٦	Technical Specification
Ventilation Modes	
	VCV(A/C) PCV(A/C) PRVC SIMV(VCV)+PSV
	SIMV(PCV)+PSV SIMV(PRVC)+PSV SPONT/CPAP+PSV
	BIVENT+PSV NIV/CPAP NIV-T NIV-S/T
Parameters	
Tidal Volume:	20~2000 ml
Respiration Rate:	1~80 bpm
• Tinsp:	0.2~9 s
Tslope:	0~2 s
Tpause:	0~4 s
• I:E Ratio:	1:10~4:1
• FiO ₂ :	21%~100%
Trigger Sensitivity:	Pressure (-20~0 cmH ₂ O, above PEEP)
- mggar ochsitivity.	Flow (0.5~20 LPM)
• PEEP:	0~35 cmH ₂ O
Psupport:	0~33 CHH 120 0~70 cmH2O
• Pinsp:	5~70 cmH ₂ O
•	5~70 CHIH2O
Special Procedures	Anna a Markilatian Occast Occation Manual Decate
	Apnea Ventilation Smart Suction Manual Breath
	Insp/ Exp Hold ETCO₂ Measurement
	Nebulization Waveform Freeze
Monitoring	
Pressure Value:	Ppeak, Pplat, Pmean, Pmin, PEEP
Volume / Flow Value:	Vti, Vte, MV, MVspont
Time Value:	ftotal,fspont, I:E
Real Time Curves:	Pressure-Time, Flow-Time, Volume-Time waveforms
	Pressure-Volume, Volume-Flow, Flow-Pressure loops
Gas Monitoring:	FiO ₂ , ETCO ₂
Calculated Values:	Compliance(C)
	Resistance(R)
	MVleak
	RSBI
	WOB
	PEEPi
Alarm	
	Paw high / low MVe high / low Circuit disconnnect
	FiO ₂ high / low Inspiration / Expiratory tidal volume low
	High Respiration Rate Apnea AC Failure Nebulizer On
	Low Battery Air /O ₂ supply down High / Low PEEP
	Leakage out of range Occlusion
Technical Data	
• Screen:	12" TFT color touch screen (detachable)
Supply Gas:	O ₂ , 0.28~0.6 MPa
Power Supply:	AC100~240 V, 50 Hz/60 Hz
Communication Interface:	RS-232 Port, Nurse call Port, Ethernet Port
Dimension (WxDxH):	322 mm x 375 mm x 366 mm (Main Unit)
- DIMENSION (WXDXD):	547 mm x 675 mm x 950 mm (Cart)
. Woight:	· ,
Weight:	12.5 kg (Main Unit)
	25 kg (Cart)

Remark: Above configurations include standard and optional. Please check price with your Aeonmed sales representative.



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ing prior notice AVT70-190



Superior Mobile ICU ventilator

- Comprehensive ICU ventilator including BIVENT and PRVC
- · Compact, big capacity battery, no air compressor, intra-hospital mobility
- Flexible device configuration: equipped on a trolley, bed or ceiling pendant

Cost Effective Solution

- Unique metal-based, autoclavable, heated exhalation valve
- Built-in flow sensor, non-consumable design
- Upgradeable ventilation system software, with an available USB port















An Optimal Combination of Invasive and Noninvasive Ventilator

- As noninvasive ventilation is used increasingly in a wide range of clinical situations, we offer a dual solution
- VG70 combines the advantages of a flexible noninvasive ventilator with a full-featured invasive ventilator for the ICU

Optimal patient-ventilator synchrony, increase patient comfort

- The Unique Leak Compensation System Keep precise control on the tidal volume of each breath delivered to the patient by adjusting compensation dosage automatically
- Advanced Trigger Technique Enhance sensitivity, avoid spurious triggering

Auto-detect and Adjust Leak Compensation Automatically Adapt to Patient's Breathing Pattern

Multi-paramete Monitoring

Safe Ventilation Through Whole Treatment Phase

Initial Treatment Phase

- Noninvasive ventilation mode associated with decreased intubation rates, shortened patient stays, improved patient comfort, and a reduced risk of cross infection
- Preset patient's height and IBW. Reduce clinician's workload

Stable Condition Phase

- PRVC and BIVENT employ lung-protective strategies, delivering intelligent ventilation
- Comprehensive lung mechanics monitoring include compliance, airway resistance, PEEPi and time constant
- Three waveforms & three loops with user-friendly display provide a continuous monitoring of the patient's condition

Weaning Phase

- Various ventilation modes enhance the weaning process
- The unique trigger and leakage compensation system safeguards each and every patient breath resulting in smooth and comfortable breathing, avoiding extra workload on the patient and promoting recovery
- RSBI and WOB provide accurate reference for weaning

Rehab Phase

- Data export port provides connection to hospital monitors and Patient Data Management Systems
- · Provides pressure support for the patient when spontaneous breathing is present







