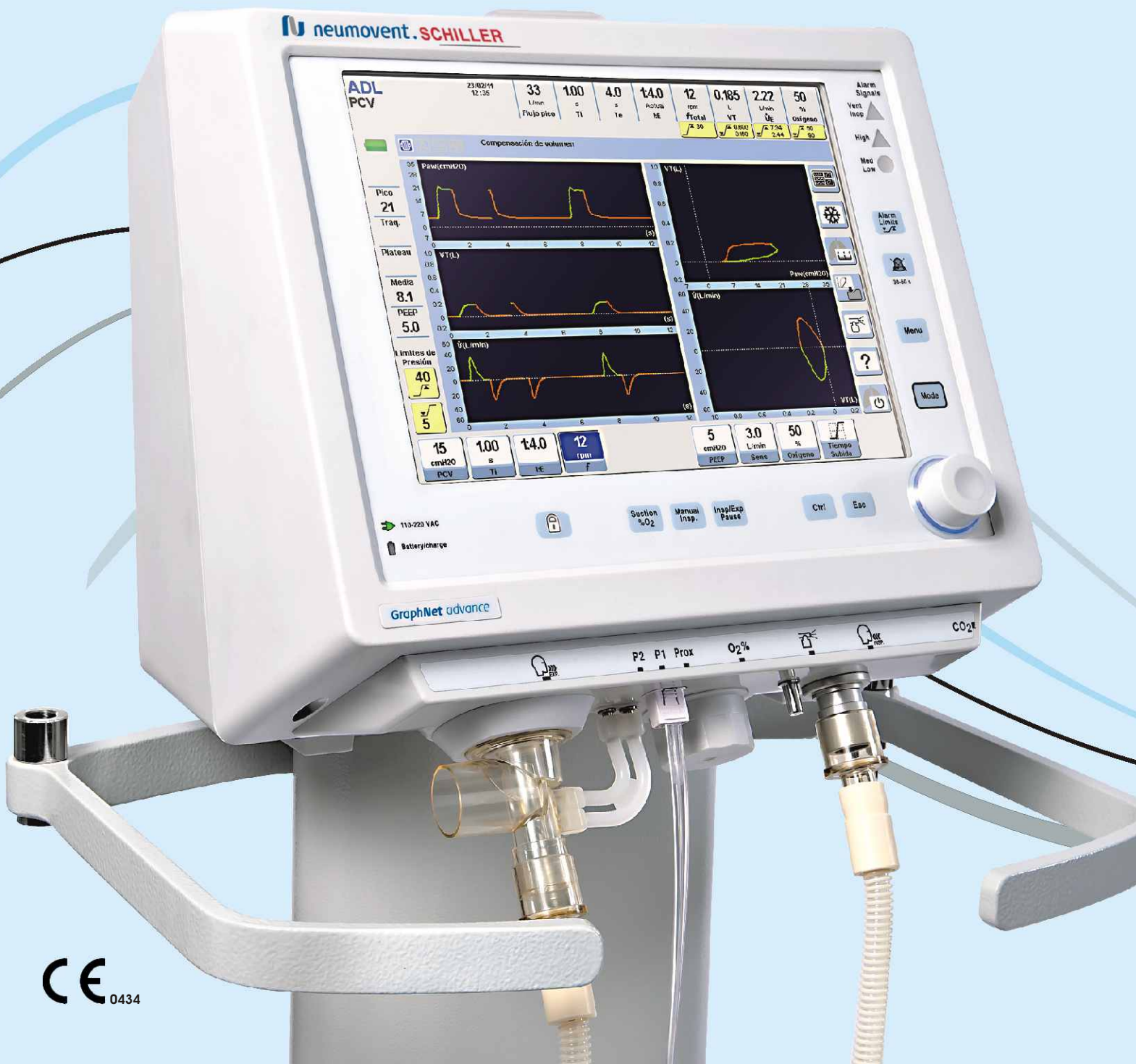


**GraphNet advance**

The right care  
in the right moment.



## Operative Modes

### Adults And Pediatrics

VCV Volume Control (Assisted/Controlled)  
PCV Pressure Control (Assisted/Controlled)  
PSV Pressure Support  
CPAP Continuous Positive Airway Pressure  
SIMV (VCV) + PSV  
SIMV (PCV) + PSV  
MMV + PSV Mandatory Minute Ventilation  
PSV + Tidal Volume Assured  
APRV Airway Pressure Release Ventilation  
PRVC Pressure Regulated Volume Control  
NIV Non-Invasive Ventilation

### Neonates And Infants

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

### Parameter Selection

(according to operative mode and patient category)

Tidal Volume: 5-2500 mL  
Programmable Minute Volume (MMV + PSV): 1.0-50 L/min  
Resulting Minute Volume: 0.01-130 L/min  
Inspiratory Time: 0.1-3 seconds (30 seconds in APRV)  
I:E Ratio: 5:1 - 1:5.99  
Respiratory Rate:  
ADL: 1-100 bpm  
PED/NEO-INF: 1-150 bpm  
FiO<sub>2</sub>: 21-100%  
Inspiratory sensitivity:  
Flow Triggered: 0.2-1.5 L/min  
Pressure Triggered: 0.5-20 cmH<sub>2</sub>O below PEEP  
Expiratory sensitivity for PSV: 5%-80% of the initial peak flow, in steps of 5%  
PEEP/CPAP: 0-50 cmH<sub>2</sub>O  
Controlled Pressure (PCV): 2-100 cmH<sub>2</sub>O  
Support Pressure (PSV): 0-100 cmH<sub>2</sub>O  
Inspiratory Pause (programmable in VCV): 0-2 seconds  
Inspiratory Flow Waveform (in VCV): Rectangular and Descending Ramp  
Inspiratory Flow (resultant): 0.2-180 L/min  
Continuous Flow (NEO-INF): 2-40 L/min  
Limited Pressure in TCPL (NEO-INF): 3-70 cmH<sub>2</sub>O  
Maximum pressure limited (safety limits): up to 120 cmH<sub>2</sub>O

### Alarms

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

Tidal Volume and Minute Volume alarms in NIV  
High and Low Inspiratory Pressure  
Low Pressure of O<sub>2</sub> and Air, or one of them  
Main Power Loss, Low Battery  
High Continuous Pressure  
Technical Failure, Fan Failure  
Disconnection, Leak (non-compensable)  
High and Low Minute Volume, High and Low Tidal Volume  
High and Low O<sub>2</sub> percentage, Oxygen not adequate  
Apnea  
High Respiratory Rate, PEEP Loss  
High and Low ETCO<sub>2</sub> (optional with capnography)

## Other Features And Controls

12" color touch screen  
Sighs (invcv), Trends (up to 72 hours)  
PF, PV, FV LOOPS. They can be saved as reference loops.  
Suction %O<sub>2</sub>: for suction sequence with variable FIO<sub>2</sub>  
Synchronized Nebulizer  
Manual Inspiration, Inspiratory/Expiratory Pause (manual)  
Standby function  
Inspiratory relief valve (antisuffocation), Pneumatic safety valve: 120 cmH<sub>2</sub>O (±5)

## Complementary Functions

Altitude compensation for volume correction  
Body temperature volume correction (BTSP)  
Volume correction according to patient circuit compliance  
Leak compensation available in all operative's modes  
Endotracheal or tracheotomy tube compensation: compensation of 10%-100% for Ø 4-12 mm  
Tidal Volume Setting based on Ideal Body Weight (IBW)  
Intra-hospital transport: facilitates the mobilization when the ventilator can only be supplied with oxygen bottles  
Capnography Curves of CO<sub>2</sub>/Time and Volumetric Capnography (CO<sub>2</sub> / VT)  
Measurements of ETCO<sub>2</sub> (partial pressure of CO<sub>2</sub> at the end of expiration), and their derivatives variables (Alveolar Ventilation, Dead Space, CO<sub>2</sub> Elimination (VCO<sub>2</sub>), VD/VT Ratio, CO<sub>2</sub> expired volume (VTCO<sub>2</sub>), etc. The capnograph (sensor) is an optional accessory.

## Respiratory Mechanics

Selection by onscreen menu:  
AutoPEEP, Trapped volume measurement  
Dynamic and static compliance, Inspiratory and Expiratory Resistance  
Slow Vital Capacity (Non-forced), Occluded inspiratory effort during 100 ms (P0.1)  
P/V Inflections Points, Maximum inspiratory pressure (Pi max)  
Trapped Volume Measurement, Physiological Dead Space  
Rapid Shallow breathing index (FVT Index), Imposed work of breathing (WOBI), Expiratory time constant (TCexp)

## Connectivity

RS-232C with DB-9 connector

## Electrical Requirements

Main Power: 100-240 V / 50-60 Hz. Automatic voltage switching  
Internal Battery: 10.8 V / 4.8 Ah Automatic recharge.  
Estimated duration: 2 hours when fully charged. Charge level indicator onscreen

## Pneumatic Requirements

Gas supply:  
- Oxygen: Pressure 3.5-7 bar (approx 50-100 psi) Connector: DISS 9/16"-18  
- Air: Pressure 3.5-7 bar (approx 50-100 psi) Connector: DISS 3/4"-16  
Automatic gas switching when one of them is absent in order to allow patient ventilation with the remaining gas

## Order Information

GraphNet advance main unit  
Cart/Trolley  
Exhalation valve with flowsensor  
Reusable adult patient circuit  
Test lung  
Proximal flow sensor (neonatal)

### Optional:

Air compressor  
Capnostat 5® CO<sub>2</sub> sensor  
Humidifier

Accessories shown are not part of standard configuration. Technical data are subject to change without notice.

Manufactured by **TECME, Argentina**

# SCHILLER

The Art of Diagnostics

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