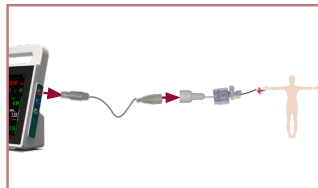
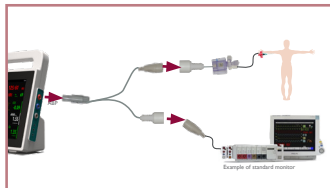


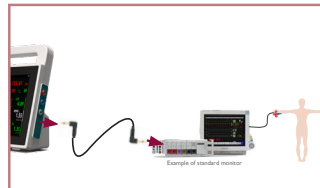
1 CONNECT mostcare^{UP}



Stand alone cable
directly to ABP transducer

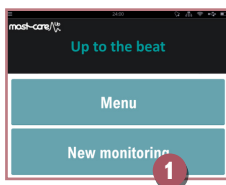


Y cable
between bedside monitor & ABP transducer



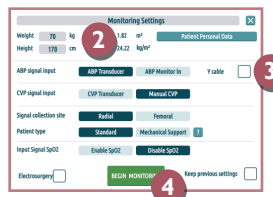
Analog cable
Between MostCare^{UP} and bedside monitor

2 ENTER patient data



1

- 1 Press «New monitoring».
- 2 Enter patient weight & height.
- 3 Select «ABP Transducer» & tick «Y cable» box if needed.
If the analog cable is connected, tick «ABP Monitor In»
- 4 Check other settings & begin monitoring.

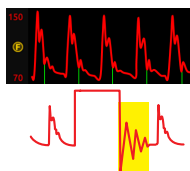


3 ZERO the transducer



- Place the transducer at the level of the **phlebostatic axis**
- **Open the transducer** stopcock to zero
- Touch the curve & press «Zero ABP»

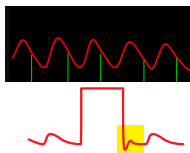
4 Check the SIGNAL QUALITY



Signs of underdamping - resonance
Invasive Systolic press. >> **non invasive**
Invasive Diastolic press. << **non invasive**
dP/dt > 1.7 mmHg/ms (red colored)
Square wave test: **n. oscillations > 2**

Possible solutions

- Touch the curves & set **Advanced Filter**
- Remove any useless connections/loops
- Place a **filter/dampening device** in the circuit
i.e. Accudynamic (ICU Medical), R.O.S.E. (BD)

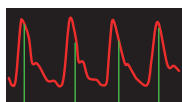


Signs of overdamping:
Invasive Systolic press. << **non invasive**
Invasive Diastolic press. > **non invasive**
Less visible **dicotic notch**
Square wave test: **sluggish or no oscillations**

Possible solutions

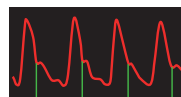
- Check the absence of **kinking** of the arterial cannula
(if radial, extend the wrist of the patient)
- **Flush** the line
- Remove superfluous connections/loops

5 Check the DICROTIC NOTCH



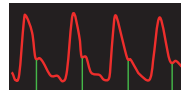
If mostcare^{UP} tends to **anticipate** the ditrotic notch detection

Touch the curve & press **+** to adjust the dicrotic detection



If mostcare^{UP} tends to **delay** the ditrotic notch detection

Touch the curve & press **-** to adjust the dicrotic detection



REPEAT steps 4 & 5 several times during the monitoring.



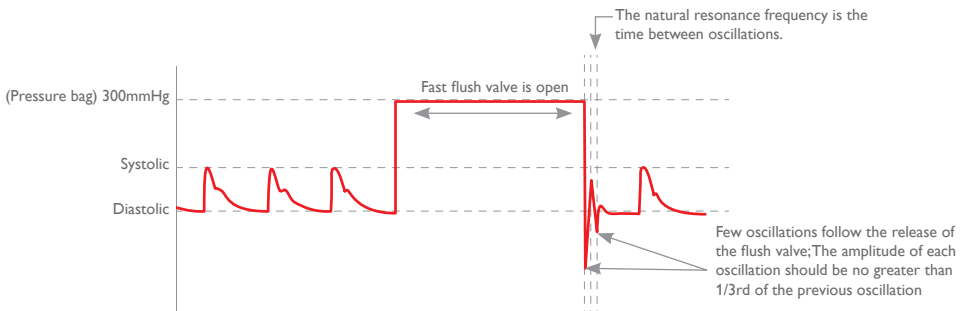
Haemodynamic variables		Physiological range **	Units
Pressures			
Dic	Dicrotic pressure	70 - 105	mmHg
PP	Pulse pressure	30 - 50	mmHg
MAP-Dic	Mean and dicrotic pressure difference	-10 - +10	mmHg
Cardiac output			
SV	Stroke volume	60 - 100	mL
SVI	Stroke volume index	35 - 45	mL/m ²
SV _{kg}	Weighted stroke volume		mL/kg
CO	Cardiac output	4.0 - 8.0	L/min
CI	Cardiac output index	2.6 - 3.8	L (min · m ²)
SVR	Systemic vascular resistance	800 - 1400	dyne · sec/cm ⁵
SVRI	Systemic vascular resistance index	1600 - 2400	dyne · sec · m ² /cm ⁵
Oxygen delivery			
SpO ₂	Arterial oxygen saturation	96 - 100	%
DO ₂	Oxygen delivery	900 - 1000	mL/min
DO ₂ I	Oxygen delivery index	500 - 600	mL/min/m ²
Efficiency and cardiac function			
dP/dt _{max}	Maximal slope of the systolic upstroke	0.9 - 1.3	mmHg/msec
CCE	Cardiac cycle efficiency	-0.2 - 0.3	units
CPO	Cardiac power	0.80 - 1.20	W
CPI	Cardiac power index	0.50 - 0.70	W/m ²
Vascular function			
Ea	Arterial elastance	1.10 - 1.40	mmHg/mL
Dynamic variables			
PPV	Pulse pressure variation	< 15*	%
SVV	Stroke volume variation	< 15*	%
SPV	Systolic pressure variation		%

* Approximate value reported in the literature in the patient receiving controlled mechanical ventilation.

** Normal values in **adult patients**. The values depend on the patient in relation to the clinical conditions.

NOTE: in the most **instable patients**, it is recommended to increase the number of beats considered for the average calculation: touch the curve & set mean value over ...

● Square wave test of an adequately damped arterial waveform



IMPORTANT: this quick guide does not replace the mostcare^{UP} user manual

For further information, please contact:
questions@vygon.com