VL 200

ICU VENTILATOR

URUK

- Wide 18.5 inch TFT Display
- Easy accessible inhalation and PEEP valve ports
- High performance flow sensor, reusable after disinfection
- Permanent oxygen sensor
- Input oxygen concentration measurement with compensation
- Gas supply: 1.2 to 6.0 bar
- High Flow Oxygen Therapy (HFO)
- Respiratory flow up to 250 L/min

Ventilator Operating Specifications

•Patient Range: Pediatric, Adult
•Ventilation Types: Invasive and Non-invasive
•02 Sensor / Input 02 Sensor: Permanent 02 sensor
•Exhalation Flow Sensor: High performance and reusable after disinfection

Monitoring Parameters:

- Vti
- MV
- PFe
- Rate Sp
- PEEP
- PendInsp
- Pplateau
- 02
- Gas Temp
- Te
- H:L
- Rinsp
- Cstat
- WOB
- RCe
- NIF
- EtCO2 (Optional)
- Vte
- MV Spont
- Rate
- Ppeak
- Auto PEEP
- Pmean
- Leak
- Input 02
- Ti
- I:E
- Ti/Ttot
- Rexp
- Cdyn
- RSBI
- PO.1
- PO.1/NIF
- FiCO2(Optional)

Ventilation Modes

- VCV
- PCV
- PSV
- PRVC-SIMV
- APRV
- V-SIMV
- P-SIMV
- PRVC-CMV
- VSV

Setting Parameters

- Respiratory Rate: 2 - 150 b/min
- Tidal Volume: 20.2600 ml
- Ventilation Types: Invasive and Non-invasive
- PEEP / CPAP: 0 - 50 cmH20
- Pcontrol: 2 - 80 cmH20
- Psupport: 0-80 cmH20
- Pause (insp plateau): 0 -75 % of Inspiratory time
- Oxygen (Fi02): 21 - 100 %
- I-Time (Ti): 0.1 - 10.0 sec
- Rise time: Fast, Med, Slow
- Exhalation sensitivity: 5 - 85 % of peak flow
- Peak Flow: 0.2 - 250 l/min
- Flow Pat.: Square, Dec
- Base Flow: (Not user-configurable) 4.5 - 25 L/min
- Phigh: 5to 50 cmH2O
- Plow:0 to 47 cmH2O
- Thigh: 1.0 to 29.8 s
- Tlow: 0.2 to 2.0 s
- Auto Tlow: 5 - 85 % of peak flow
- I:E: 1:9 - 4:1
- Compliance Comp: On or Off
- Leak Comp: On or Off
- NIV: On or Off (in P-SIMV and PSV modes)
- Pressure triggering: (-0.5) - (-20) cmH2O
- Flow triggering: 1- 20 l/min
- Dual Control: On or Off in VCV or VSIMV modes when square is selected as flow pattern

Conformance with the most recent standards represents the key feature of our ICU ventilators. Our ventilators' design provides the logical choice of the best ventilation modes and thus patients can receive safe and effective treatment. The device's specialized hardware and sophisticated software are ready to tolerate unstable states in high-pressure inputs, oxygen concentration, electricity, and local environment, and properly maintain its performance without operator intervention. In addition, fluctuations in the condition of the patient's lungs and inconsistencies between the settings of the device and the patient are detected, and the operation of the device is maintained in the most suitable conditions.

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