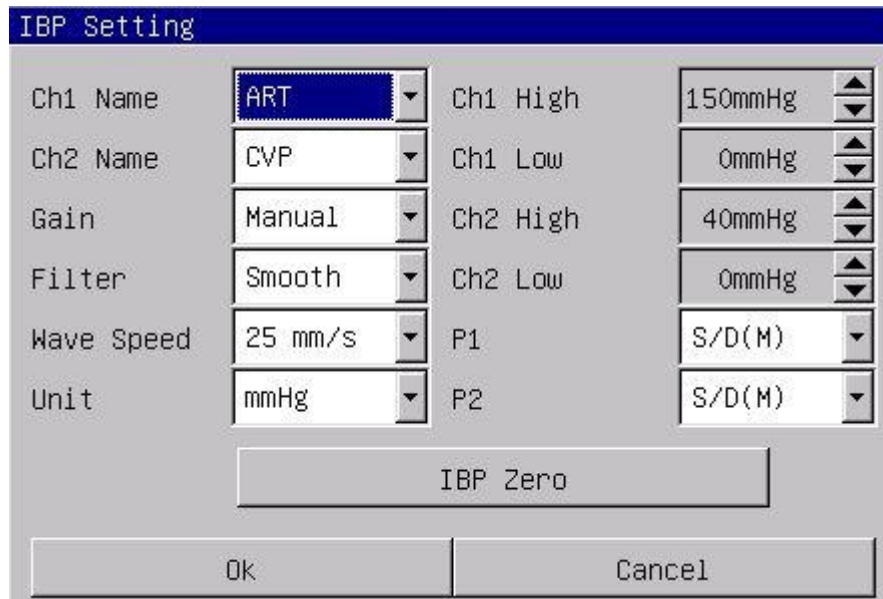


Chart 10-1 IBP sensor connection

10.2 IBP Setting

Select “IBP Setting” menu will enter “IBP Setting” dialog:



The IBP Setting dialog box contains the following controls:

- Ch1 Name:** ART (dropdown)
- Ch2 Name:** CVP (dropdown)
- Gain:** Manual (dropdown)
- Filter:** Smooth (dropdown)
- Wave Speed:** 25 mm/s (dropdown)
- Unit:** mmHg (dropdown)
- Ch1 High:** 150mmHg (spin box)
- Ch1 Low:** 0mmHg (spin box)
- Ch2 High:** 40mmHg (spin box)
- Ch2 Low:** 0mmHg (spin box)
- P1:** S/D(M) (dropdown)
- P2:** S/D(M) (dropdown)
- IBP Zero:** A button to initiate zeroing.
- Ok** and **Cancel** buttons at the bottom.

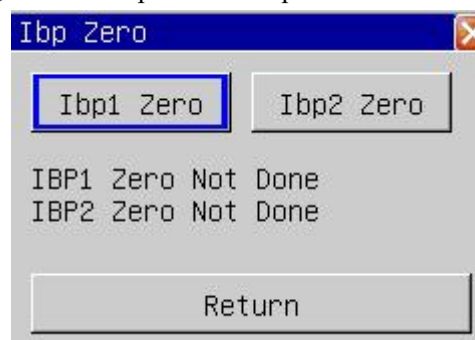
Chart 10-2 IBP Setting

- 1) Ch1 Name, Ch2 Name: set name of IBP channel 1 and 2: ART, PA, CVP, LAP , RAP , ICP, P1, P2.
- 2) Gain: when “Manual” is selected, the measure range is set by channel high or low gain mark ; when “Auto” is selected, when name is P1 or P2, the measure range is auto adjusted, otherwise is set by channel high or low gain mark.
- 3) Filter: when “normal” is selected, the IBP wave bandwidth is 40Hz; when “Smooth” is selected, the IBP wave bandwidth is 12.5Hz.
- 4) Wave Speed: 12.5mm/s or 25mm/s can be selected;
- 5) Unit: mmHg or kPa.
- 6) Ch1 High, Ch1 Low, Ch2 High, Ch2 Low: set channel 1 or channel 2 wave display range;
- 7) P1, P2: if“ S/D(M)”is selected, systolic, mean and diastolic pressure are measured; if“MEAN” is selected, only mean pressure is measured.

10.3 IBP Zeroing

Steps of IBP zeroing:

- 1) Turn off the stopcock to the patient;
- 2) Vent the transducer to the atmospheric, to compensate for the static and atmospheric pressure exceed on the transducer;
- 3) Enter “IBP Zero” dialog, push “IBP1 Zero” or “IBP2 Zero” button to start zeroing;
- 4) When zeroing finished, turn the stopcock to the patient.



The Ibp Zero dialog box contains the following controls:

- Ibp1 Zero** and **Ibp2 Zero** buttons.
- Status text: IBP1 Zero Not Done, IBP2 Zero Not Done.
- Return** button at the bottom.

Chart 10-3 IBP Zero Dialog

Prompt information of IBP zeroing:

Prompt	Cause	Process Method
IBP Zero Fail: Lead Off	IBP sensor not connected	Verify the transducer is connected to the monitor, and then perform zeroing again. If the monitor continues to give this prompt information, contact Customer Service.
IBP Zero Fail: Over Range	Pressure is not zero	Verify the transducer is connected to the monitor and the 3-way stopcock is open to the atmosphere, then perform zeroing again. If the monitor continues to give this prompt information, contact Customer Service.
IBP Zero Fail: Pulsatile	Pressure is not stable	Verify the transducer is connected to the monitor and the 3-way stopcock is open to the atmosphere, then perform zeroing again. If the monitor continues to give this prompt information, contact Customer Service.



- 1、Ensure zero the transducer before it is used to zero the monitor, otherwise will cause uncorrect measurement.
- 2、Position the transducer at the same level with the patient's heart, approximately mid-axillary line.
- 3、Perform zeroing before monitoring and between monitoring (at least once per day). The zeroing should also be conducted once the transducer cable is changed.

10.4 IBP Calibration

Steps of IBP Calibration:

- 1) Disconnect the pressure transducer from the patient. Using a T connector to connect the 3-way stopcock, the sphygmomanometer and the inflation orb as Chart 12-5 shown below;
- 2) Perform the pressure transducer zeroing. If the zeroing succeeds, open the stopcock to the sphygmomanometer;
- 3) Inflate using the inflation orb, until the mercury volume of the sphygmomanometer rises to 100~250mmHg;
- 4) In the "IBP Calibration" menu, set the value for calibration which should be the same with the sphygmomanometer;
- 5) Press "IBP1 Calibration" or "IBP2 Calibration" to start calibrate;
- 6) After calibration, disconnect the blood pressure tubing and the T-shape connector. Then, connect the pressure transducer with the patient for normal monitoring;

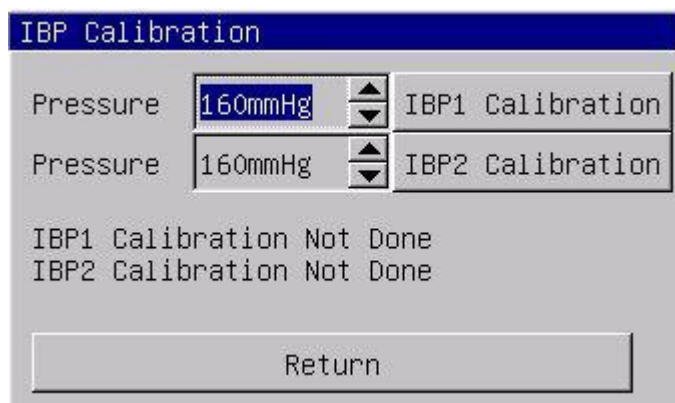


Chart 10-4 IBP Calibrate Dialog

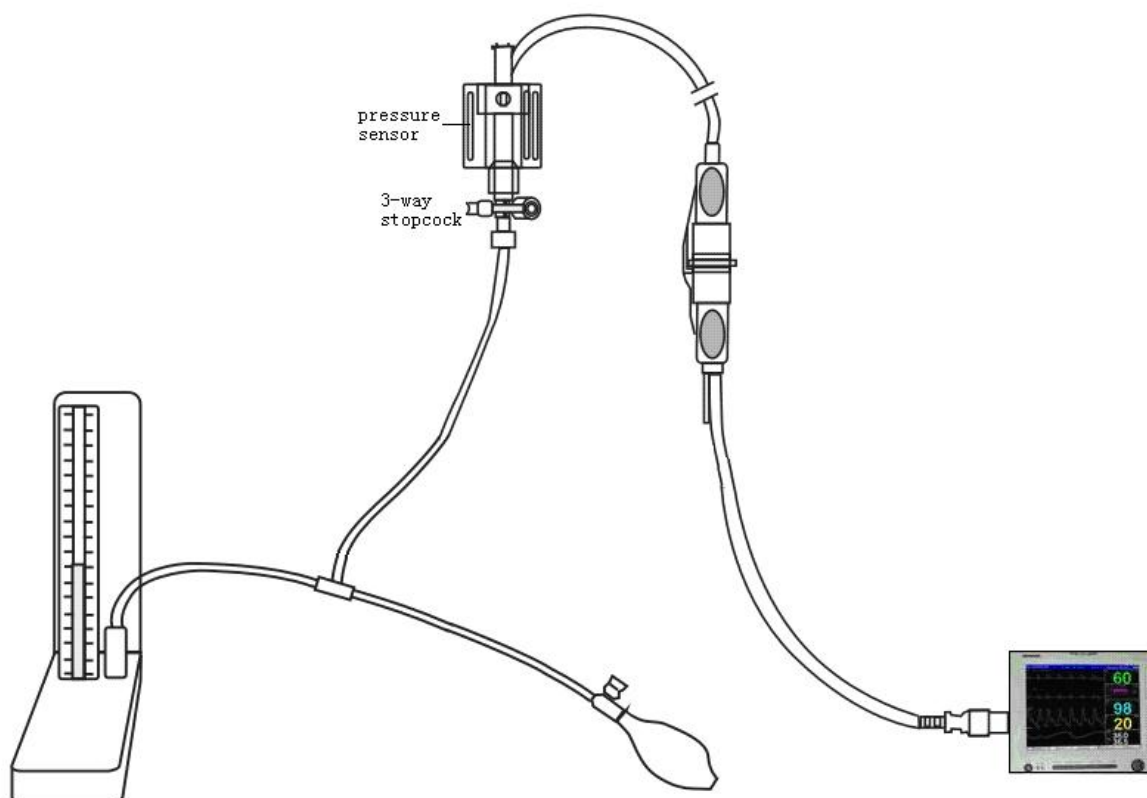


Chart 10-5 IBP Calibrate

IBP calibrate prompt message:

Prompt	Cause	Process Method
IBP need zero	IBP have not zeroed	Start zeroing IBP then calibrate again, if the message still exist, contact Customer Service.
IBP calibrate fail : Lead off	IBP sensor is not connected to the monitor	Verify the transducer is connected to the monitor, and then perform calibrate again. If the monitor continues to give this prompt information, contact Customer Service.

IBP calibrate fail : Over Range	IBP pressure is too high	Verify the transducer is connected to the monitor and the 3-way stopcock is open to the atmosphere, then perform zeroing again. If the monitor continues to give this prompt information, contact Customer Service.
IBP calibrate Fail : Pulsatile	IBP pressure is not stable	Verify the transducer is connected to the monitor and the 3-way stopcock is open to the atmosphere, then perform zeroing again. If the monitor continues to give this prompt information, contact Customer Service.

 Warning

- 1、Ensure zero the transducer and perform zeroing before it is used to calibrate the monitor.
- 2、Calibration should be performed before using a new pressure transducer.

Chapter 11 CO₂ Monitoring

11.1 Introduction

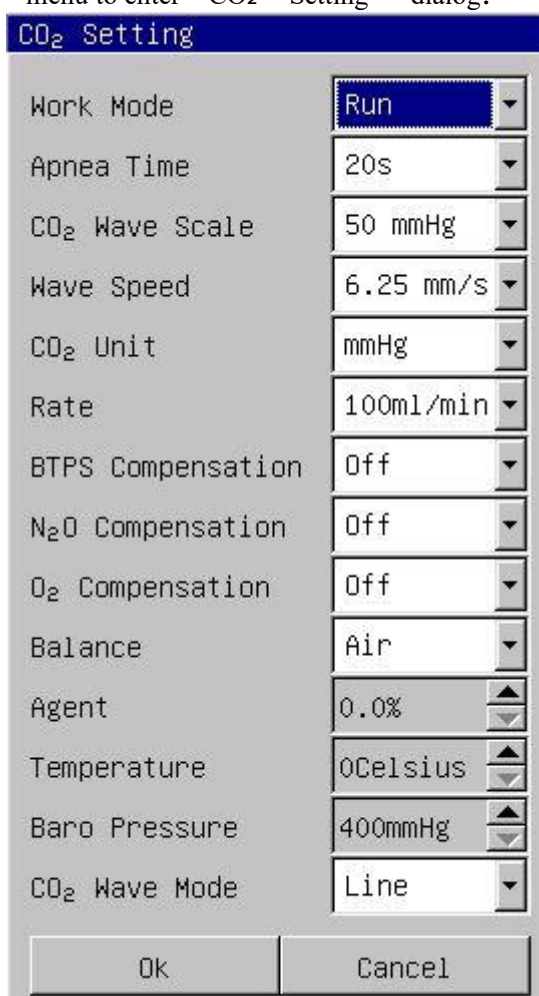
The monitor can measure CO₂ of patient's air way, displays 1 channel CO₂ wave form and EtCO₂(End Tidal CO₂), FiCO₂ (Fraction of Inspired CO₂), AwRR (AwRR: Air Way Respiration Rate).

11.2 CO₂ Measurement

- 1) Connect the water trap to the socket and power up the monitor;
- 2) If prompt "CO₂ STANDBY", enter "CO₂ Setting" and change work mode to "RUN";
- 3) After monitor is power up, CO₂ waveform and values will be displayed.

11.3 CO₂ Setting

Choose "CO₂ setting" menu to enter "CO₂ Setting" dialog:



CO ₂ Setting	
Work Mode	Run
Apnea Time	20s
CO ₂ Wave Scale	50 mmHg
Wave Speed	6.25 mm/s
CO ₂ Unit	mmHg
Rate	100ml/min
BTPS Compensation	Off
N ₂ O Compensation	Off
O ₂ Compensation	Off
Balance	Air
Agent	0.0%
Temperature	0Celsius
Baro Pressure	400mmHg
CO ₂ Wave Mode	Line
Ok Cancel	

Chart 11-1 CO₂设置

- 1) Work Mode: when "Standby" is selected, CO₂ pump will be closed to lower the power consumption and extend the lifetime of CO₂ module;
- 2) Apnea Time: set delay time of apnea detection, from 10 seconds to 40 seconds. If the settings off, indicate the apnea alarm is closed.
- 3) Wave Scale: wave scale is 30~100mmHg;
- 4) Wave Speed: 6.25mm/s,12.5mm/s,25.0mm/s;

- 5) Unit: mmHg, kPa, %, the formula of unit list below:

$$\text{CO}_2 \text{ (mmHg)} = \text{CO}_2 \text{ (\%)} \times \text{Pbaro (mmHg)} / 100$$

$$\text{CO}_2 \text{ (kPa)} = \text{CO}_2 \text{ (mmHg)} / 7.5$$
PCO₂ : CO₂ pressure; Pbaro: barometer pressure, standard barometer is 760mmHg.
- 6) Rate: set CO₂ pump flow rate: 50ml/min, 100ml/min, 150ml/min;
- 7) BTPS compensation: if “On” is selected, CO₂ module will auto compensate BTPS; if “Off” is selected, CO₂ module will not compensate BTPS. BTPS (Body temperature and pressure, Saturated) means the CO₂ is measured at a temperature of 37°C, a relative humidity of 95% and a 47mmHg (pH₂O) partial pressure of moisture.
- 8) N₂O Compensate: Off, 20%, 40%, 60%;
- 9) O₂ Compensate: Off, 40%, 60%, 80%;

11.4 CO₂ calibrate

Select “CO₂ Calibrate” menu to enter “CO₂ Calibrate” dialog:

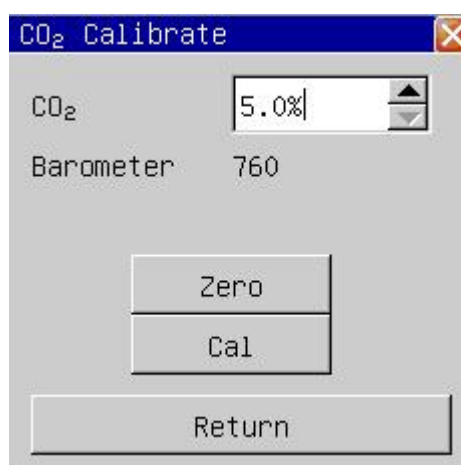


Chart 11-2 CO₂ calibrate

- 1) CO₂: set CO₂ calibration value to 5%~10%;
- 2) Barometer: display current atmosphere pressure;
- 3) Zero: press this button to start zeroing CO₂ module;
- 4) calibrate: press this button to start calibrating CO₂ module;

11.4.1 CO₂ zero procedure

- 1) Power on the monitor for 30 minutes;
- 2) Disconnect the filter line from the patient and make sure that the air in filter line have no CO₂;
- 3) Press “Zero” button in “CO₂ Setting” dialog;

11.4.2 CO₂ calibrate procedure

- 1) Power on the monitor for 30 minutes;
- 2) Connect a gas bottle with a 3-way connector to the monitor as shown below;
- 3) Set the CO₂ value in “CO₂ calibrate” dialog the same with the CO₂ gas bottle;

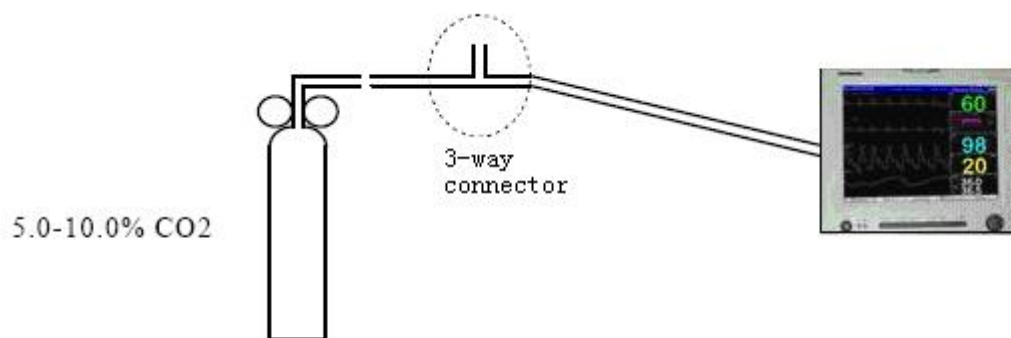


Chart 11-3 CO₂calibrate

Chapter 12 Anesthesia Gas Monitoring

12.1 Overview

The anesthesia gas monitoring can be used for measuring the anesthesia gas and respiration gas of the patient in the anesthetic status. This monitor can configure GAS module. Gas module provides the numerics of the gases mentioned below.



- Carbon dioxide (CO₂): The measured numeric is EtCO₂ (Max. exhaling value: Max. exhaling numeric detected during the respiration);
- Nitrous oxide (N₂O): Laughing gas;
- Oxygen (O₂);
- Anesthetic (AA): Refers to the monitored anesthetic (DES, ISO, ENF, SEV or HAL);
- Airway respiration rate (AwRR): respiration per minute (BrPM).

The patient monitor can display simultaneously a maximum of 4 waveforms, including the CO₂ waveform (default waveform), N₂O waveform, O₂ waveform and the anesthetic (ENF: Enflurane) waveform.

In addition, the patient monitor can display parameters, including CO₂, N₂O, O₂ and AA (Which refers to the monitored anesthetic: DES, ISO, ENF, SEV or HAL). It also displays the inhaling and exhaling numerics as well as MAC (Minimum Alveolar Concentration)/MAL (balance gas) and AwRR.

Parameters include: CO₂ (Carbon dioxide), N₂O (Nitrous oxide, laughing gas), O₂ (Oxygen), AwRR (Airway respiration rate, respiration per minute, BrPM), HAL: Halothame, ISO: Isoflurane, ENF: Enflurane, SEV: Sevoflurane, DES : Desflurane.

12.2 Measurement Principles and Procedure

The gas concentration is measured based on the rationale that the gas have the property of absorbing the infrared.

The gas module can measure gases that have various properties of absorbing the infrared. To measure the concentration of a gas, send it to the sampling room, select the infrared of a specific wavelength with an optical infrared filter, and transmit it through the gas. For a given volume of gas, the higher its concentration is, the more the infrared that will be absorbed by the gas is, and the less the infrared that will be transmitted through the gas is. The concentration of the measured gas is in inverse proportion to the volume of the infrared that is transmitted through the gas. Therefore, the gas concentration can be obtained by calculating the infrared. For the gas module that implements the measurements of multiple gases, multiple infrared filters are necessary.

The oxygen (O₂) does not absorb the infrared within the above-mentioned wavebands, so the oxygen is measured based on its paramagnetism. Inside the sensor of the O₂ module, there are two crystal balls full of nitrogen. They are suspended in the symmetrical magnetic field, and they are designed to point to the strongest outgoing part of the magnetic field. Outside the balls is the paramagnetic oxygen. Therefore, the balls are forced, by the relatively stronger paramagnetic oxygen, out of the magnetic field. The moment of the force acting on the balls is proportional to the paramagnetic strength as well as to the concentration of the oxygen.

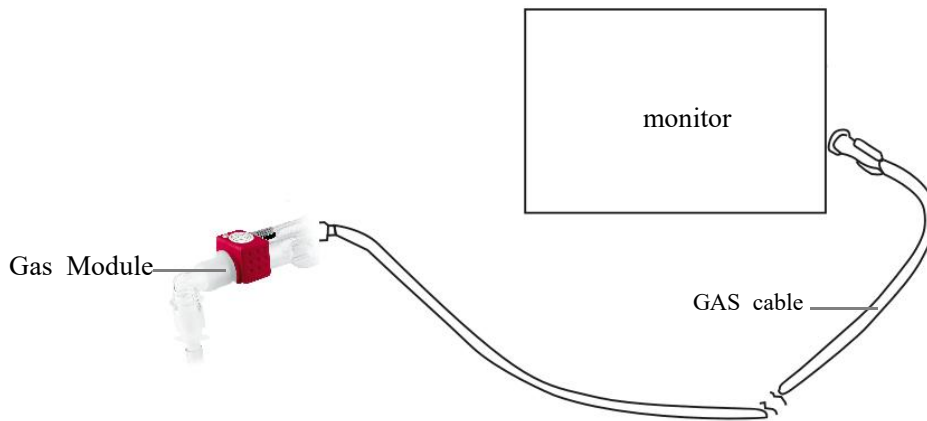


Figure 12-1 GAS gas module connection

12.3 Measurement Procedure

- 1) Plug GAS gas module into the airway and connect GAS cable to the “GAS” socket on the patient monitor;
- 2) If there are “GAS Stand by” prompt on the screen, set “work mode” to “Run” in the “Gas Setting” dialog;
- 3) Co₂, N₂O, O₂ and gas waveform and value will be displayed on the screen after gas module starts up.

12.4 Gas Setting

Enter “Gas Setting” dialog by select “Gas setting” menu:

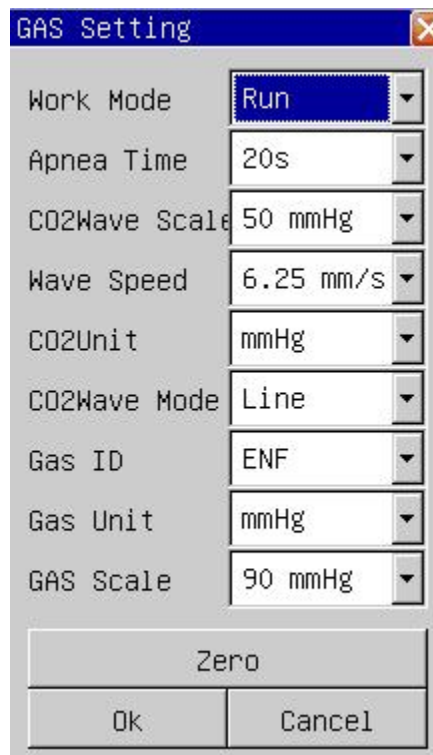


Figure 12-1 Gas Setting

- 10) Work Mode: when “Standby” is selected, gas IR source will be closed to lower the power consumption and extend the lifetime of gas module;

- 11) Apnea Time: set delay time of apnea detection, from 10 seconds to 40 seconds. If the settings off, indicate the apnea alarm is closed.
- 12) Wave Scale: wave scale is 30~100mmHg;
- 13) Wave Speed: 6.25mm/s, 12.5mm/s, 25.0mm/s;
- 14) Unit: mmHg, kPa, %, the formula of unit list below:
$$\text{CO}_2 \text{ (mmHg)} = \text{CO}_2 \text{ (\%)} \times \text{Pbaro (mmHg)} / 100$$
$$\text{CO}_2 \text{ (kPa)} = \text{CO}_2 \text{ (mmHg)} / 7.5$$

PCO₂ : CO₂ pressure; Pbaro: barometer pressure, standard barometer is 760mmHg.
- 1) Wave mode: “line” or “fill” mode can be selected;
- 2) Gas ID: set the anesthesia gas type: (DES, ISO, ENF, SEV or HAL). This selection is only enabled when using manual ID gas module.
- 3) Gas unit: mmHg、kPa、% can be selected;
- 4) Gas gain: wave scale is 30mmHg~150mmHg.

12.4.1 Gas zeroing procedure

- 4) Power on the patient monitor for at least 30 minutes;
- 5) Input gas without CO₂ and other anesthesia gases ;
- 6) Select “Zero” in “Gas Setting ” dialog;
- 7) “Zero OK” will be displayed on the screen when zero done.

Chapter 13 IOC Monitoring

13.1 Discription

The index of cerebral (IOC) has been designed to be used in the monitoring of the level of consciousness of a person during the application of general anaesthesia or in intensive care. This is accomplished by registering the electroencephalographic signal (EEG) by means of surface electrodes which is then analyzed by a digital process.

As a result of the applied calculation, an index "IOC" is obtained, which serves as guidance to the experts who use it to determine the level of consciousness of the patient during surgery.

IOC	Clinical state
90-100	Awake
80-90	Drowsy
60-80	Light anaesthesia
40-60	Range consider as adequate for surgical anaesthesia
10-40	Deep anaesthesia, in most cases accompanied by BS (Burst Suppression)
0-10	Close to coma. BS greater than 75. When CSI is below 3, the EEG is practically iso-electric

Warning

- 1) Not to be used in the presence of flammable gases; explosion risk.
- 2) When used with High Frequency(HF) surgery please note the positioning of the sensors. In order to reduce the hazard of burns the sensors should not be located between the surgical site and the electro-surgical unit return sensor.
- 3) Pay attention if the monitor is connected to a patient connected to other equipment. The total of leakage current may exceed the allowable limit and cause a possible hazard to the patient.
- 4) The conductive parts of sensors and their connectors, including the neutral sensor, should not contact other conductive parts including earth.
- 5) The monitor will not accurate readings when used on patients with severe neurological disorders and patients under 2 years of age.
- 6) The use of pacemakers might cause either long periods of artifacts or elevated IOC values.

Cautions

- 1) The monitor should be used in conjunction with other patient monitoring parameters and clinical signs. This will ensure the optimum balance of the anaesthesia/sedation administration.
- 2) Do not use IOC monitor when cardiac defibrillator is used.
- 3) Patient cable are not protected against defibrillation.

13.2 The patient cable

The patient cable in figure 14.1 is connected to the monitor at the patient cable connector; while the other end with three leads (red, yellow and green) is connected to the electrodes on the skin of the patient, see figure 14.2.

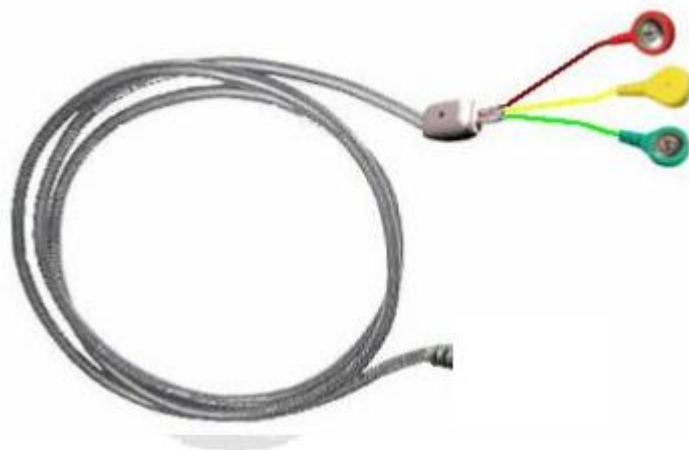


Figure 13-1 patient cable

The cable is of a design especially prepared for measuring the EEG with low levels of interference. Among its characteristics are accentuated:

- 1) Each lead of the cable is shielded individually until the yoke.
- 2) Short terminals that permit better rejection of both capacitive and inductive interference.
- 3) Long main cable.

The connections have different colors to assist in the correct placement. Care should be taken when positioning the electrodes as they are identical except for the colors. The device will not work properly if the electrode leads are interchanged.

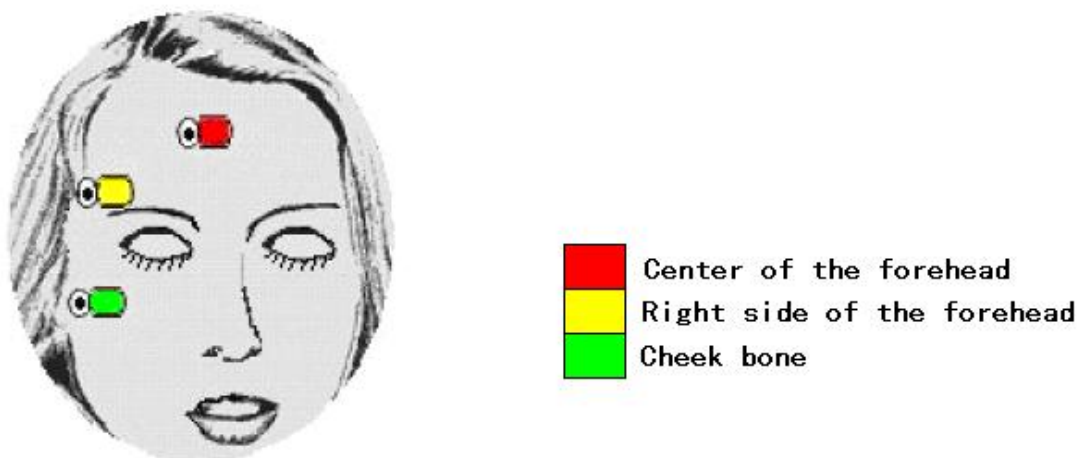


Figure 13-2– Application of the electrodes

13.3 Skin preparation and connections

In order to obtain a correct measurement of the EEG signal, it is especially recommended to prepare the skin in order to reduce the contact impedance that exists in normal conditions. For this purpose, it is advised to use fine sandpaper dedicated to remove the surface layers of the skin in the areas where the electrodes are to be placed.

3.3.1. Application of the electrodes

The patient-cable possesses three connections that should be connected to the electrodes placed on the surface of the patient's previously prepared skin. The three electrodes should be placed as indicated in figure 3. The coloured spots correspond to the colours of the ends of the patient cable, red (+), yellow (reference) and green (-). Always follow the instructions provided by the manufacturer of the electrodes.

Warning

- 1) If skin rash or other unusual symptoms develop, remove sensors from patient.
- 2) It is important to take specially care of patients with skin problems.
- 3) Do not place the electrodes on wounds

13.4 IOC screen

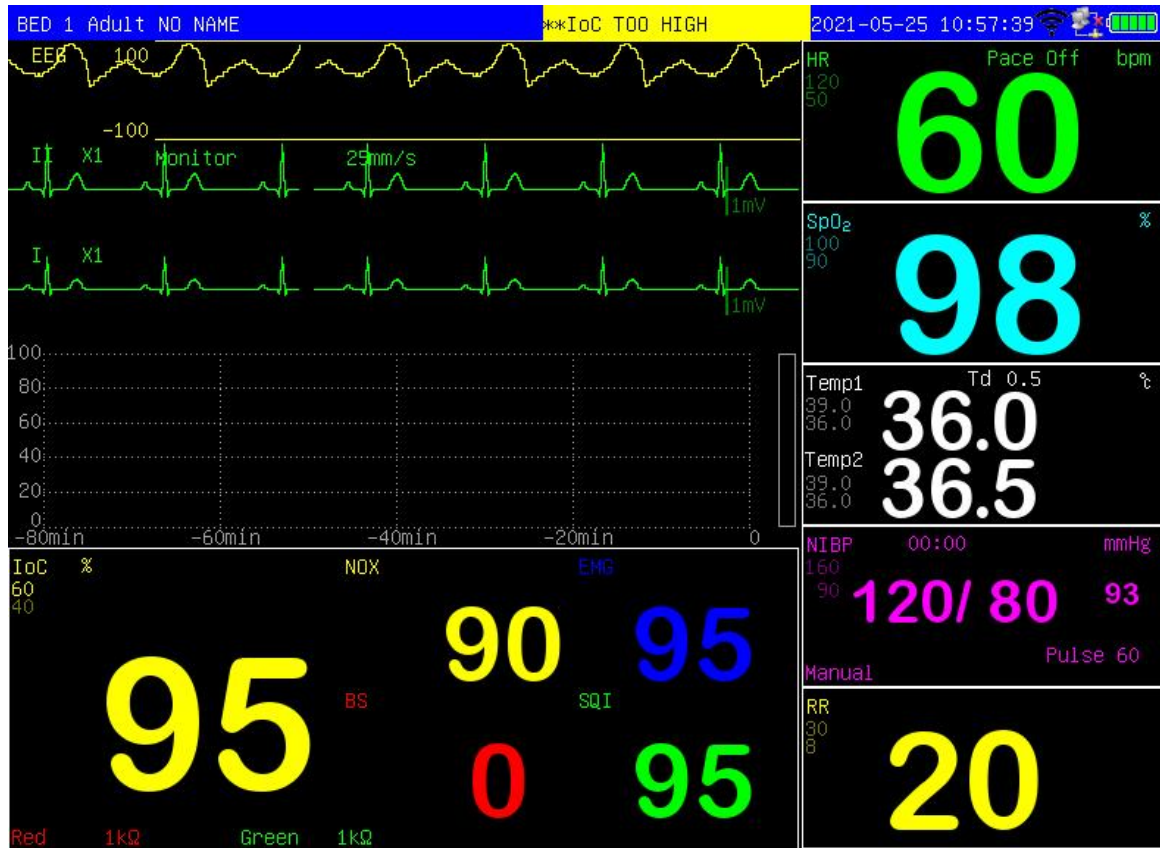


Figure 13-3 IOC screen

EEG and 4 IOC trend waves (include IOC, SQI, BS, EMG) are displayed on wave area; 4 IOC parameters (include IOC, SQI, BS, EMG) and white lead, black lead value are displayed on parameter area.

13.5 IOC setting

Choose "IOC Setting" in "Setting" menu will enter "IOC Setting" dialog:

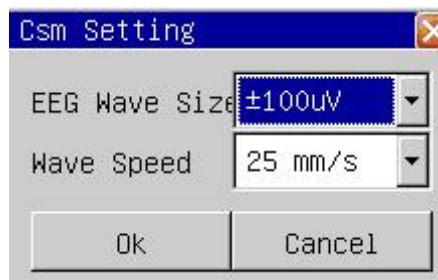


Figure 13-4 IOC setting

- 1) EEG Wave Size: $\pm 10\mu V$ 、 $\pm 20\mu V$ 、 $\pm 40\mu V$ 、 $\pm 80\mu V$ 、 $\pm 100\mu V$ 、 $\pm 150\mu V$ 、 $\pm 200\mu V$.
- 2) Wave Speed: 6.25mm/s, 12.5mm/s, 25.0mm/s.

Chapter 14 History Review

The monitor can storage 72 hours trend data of the whole monitored parameters and 1000 noninvasive blood pressure measurement data. The monitor collects data of parameter every minute and preserves it in trend data, the operator may choose trend graph or trend table to examine the trend data. Every time the noninvasive blood pressure measurement data is obtained, it will be stored in the noninvasive trend data, the operator may choose the noninvasive blood pressure review to look over the noninvasive blood pressure trend data.

14.1 Trend Graph

The trend graph permits operator observing the stored trend data in graph mode. The recent 72 hours trend data is displayed as a trend curve with a resolution of 1 second, 5 second, 1 minute, 2 minutes, 3 minutes, 4 minutes or 5 minutes.

Choosing the “Trend Graph” in the “Review” menu will spring out the following window:

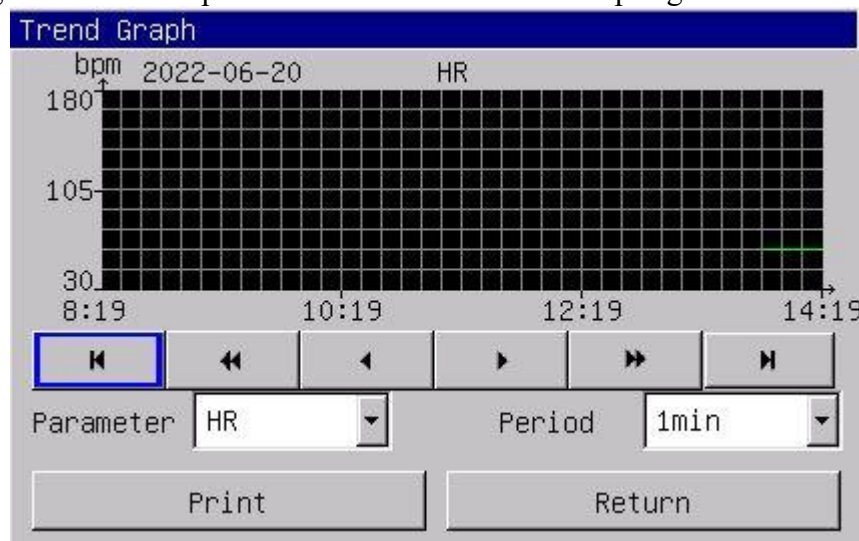


Chart 12- 1 Trend Graph

In trend graph window, time shows underneath the X axis, recent time is displayed on the nearest right side, scope value of parameters is displayed on left side of the Y axis.

14.1.1 Select parameters

By selecting the “parameter” list box with cursor, the operator may choose the parameter trend that is to be displayed. After the anticipant parameter appears, its trend graph will show in the window by pressing down the revolving button.

14.1.2 Set period

By selecting the “period” option, the operator may choose a period of 1 second, 5 seconds, 1 minute, 2 minutes, 3 minutes, 4 minutes or 5 minutes.

14.1.3 Adjust observing time

With the button “◀” and “▶”, the operator may move the time of trend graph a second length forward or backward (current period). With the button “◀◀” and “▶▶”, the operator may move the time of trend graph a page forward or backward. By selecting the button “◀◀◀” the operator may move the time of trend graph 72 hours forward, and “▶▶▶” to current time.

14.2 Trend table

The trend graph permits operator observing the trend data in tabulate mode. The recent 72 hours trend data is displayed as a trend curve with a resolution of 1 minute, 2 minutes, 3 minutes, 4 minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes or 60 minutes.

Choosing the “Trend Graph” in the “Review” menu will spring out the following window:

Trend Table					
2022-06-20	14:16	14:17	14:18	14:19	14:20
HR(bpm)	60	60	60	60	60
RR(BrPM)	20	20	20	20	20
SpO ₂ (%)	98	98	98	98	98
PR(bpm)	60	60	60	60	60
Temp1(°C)	36.0	36.0	36.0	36.0	36.0
Temp2(°C)	36.5	36.5	36.5	36.5	36.5
Sys(mmHg)	---	---	---	---	---
Dia(mmHg)	---	---	---	---	---
Mean(mmHg)	---	---	---	---	---

⏮

⏪

⏩

⏭

⏴

⏵

Period

1min

Record

Print

Return

Chart 12-2 trend table menu

In the window of trend table, the time shows underneath the parameter tabulates, the recent time is displayed on the nearest right side, the parameter name and the unit are displayed in the first column.

The alarm events may also be observed in the trend table: The alarm time of parameter is saved in the trend data, if the parameter alarm, the trend data in the correspond alarm time period would be displayed with a yellow background color.

14.2.1 Set period

By selecting the “period” option with cursor, the operator may choose a period of 1 minute, 2 minutes, 3 minutes, 4 minutes, 5 minutes, 10 minutes, 15 minutes, 30 minutes or 60 minutes.

14.2.2 Adjust observing time

With the buttons “⏪” and “⏩”, the operator may move the time of trend graph a step length forward or backward (current period). With the buttons “⏮” and “⏭”, the operator may move the time of trend graph a page forward or backward. By selecting the button “⏴”, the operator may move the time of trend graph 72 hours forward, and “⏵” the current time.

14.3 Alarm Review

When physical alarm occurs, the monitor will save all the parameters and 16 seconds waveforms in the alarm event database. the monitor can display 200 alarm event in the alarm review.

Choosing the “Alarm Review” in the “Review” menu will display recent alarm event information, just as the following chart shows:

- Sequence number: format is I/N which I means the index of alarm event and N means the total alarm event number in the database, as chart 12-4 shown. new alarm has smaller number, eg, No 1 means the closest alarm.
- Alarm event’s time;
- Alarm event’s type;

- Parameters when alarm occurs;
- 2 channels of waveform, 16 seconds for both channels;

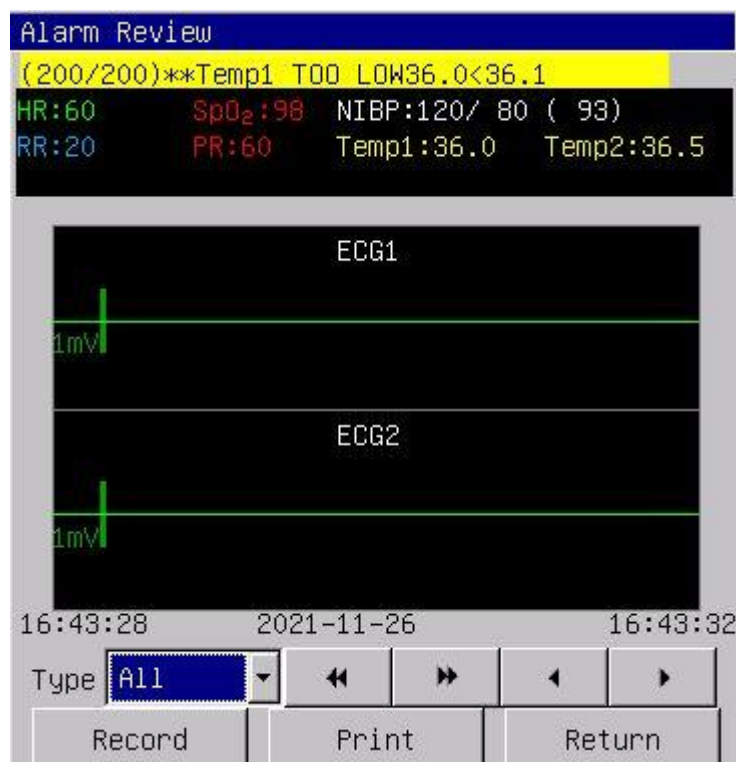


Chart 12- 4 NIBP measurement review

14.3.1 Alarm Type

There are 6 types of alarm event: “All”, “ECG”, “NIBP”, “SpO2”, “RESP”, “TEMP”, “All” means all parameters. User can select the parameter’s alarm event to view.

14.3.2 Choose Alarm

User may use button “◀” and “▶” to choose alarm event. By selecting “◀” button, the previous event will be displayed, selecting “▶” button, the next event will be displayed,

14.3.3 Select waveform

With the buttons “◀” and “▶”, the operator may move the alarm waveform a page forward or backward.

14.3.4 Record

The recorder will output current alarm event if the user pressed button “Record”.

14.4 NIBP Review

The monitor may display the recent 1000 pieces of noninvasive blood pressure measurement data in the NIBP review.

Choosing the “NIBP Review” in the “Review” menu will display the results and time of the recent 10 pieces of noninvasive blood pressure measurement, just as the following window shows:

NIBP Review				
mmHg				
No.	Time	Sys	Dia	Mean
1	2022-06-17 14:53:05	120	80	93
2				
3				
4				
5				
6				
7				
8				
9				
10				

◀

▶

⏮

⏭

⏪

⏩

Print

Return

Chart 12- 4 NIBP measurement review

The data is arranged in order according to the time, the recent measurement data is displayed on the topside, 10 measurement data can be displayed on the screen each time. The buttons “◀” and “▶” can display the pre or the next measurement data. With the buttons “⏮” and “⏭”, the operator may move the time of trend graph a page forward or backward. By selecting the button “⏪”, the operator may see the earliest measurement data, and “⏩” the most recent.

14.5 Wave review

The monitor can display 1 hour waveform data in the waveform review.

Choosing the “wave review” in the “history review” menu will display the recent measurement waveform, just as the following chart shows:

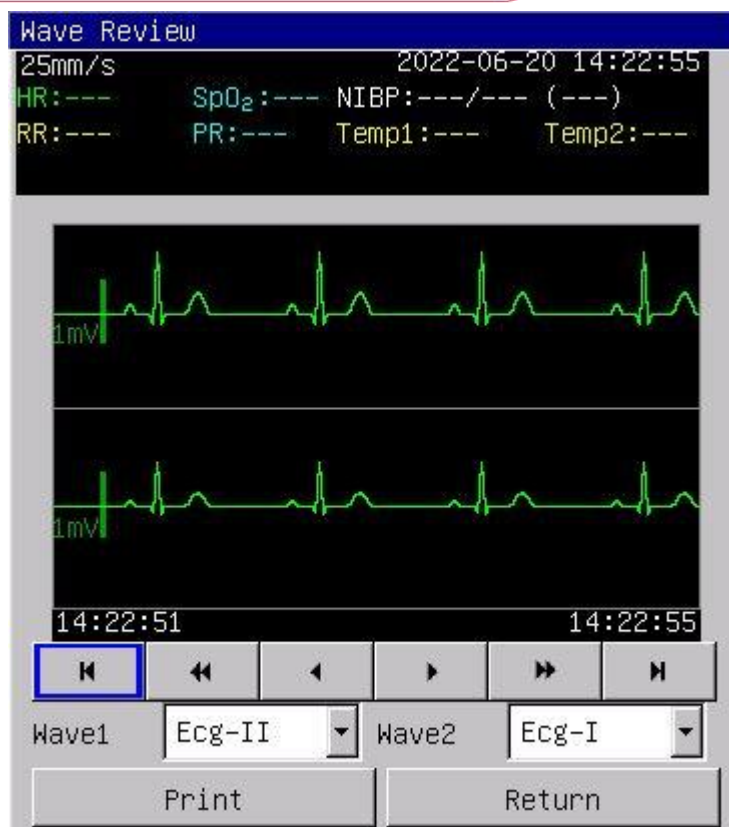


Chart 12- 5 waveform review

Above the waveform shows the interrelated information: waveform scanning velocity, current review time, the currently reviewed parameter measurement tabulate.

14.5.1 Select waveform

By selecting “waveform 1” and “waveform 2” with cursor, the operator may choose the waveform that he wants to observe: ECG1, ECG2, pulse wave and resp wave.

14.5.2 Adjust observing time

With the buttons “◀” and “▶”, the operator may move the waveform a page forward or backward. With the buttons “◀◀” and “▶▶”, the operator may move the waveform one minute forward or backward. By selecting the button “⏮”, the operator may move the waveform time one hour backward, and “⏭” the current time.

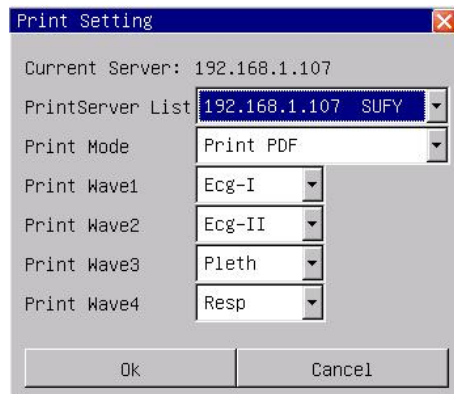


The trend data can be preserved for 720 hours after the turning off of the monitor. If the monitor is turned on after 720 hours’ power-off, the trend data would be eliminated.

The waveform review data can be preserved for 2 hour after the turning off of the monitor. If the monitor is turned on after 2 hour’s power-off, the waveform review data would be deleted.

14.6 Print PDF

14.6.1 Print Setting



- 1) Current Server: The IP address of the currently selected PDTs software to receive PDF files and data export network export.
- 2) Print Server List: the list of computer IP addresses of all PDTs software currently online.
- 3) Print Mode: After the PDF is exported to the PDTs software, there are two options for saving as a PDF file or printing to the printer.
- 4) print waveform 1, print waveform 2, print waveform 3, print waveform 4: there are several options of the waveform to be choose: off, ECG1, ECG2, pulse wave, respiratory wave, IBP1 wave, IBP2 wave, CO₂ wave. The user may choose simultaneously two waveforms to record, or choose one waveform to record while close another record wave.

14.6.2 Print Content

The monitor can print PDF files of the following contents: trend table, trend graph, alarm review, nibp review, wave review, titration table.

14.6.3 Steps

14.6.3.1 FAT32 UDisk

1. Insert a FAT32 formatted USB flash drive.
2. Open the Trend Table, Trend Graph, Alarm Review, NIBP Review, Wave Review or Titration Table interface.
3. Select the parameter information you want to print.
4. Click the "Print" button and select the "Print" button in the pop-up PDF print preview page.
5. On the pop-up Select Print Mode page, select "FAT32 UDisk" and wait for the printing to complete.



14.6.3.2 Network

1. Open the PDTs software.
2. Select "User Setting" in the "Service" menu of the monitor, and modify the IP address to be in the same network segment as the computer IP address.
3. Select "Print Setting" in the "Settings" menu of the monitor, select the IP address option of the PDTs software host in the server list, and click "OK".

2. Select "Trend Graph", "Trend Table", "Alarm Review", "NIBP Review", or "Wave Review" in the "Review" menu of the monitor, and the pop-up Select the "Print" button on the pdf preview page.

PDF Print Preview

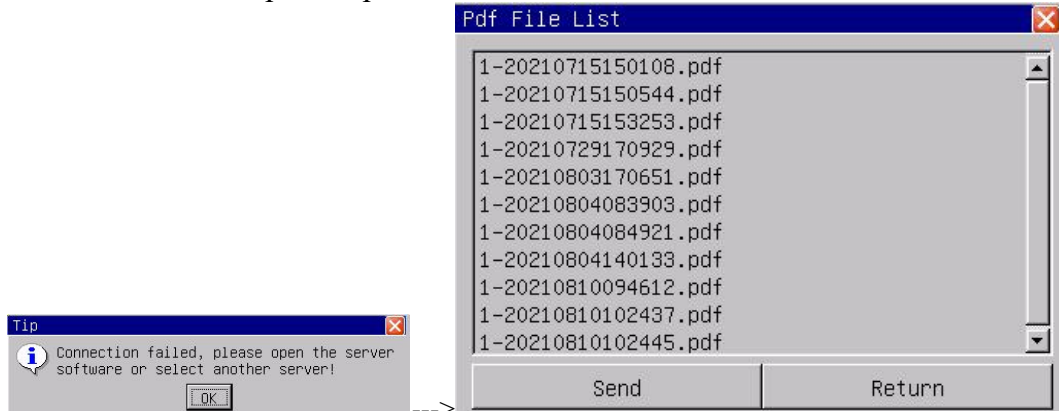
Trend Table
Print at (time): 2021/08/10 10:20:44

BED 1
Name: Sex: Male Age: 41 Admit: 2013/10/01

2021-08-10	HR (bpm)	RR (rpm)	SpO2 (%)	PR (bpm)	Temp1 (°C)	Temp2 (°C)	Sys (mmHg)	Dia (mmHg)	Mean (mmHg)
10:18	60	20	98	60	36.0	35.5	—	—	—
10:17	60	20	98	60	36.0	35.5	—	—	—
10:16	60	20	98	60	36.0	35.5	—	—	—
10:15	60	20	98	60	36.0	35.5	—	—	—
10:14	60	20	98	60	36.0	35.5	—	—	—
10:13	60	20	98	60	36.0	35.5	—	—	—
10:12	60	20	98	60	36.0	35.5	—	—	—
10:11	60	20	98	60	36.0	35.5	—	—	—
10:10	60	20	98	60	36.0	35.5	—	—	—
10:09	60	20	98	60	36.0	35.5	—	—	—
10:08	60	20	98	60	36.0	35.5	—	—	—
10:07	60	20	98	60	36.0	35.5	—	—	—
10:06	60	20	98	60	36.0	35.5	—	—	—
10:05	60	20	98	60	36.0	35.5	—	—	—
10:04	60	20	98	60	36.0	35.5	—	—	—
10:03	60	20	98	60	36.0	35.5	—	—	—
10:02	60	20	98	60	36.0	35.5	—	—	—
10:01	60	20	98	60	36.0	35.5	—	—	—
10:00	60	20	98	60	36.0	35.5	—	—	—
9:59	60	20	98	60	36.0	35.5	—	—	—
9:58	60	20	98	60	36.0	35.5	—	—	—
9:57	60	20	98	60	36.0	35.5	—	—	—
9:56	60	20	98	60	36.0	35.5	—	—	—
9:55	60	20	98	60	36.0	35.5	—	—	—
9:54	60	20	98	60	36.0	35.5	—	—	—
9:53	60	20	98	60	36.0	35.5	—	—	—
9:52	60	20	98	60	36.0	35.5	—	—	—
9:51	60	20	98	60	36.0	35.5	—	—	—
9:50	60	20	98	60	36.0	35.5	—	—	—
9:49	60	20	98	60	36.0	35.5	—	—	—
9:48	60	20	98	60	36.0	35.5	—	—	—
9:47	60	20	98	60	36.0	35.5	—	—	—
9:46	—	—	—	—	—	—	—	—	—
9:45	—	—	—	—	—	—	—	—	—
9:44	—	—	—	—	—	—	—	—	—
9:43	—	—	—	—	—	—	—	—	—
9:42	—	—	—	—	—	—	—	—	—
9:41	60	20	98	60	36.0	35.5	—	—	—
9:40	60	20	98	60	36.0	35.5	—	—	—
9:39	—	—	—	—	—	—	—	—	—
9:38	—	—	—	—	—	—	—	—	—
9:37	—	—	—	—	—	—	—	—	—
9:36	—	—	—	—	—	—	—	—	—
9:35	—	—	—	—	—	—	—	—	—
9:34	—	—	—	—	—	—	—	—	—
9:33	—	—	—	—	—	—	—	—	—
9:32	—	—	—	—	—	—	—	—	—

Print Return

3. If the monitor displays a "Connection failed" prompt, click "OK" and a pop-up window of the pdf file list pops up. Please open the PDTS software and select the file in the pdf file list to send; or repeat steps 1 and 2.



14.7 Data Export

14.7.1 Data Type

You can choose to export the following data: trend, NIBP review, alarm review, and wave review data.

14.7.2 Export Method

14.7.2.1 U-disk

1. Insert the **FAT32 format** U-disk.
2. Rotate the knob to select "Data Export" in "Review" menu.
3. Press the knob to enter the window of "Data Export".



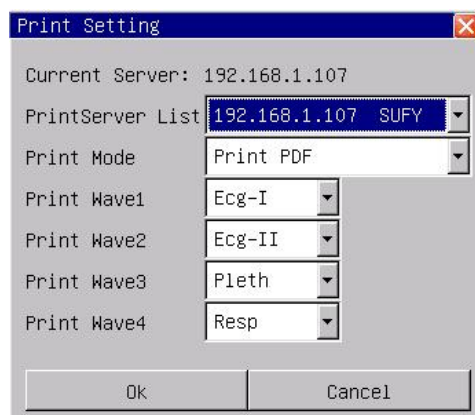
4. Select export mode from the list of "Export Mode".
5. Select data to export, with options of "Trend", "NIBP Review", "Alarm Review", "Wave Review".
6. Press "Data Export" to export review data.



When the progress bar is 100%, the export is complete.

14.7.2.2 Network

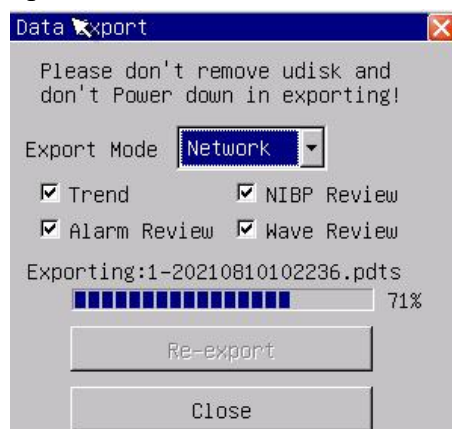
1. Open the PDTS software on the computer.
2. Select "User Setting" in the "Service" menu of the monitor, and modify the IP address to be in the same network segment as the computer IP address.
3. Select "Print Setting" in the "Setting" menu of the monitor, select the IP address of the PDTS software host in the server list, and click OK.



4. Select "Data Export" in the "Review" menu of the monitor.



5. In the "Export Mode" list, select the export mode as network.
6. Select data to export, with options of "Trend", "NIBP Review", "Alarm Review", "Wave Review".
7. Press "Data Export" to export review data.



When the progress bar is 100%, the export is complete.

Tips: If you select "Export Mode" as the network, it displays "Server is not connected", please confirm whether to open the PDTS software. If you open the PDTS software, it still prompts "Server is not connected", please go to the server of the monitor "Print Settings" Select the IP option of the PDTS software host in the list.

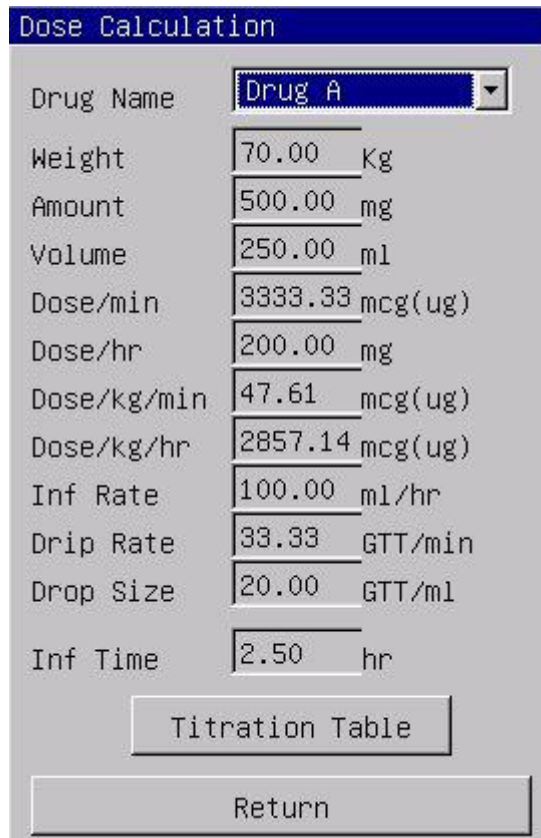
Chapter 15 Drug Calculation

This monitor provides the function of computation for 21 kinds of medicines and the titration table.

15.1 Drug Calculation

The kinds of medicine that can be computed include: AMINOPHYLLIN, DOBUTAMINE, DOPAMINE, EPINEPHRINE, HEPARIN, ISUPREL, INOCOR, INSULIN, INSUPREL, LIDOCAINE, NIPRIDE, NITROGLYCERIN, NOREPINEPHRINE, PITOCIN, PROCAINAMIDE, VASOPRESIN. DRUG A, DRUG B, DRUG C, DRUG D, DRUG E have been provided in addition to replace any kind of the medicine nimbly.

Selecting the “Drug Calculate” in the menu will spring out window as the following chart shows:



Dose Calculation	
Drug Name	Drug A
Weight	70.00 Kg
Amount	500.00 mg
Volume	250.00 ml
Dose/min	3333.33 mcg(ug)
Dose/hr	200.00 mg
Dose/kg/min	47.61 mcg(ug)
Dose/kg/hr	2857.14 mcg(ug)
Inf Rate	100.00 ml/hr
Drip Rate	33.33 GTT/min
Drop Size	20.00 GTT/ml
Inf Time	2.50 hr
Titration Table	
Return	

Chart 13-1 Drug Calculate

The drug calculation can apply the following formulas:

Concentrate = Amount/volume

Inf rate = Dose / Concentrate

Durate = Amount / Dose

Dose = Inf rate × Concentrate

15.2 Operating procedures

In the Drug Calculate window, first the operator should choose the name of the drug that is to be computed, then confirm the animal's weight, and input other values that's already known.

Rotate the knob, move the cursor to each calculated item in the formula separately. Press down and rotate the knob, select the calculated values. After the selection, value of the calculated item will be displayed in the corresponding place.

Drug name selection: move the cursor to the "drug name", rotate the knob, may choose among the 21 kinds of medicines, AMINOPHYLLIN, DOBUTAMINE, DOPAMINE, EPINEPHRINE, HEPARIN, ISUPREL, INOCOR, INSULIN, INSUPREL, LIDOCAINE, NIPRIDE, NITROGLYCERIN, NOREPINEPHRINE, PITOCIN, PROCAINAMIDE, VASOPRESIN, DRUG A, DRUG B, DRUG C, DRUG D, DRUG E. Only one type of medicine can be computed each time.

15.3 Titration table

Select the "Titration Table" in the "Drug Calculate" menu to turn into the interface of titration table.

The following chart shows the interface of the titration table:

Titration Table

Weight 70 kg Dose/hr 200.00mg
 Amount 500.00mg Inf Rate 100.00ml/hr
 Volume 250.00ml Drip Rate 20.00 GTT/min

Dose	Inf Rate	Dose	Inf Rate
1.00	0.50	11.00	5.50
2.00	1.00	12.00	6.00
3.00	1.50	13.00	6.50
4.00	2.00	14.00	7.00
5.00	2.50	15.00	7.50
6.00	3.00	16.00	8.00
7.00	3.50	17.00	8.50
8.00	4.00	18.00	9.00
9.00	4.50	19.00	9.50
10.00	5.00	20.00	10.00

Dose Type

Item Step

Chart 13-2 titration table

- 1) Move the cursor to the "DoseType" option, press down the knob to choose dosage unit.
- 2) Move the cursor to the "Item" option, then press down the knob to choose "Dose", "Inf Rate". The selection of "Dose" will calculate the infusion rate taking the dose as the basis of calculation, otherwise the dose taking infusion rate as the basis of calculation.
- 3) Move the cursor to the "step" option, press down the knob to choose length of step. The optional scope is 1~10.
- 4) With the buttons "" and "", the operator may move the titration table a step backward or forward. With the buttons "" and "", the operator may move the table a page forward or backward. By selecting the button "", the operator may display the minimum titration table data, and "" the maximum.
- 5) The recorder will output current titration table if "Record" button is pressed.
- 6) Move the cursor to the "Return" button, press down the knob to get back to the "Drug Calculate" menu.

Chapter 16 Maintenance and Cleaning

16.1 System Check

Before using the monitor, you shall check:

- Check if there is any mechanical damage;
- Check if all the outer cables, inserted modules and accessories are in good condition;
- Check if all the monitoring functions of the monitor can work normally so as to make sure that the monitor is in good condition.

If you find any damage on the monitor, stop using the monitor on animal, and contact the biomedical engineer of the hospital or COMPANY Customer Service Department immediately.

The overall check of the monitor, including the functional safety check, must be performed by qualified personnel once every 6 to 12 month or each time after fix up.

All checks that need to open the monitor enclosure must be performed by qualified service personnel. Safety and maintenance check may also be conducted by persons from COMPANY. You can obtain the material about the customer service contract from the local COMPANY office.

COMPANY provides all circuit diagrams, parts lists and standard instructions.



If the hospital or agency that is responding to using the monitor does not follow a satisfactory maintenance schedule, the monitor may become invalid, and the human health may be endangered.

16.2 General Cleaning



Turn off the power and disconnect the line power before cleaning the monitor or the sensor/probe.

The Multi-Parameter animal Monitor must be kept dust-free.

It is recommended that you should clean the outside surface of the monitor enclosure and the display screen regularly. Only use *non-caustic detergents such as soap and water to clean the* monitor enclosure.



Pay special attention to avoid damaging monitor:

1. **Avoid using ammonia-based or acetone-based cleaners such as acetone.**
2. **Most cleaning agents must be diluted before use. Dilute the cleaning agent as per the manufacturer's direction.**
3. **Do not use the grinding material, such as steel wool etc.**
4. **Do not let the cleaning agent enter the monitor. Do not immerse any part of the system into liquid.**
5. **Do not leave the cleaning agents at any part of the equipment.**

Cleaning Agents

Except the solutions specified in the above **Caution**, you can use any of the solutions listed below as the cleaning agent.

- Diluted Ammonia Water
- Diluted Sodium Hypochlorite (Bleaching agent).

Note

The diluted sodium hypochlorite from 500ppm (1:100 diluted bleaching agent) to 5000ppm (1:10 bleaching agents) is very effective. The concentration of the diluted sodium hypochlorite depends on how many organisms (blood, mucus) are left on the surface of the enclosure.

- Diluted Formaldehyde 35% -- 37%
- Hydrogen Peroxide 3%
- Alcohol
- Isopropanol

Note

You can use hospital-grade ethanol to clean monitor and its sensor/probe and leave it to dry naturally or use clean cloth to dry it.

Note

COMPANY has no responsibility for the effectiveness of controlling infectious disease using these chemical agents. Please contact infectious disease experts in your hospital for details.

Sterilization

To avoid extended damage to the equipment, sterilization is only recommended when stipulated as necessary in the Hospital Maintenance Schedule. Sterilization facilities must be cleaned first.

Recommended sterilization materials: Ethylate, and Acetaldehyde.

Appropriate sterilization materials for ECG lead and blood pressure cuff are introduced **Chapter ECG/RESP Monitoring** and **Chapter NIBP Monitoring** respectively.

Caution

- Follow the manufacturer's instruction to dilute the solution, or adopt the lowest possible concentration.
- Do not let liquid enter the monitor.
- Do not immerse any part of the monitor into liquid.
- Do not pour liquid onto the monitor during sterilization.
- Use a moistened cloth to wipe off any agent remained on the monitor.

Disinfection

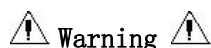
To avoid extended damage to the equipment, disinfection is only recommended when stipulated as necessary in the Hospital Maintenance Schedule. Disinfection facilities should be cleaned first.

Appropriate disinfection materials for ECG lead, SpO₂ sensor, blood pressure cuff and TEMP probe are introduced in **relevant chapters**.



Do not use EtO gas or formaldehyde to disinfect the monitor.

Chapter 17 Appendix - Product Specifications



Warning

The animal monitor may not meet its performance specification if stored or used outside the manufacturer's specified temperature and humidity range.

17.1 Classification

Item	Specification
SFDA classification	Class II
Anti-electroshock degree	Class I equipment with internal power supply
Anti-electroshock degree	TEMP/SpO ₂ /NIBP: BF ECG/RESP CF
Explosion proof level	Ordinary equipment, without explosion proof
Harmful liquid proof degree	Ordinary equipment, without liquid proof
Working system	Continuous running equipment

17.2 Power Supply

100~240 VAC, 50/60 Hz, Pmax=90VA

17.3 Battery

2.2 Ah 14.8V rechargeable battery

Operating time after full charge is more than 1 hours

Operating time after the first alarm of low battery will be about 5 minutes

Maximum charging time is less than 6 hours.

17.4 Signal Interface

Network interface standard RJ45 Socket

17.5 Storage

Trend	720 hours
NIBP review	1000 NIBP events
Wave review	2 hours
Alarm review	200 alarm events
All storage data are non volatile.	

17.6 Environment

Temperature	
Working	0 ~ 40 °C
Storage	-20 ~ 50°C
Humidity	
Working	15% - 90 %
Storage	15% - 90 % (no coagulation)

17.7 ECG

17.7.1 Lead mode

3 Leads: RA、LA、LL; lead mode: I, II, III

5 Leads: RA、LA、LL、RL、V; lead mode: I, II, III, AVR, AVL, AVF, V

17.7.2 Gain

×2.5mm/mV, 5.0mm/mV, 10mm/mV, 20mm/mV

17.7.3 Heart rate

Measure range:	15 ~ 350 bpm
accuracy	± 1%
resolution	1 bpm

17.7.4 Sensitivity

> 200 μ V P-P

17.7.5 Differential Input Impedance

> 5 M ohm

17.7.6 Bandwidth

Surgery	1 ~ 20 Hz
Monitor	0.5 ~ 40 Hz
Diagnostic	0.05 ~ 130 Hz

17.7.7 CMRR

Diagnostic Mode	>90 dB
Monitor Mode	>110 dB
Surgery Mode	>110 dB

17.7.8 Electrode offset potential

±300mV

17.7.9 PACE pulse detect

range	±4~±700mV
width	0.1~2ms
rise time	10~100 μ s

17.7.10 PACE pulse rejection

range	±2~±700mV
width	0.1~2ms
rise time	10~100 μ s

17.7.11 Baseline Recovery

< 3 s After defibrillation.

17.7.12 Signal Range

± 8 mV p-p

17.7.13 Calibration Signal

1 mV p-p, ± 5% accuracy

17.8 Respiration

17.8.1 Method

Impedance between RA-LL

17.8.2 Respiration Impedance Range

0.3~3 Ω

17.8.3 Base Impedance Range

200 Ω -4000 Ω

17.8.4 Bandwidth

0.3 ~ 2.5 Hz

17.8.5 Gain

×0.25,×0.500,×1,×2,×4

17.8.6 Respiration Rate

Measurement Range	0 ~ 150 BrPM
Resolution	1 BrPM
Accuracy	0~6 BrPM: unspecified 7~150 BrPM: ± 2 BrPM

17.8.7 Apnea Alarm

10 ~ 40 s

17.9 NIBP

17.9.1 Method

Oscillometry

17.9.2 Measure mode

Manual, Auto, STAT

17.9.3 Measure Interval in AUTO Mode

1,2,3,4,5,10,15,30,60,90,120,180,240,480 min

17.9.4 Measure Period in STAT Mode

5 min

17.9.5 Pulse Rate Range

40 ~ 240 bpm

17.9.6 Measure and Alarm Range

SYS	40 ~ 280 mmHg
DIA	10 ~ 220 mmHg
MEAN	20 ~ 240 mmHg

17.9.7 Static pressure accuracy

± 3 mmHg

17.9.8 Resolution

1 mmHg

17.9.9 Accuracy

Maximum Mean error	± 5 mmHg
Maximum Standard deviation	8 mmHg

17.9.10 Overpressure Protection

300 mmHg

17.10 SpO₂

17.10.1 Measurement Range

0 ~ 100 %

17.10.2 Resolution

1 %

17.10.3 Accuracy

70% ~ 100%	± 2 %
<69%	unspecified

17.10.4 PI

Measure Range	0.1% ~ 20%
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17.10.5 PVI

Measure Range 0~100

17.10.6 Pulse Rate

Measure and Alarm Range 20~250bpm

Resolution 1bpm

Accuracy ± 3 bpm

17.10.7 PI (Perfusion Index)

Range 0.02~20%

17.10.8 PVI (Pulse Variability Index)

Range 0~100

17.11 Temperature

Channel 2

Measure and Alarm Range 0 ~ 50 °C

Resolution 0.1°C

Accuracy(no sensor) $\pm 0.1^{\circ}\text{C}$ (0°C – 50°C)

17.12 IBP(optional)

17.12.1 Sensor

reusable sensors: OHMEDA P23XL or BD, EDWARD compatible

once usage: OHMEDA DT-4812 or BD, EDWARD compatible

excitation voltage: $+5\text{Vdc} \pm 2\%$

sensitivity: 5uV/V/mmHg

17.12.2 Channels

2 channels

17.12.3 Measuer Range

-50~ 360 (mmHg)

17.12.4 Resolution

1mmHg

17.12.5 Accuracy(no sensor)

$\pm 2\%$ or $\pm 1\text{mmHg}$, use the greater

17.12.6 Band Width

Normal mode: DC~40Hz

Smooth mode: DC~12.5Hz

17.13 CO₂(optional)

17.13.1 Measuer Range

0% ~ 13%

17.13.2 Resolution

1 mmHg

17.13.3 Accuracy

2 mmHg @ $< 5.0\%$ CO₂ (at ATPS)

17.13.4 Breath Rate

Breath Rate: 3 - 150 bpm

17.14 Gas (optional)

17.14.1 Measuer Range

CO2	0 - 15 %
O2	0 - 100 %
N2O	0 - 100 %
HAL, ISO, ENF	0 - 8 %
SEV	0 - 10 %
DES	0 - 22 %

17.14.2 Accuracy

CO2	$\pm (0.2 \% \text{ABS} + 2 \% \text{REL})$
O2	$\pm (1 \% \text{ABS} + 2 \% \text{REL})$
N2O	$\pm (2 \% \text{ABS} + 2 \% \text{REL})$
HAL, ISO, ENF	$\pm (0.15 \% \text{ABS} + 2 \% \text{REL})$
SEV	$\pm (0.15 \% \text{ABS} + 2 \% \text{REL})$
DES	$\pm (0.15 \% \text{ABS} + 2 \% \text{REL})$

17.14.3 Breath Rate

Breath Rate: 0 - 150 bpm, ± 1 bpm

17.15 Recorder(optional)

Paper width	48 mm
speed	25/50 mm/s
wave channel	3 channels