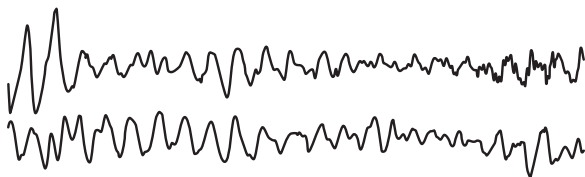


Mortara Instrument's VERITAS™

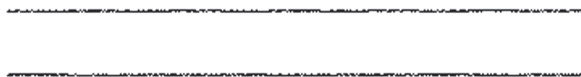
V-Fib (Ventricular Fibrillation)

Chaotic quivering of the ventricles accompanied by rapid irregular waves but no formed QRS complexes.



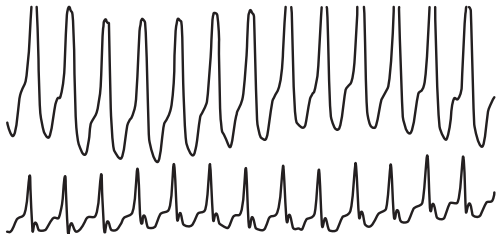
Asystole

Absence of any detected beat for 4 or more seconds.



VTach (Ventricular Tachycardia)

Characterized by a run of premature ventricular beats that is greater than or equal to the PVC run alarm limit setting, and whose rate is greater than or equal to the patient's VTach alarm limit.



Heart Rate and Arrhythmia

For adult and pediatric patients being monitored for arrhythmia, the HR value at the Acuity is derived from the Arrhythmia Analysis instead of from the patient monitor. Thus for these patients, the HR value at the monitor may differ from the HR value at the Central Station.

ECG Lead Selection

- In order for Arrhythmia Analysis to take place, an ECG waveform must be displayed in the ECG 1 location of the On Screen Monitor. If ECG 1 is not displayed, arrhythmia analysis will not be performed. For Propaq 100 Series, Encores and CS, Acuity uses Leads II and V to analyze arrhythmias. When monitoring a patient using the Micropaq monitor, Acuity uses Leads II, V, and III respectively to analyze arrhythmias. Be sure that Lead II and Lead V and if applicable, Lead III has significant amplitude to optimize arrhythmia analysis. For example, if the Lead II, V or III does not have an average amplitude $>200\mu\text{V}$ peak-to-peak, Acuity may not detect certain arrhythmias, including VFib.
- The ECG cable and electrodes should be checked for damage on a regular basis and replaced as necessary.
- Lead preparation and placement should be carefully verified.
- Consider using stress loops especially for ambulatory patients.
- Tall P and T waves may be incorrectly classified as a QRS complex, a PVC and/or may generate a high heart rate or other alarm condition.
- Avoid biphasic QRS complexes.
- Review the quick reference card: Preparing the Patient for Successful Monitoring.

Relearn

- The Relearn function enables the clinician to instruct Acuity to relearn a patient's rhythm based on the patient's dominant beat morphology. During a Relearn phase, a Relearn alert will appear at the device and on the screen at Acuity.
- Acuity automatically relearns the patient's normal reference beats whenever the following events occur: an unintentional lead failure due to one or more leads disconnected, or a system restart. Additionally, the operator may manually initiate a Relearn.
- During the learning period, Acuity indicates only the VFib and Asystole arrhythmia conditions. Other vital signs are unaffected.
- Inappropriate use of Relearn can lead to mislabeling of beats and possibly a failure to alarm. Carefully examine the patient's current beats to make sure you want Acuity to Relearn the patient's normal reference beat template based on the patient's current beats. Periods of noise, artifact, pacer poison and other alarm conditions may significantly affect the Relearn function. Choose the best monitoring lead and allow a sufficient time period for stabilization (normally 30 to 40 seconds).
- An appropriate time to use Relearn is when a patient is admitted with a ventricular rhythm that the Acuity system learns as the patient's "normal" rhythm. When the patient's rhythm converts to the rhythm that is truly normal for that patient, Relearn should be initiated. In this way, the Acuity system will alarm appropriately if the patient converts back to the previous ventricular rhythm. Note: The Check Leads alert may appear if this condition occurs.
- If the monitor is disconnected from Acuity for an extended period of time, Acuity can initiate a learning phase when the monitor is reconnected to Acuity.

WelchAllyn®

8500 SW Creekside Place • Beaverton, OR 97008

1-800-289-2501

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