



Recovery starts with synchrony

The **Respironics V200** Critical Care Ventilator with Auto-Trak delivers synchrony from initiation to liberation

PHILIPS

Advanced breath

The Respironics V200 Critical Care Ventilator gives you standard-of-care ventilation modes with synchrony options that streamline patient care. Whether you are a seasoned, or a recently educated clinician, you will become proficient quickly on the V200, which functions simply while meeting dynamic patient needs in demanding care environments.

For invasive ventilation, the Philips V200 provides instantly recognizable modes. Behind these modes, the V200 ventilator employs advanced breath delivery algorithms—Auto-Trak, Flow-Trak, and Baby-Trak—to improve patient-ventilator synchrony.

For noninvasive ventilation (NIV), the V200 functions like the BiPAP Vision with Auto-Trak, the gold standard for NIV. By using spontaneous breathing (S) and timed back-up (S/T) with IPAP and EPAP settings, the V200 keeps NIV simple, for new and experienced caregivers.

An integral heated expiratory HEPA filter improves safety by protecting clinicians and family members from the spread of exhaled pathogens. In addition, integrated monitoring of physiological parameters helps you reduce complications and speed liberation in critical care and long-term acute care (LTAC) settings.



Initiate and stabilize

Synchrony is critical when initiating ventilation and stabilizing patients. The V200 Ventilator provides optimal synchrony by automatically adjusting its triggering and cycling thresholds in the face of changing leaks and responding to dynamic patient flow demand. With improved synchrony, patients fight ventilation less and may require less sedation.

- The Auto-Trak algorithm
- The Flow-Trak algorithm
- The Baby-Trak algorithm

delivery



Support and monitor

With the V200 respiratory profile monitor interface, you see the cause-and-effect relationship between ventilator adjustments and real-time patient response. Using an initial ABG to set a baseline, the system monitors CO_2 elimination, dead space, and alveolar ventilation. Waveforms, loops, and trends improve clinicians' ability to evaluate and adjust settings in response to auto-PEEP and changes in resistance and compliance.

- Continuous noninvasive physiological monitoring for real-time assessment
- Fewer arterial blood gas draws

Screen and liberate

The V200 is the only ventilator with a Speaking Mode that does not require an external valve. The return of speech helps patients more easily express their needs.

The V200 with respiratory profile monitor interface provides information to transition to NIV or identify a patient's readiness for spontaneous breathing trials. Together, these tools help clinicians shorten lengths of stay and reduce the risk of ventilator-associated pneumonia (VAP).

Synchrony for patient comfort

Digital Auto-Trak sensitivity

Auto-adaptive triggering, cycling and leak compensation both invasively and noninvasively

Digital Auto-Trak sensitivity improves patient-ventilator synchrony by monitoring multiple parameters and responding to the first indication of patient demand. By automatically responding to these parameters, Auto-Trak eliminates the need to manually adjust a single triggering threshold. This ensures minimal work of breathing for patients and improved workflow for clinicians.

I-Trigger: Auto-Trak monitors multiple parameters simultaneously: pressure, flow, volume and patient effort.

E-Cycle: Auto-Trak monitors both peak-expiratory flow and end-inspiratory pressure changes.

Leak adaptation: Auto-Trak constantly adapts to changing leak conditions. Estimated patient leaks are displayed in liters per minute (LPM) and are updated with every breath, so you can accurately assess the patient's situation and modify care accordingly.

- Available for pediatric and adult patient ranges
- Provides noninvasive ventilation with IPAP/EPAP settings in S/ST modes
- Auto-adaptive leak compensation up to 60 l/min

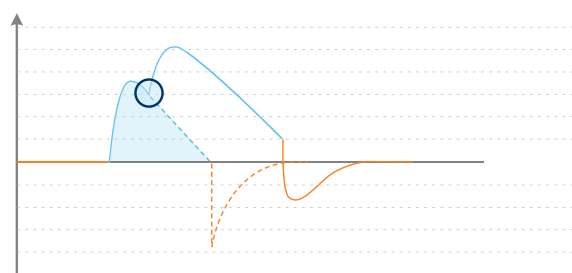
Flow-Trak

Free-breathing for patients with varying flow demands

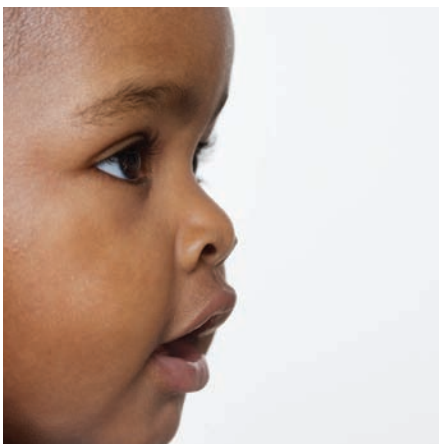
In volume-control ventilation (VCV), the Flow-Trak algorithm automatically adjusts to a patient's intermittent demand for higher flow or greater volume. This additional flow prevents breath stacking, which may result in the reduction of medication requirements and shorten lengths of stay. Following a larger breath, Flow-Trak prolongs the next expiratory phase to accommodate the increased volume and avoid auto-PEEP. This means you can implement ARDSnet protocols without worrying about volume and flow starvation.

- Reduces nuisance alarms
- Available in square-flow waveform for shorter inspiratory times and longer expiratory times
- Available in a decelerating-flow waveform for lower ventilation pressures

Flow



- Patient demand exceeds flow, initiating Flow-Trak
- 500 ml Set dial volume



Baby-Trak

Gentle ventilation for your most fragile patients

The Baby-Trak algorithm minimizes pressure fluctuations and reduces work-of-breathing for infants and neonates as small as 0.5 kg. During inspiration, the V200 Ventilator exhalation valve remains partially open. It also minimizes work of breathing during exhalation by enabling a faster cycling response.

- Self-tests verify the presence of a neonatal circuit and the appropriate ventilator configuration to ensure patient protection
- Sensitive flow-triggering

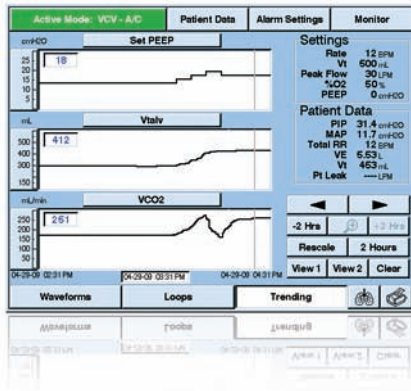
See your patients

Respiratory profile monitoring

Real-time assessment tools of alveolar gas exchange

The V200 respiratory profile monitor interface confirms intubation, assesses dead space, CO₂ elimination and alveolar ventilation. This complete picture of patient ventilation supports clinical decisions for lung protective strategies, liberation screening, and spontaneous breathing trials. The V200 saves parameters from the respiratory profile monitor in the trending module so that clinicians can easily correlate real-time monitored patient data to ventilator settings.

- Calculation of mechanical and spontaneous breaths
- Automatic reading of FIO₂



Respiratory mechanics

Tools for the path to liberation

The V200 Respiratory Mechanics package provides you with diagnostic tools for dynamic and static lung parameter measurements. Clinicians evaluate their patients with reliable data while eliminating the inconsistency of manual measurements. The parameters, results, date and time of the last maneuver are clearly displayed on the patient status screen:

- Static and dynamic C and R
- Slow vital capacity
- MIP – P Plat – P0.1

Trending package

From the big picture to the pivotal moment

The V200 Trending Package offers holistic views of ventilatory care.

- Trended parameters on a single screen
- Over 40 settings and patient data parameters
- Flexible time-scale to present data from 2 to 72 hours
- Cursor to select specific moments in time

Respironics V200 Ventilator





Service and support

Clinical education

- Onsite and online product and clinical education for CEUs with AARC accreditation
- Competency checklists designed for customization by your institution

Technical service

- Respi-Link remote diagnostic system reduces unit downtime, service costs, installation fees and disruptions to patient care by enabling authorized support specialists to securely access V200 Ventilators monitors via the internet for remote, real-time technical assistance and software upgrades
- Service schools provide in-depth training
- Customer satisfaction rating: 4.9 (scale of 1 to 5)*

**Independent quarterly survey conducted from March 2007 to July 2008 by Service800, Inc.*

Hear your patients



Speaking Mode

Patient speech without an external valve

The unique Speaking Mode allows appropriately selected tracheostomy patients to speak without an external valve. This may also represent a long-term saving on accessories. Setup is simple.

- Screen prompts summarize the automatic setting changes and remind clinicians to verify cuff inflation or deflation.
- Automatically switches all exhaled spirometry-based alarms to delivered spirometry-based alarms, disables PEEP and low PEEP alarm settings, and sets breath delivery to pressure triggering.
- Senses and responds to occlusions and inadvertent cuff inflations by returning to the patient's standard ventilation mode and sounding an alarm.
- Detects and alarms in the event of circuit disconnections.

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this device to sale by or on the
order of a physician.



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