Quick reference card

This Quick reference card does not replace the Instructions for Use (IfU) of Evone.

Introduction on Evone® (IfU chapter 1 and 3)

Evone is a mechanical small lumen ventilator intended to be used for less than 24 hours in patients >40 kg. Evone has two ventilation modes:

FCV® MODE

FCV is a ventilation method where flow is continuously controlled in both inspiratory and expiratory phase. This is implemented with a constant inspiratory flow and a controlled expiratory flow (by suction) between a set minimum airway pressure (EEP) and a maximum airway pressure (peak). Used for patient ventilation in elective situations, with a cuffed airway.

JET MODE

High frequency jet ventilation 60 to 150 Breaths Per Minute. Used for breathing support (not triggered by patient), with an open airway.

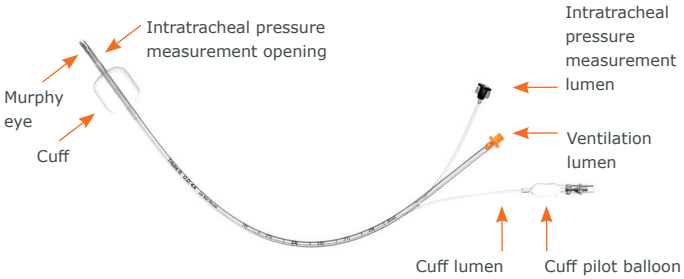
Evone and accessories (IfU section 1.6)

1. Evone Control Unit
2. Evone Breathing System:
   - Evone Cartridge
   - Evone Airway Adapter
   - Humid-Vent filter Pedi straight
   - Evone Breathing Tubing
3. Tritube (see on right hand side)
4. Artificial lung

Total respiratory dead space: ~40 mL

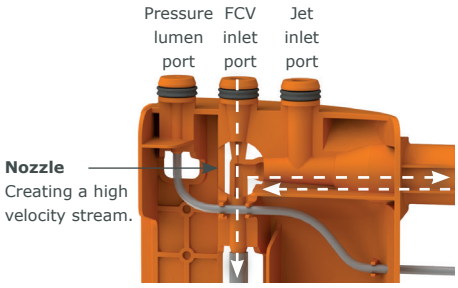
Tritube®

Triple lumen tracheal tube;
OD 4.4 mm, length 40 cm



Technology FCV mode (IfU chapter 3)

The Evone Cartridge (orange) contains the FCV technology, which actively induces and controls expiration.



Ventilation in FCV mode (IfU section 3.1)

- frequency and volumes cannot be set directly
- requires a closed airway (inflated cuff)

Adjustable parameters	Resulting parameters
Inspiratory Flow	Minute Volume + Frequency
I:E Ratio	
Peak Pressure (Peak)	Inspiratory Tidal Volume + Frequency
End Expiratory Pressure (EEP)	
FiO_2	-

Jet ventilation (IfU section 3.2)

- subglottic high frequency jet ventilation
- requires an open airway (deflated cuff)

Safety (IfU section 2.2)

Intratracheal pressure is monitored by two independent pressure measurements: continuously via the pressure measurement lumen and intermittently via the ventilation lumen.

- In case independently measured intratracheal pressures differ, the pressure measurement lumen will be purged. In case the difference remains, an alarm will be generated.
- In case intratracheal pressures exceed the set limits, an alarm will be generated.

Volume is monitored during inspiration and expiration, by monitoring flow and time.

- In case volumes exceed the limits, an alarm will be generated.

Evone automatically switches to Safety state when safety cannot be guaranteed.

- No mechanical gas flows from or to the patient.
- Restart of system is required running a self check and a start-up check.

Alternative ventilation (IfU section 2.4)

In case of device failure consider the following options:

Conventional ventilation

- Deflate the cuff of Tritube.
- Leave Tritube in place.
- Place (laryngeal) mask or large bore tube in parallel to Tritube.
- Apply alternative (balloon) ventilation.

*FCV ventilation by Ventrain®**

- Inflate the cuff of Tritube.
- Connect Ventrain to a high pressure O_2 source (3.5-5.0 bar).
- Set appropriate O_2 flow.
- Connect Ventrain to Tritube.
- Connect a pressure measurement device to Tritube.
- Ventilate the patient.

** See Instructions for Use of Ventrain*

Quick steps (IfU chapter 4-6)

1 Assemble the Evone properly, using a clean Tritube and an artificial lung.
2 Switch the Evone Control unit on and wait for the Self-check to be performed.
3 When prompted, start Start-up check: select tests to be performed and start test by tapping **Perform Tests** .
4 Enter patient characteristics.
5 Disconnect Tritube from Evone.
6 Intubate the patient with a sterile Tritube.
7 Connect Evone to Tritube.
8 Choose ventilation mode ■ **FCV MODE** or ■ **JET MODE**.
9 Adjust the default ventilation settings and alarm limits if preferred.

10 Start ventilation.
11 Adjust parameters during ventilation if preferred/needed.
12 Switching between modes.

Caution! Always INFLATE cuff when starting ■ **FCV MODE**, DEFLATE cuff when starting ■ **JET MODE**.

13 Liberate patient from ventilation using ■ **JET MODE**.

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