
SERVO-n[®] neonatal ventilation
Breathe, sleep, grow

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They deserve our best **from the beginning**



Newborns should not have to start their lives battling for it. But some will, and the best we can do is help create an ideal environment for them to relax, sleep and grow — while helping to minimize as many risks as possible to their physical and mental development.

SERVO-n® has been designed to help you provide vulnerable neonates with the support they need while protecting the lungs, brain and other developing organs.

SERVO-n offers Neurally Adjusted Ventilatory Assist (NAVA®), a ventilation mode with the capability to truly match assistance to the irregular breathing pattern of neonates. Every breath delivered is what the baby needs, as determined by their own physiology¹⁻⁸.

Starting life in the NICU means the baby will have some catching up to do. Help them breathe, sleep and grow with SERVOn.



Breathe—Synchrony with the baby's irregular breathing pattern reduces work of breathing, lowers peak pressures and FiO_2^{9-11} , and potentially reduces the need for sedatives¹²

Sleep—More comfortable breathing^{1,13} means better opportunities for sleep

Grow—improved comfort and reduced work of breathing may allow the baby to focus energy on growth and maturation of lungs and brain^{8,14}

A better picture of breathing effort

Rapid respiratory rates, small tidal volumes, irregular breathing pattern, short inspiratory times with substantial leakage—ventilating neonates comes with its own set of challenges, especially when missed efforts are difficult to detect from pressure and flow waveforms¹⁵. The baby's struggle is important to understand and act on, as it deflects precious energy away from growth and maturation.

Studies show neonates spend almost one third of their time in asynchronous ventilation¹⁶. The standard response is to administer sedatives or muscle relaxants in an effort to have the baby conform to the machine's settings—a strategy that can suppress respiratory drive and unnecessarily prolong invasive (and asynchronous) ventilation.

With SERVO-n[®], NAVA[®] caregivers have the ability to monitor the baby's Edi signal. The Edi signal is a valuable vital sign that is obtained by using a specifically-designed nasogastric feeding tube to read the EMG of the baby's diaphragm. This provides continuous information of the baby's respiratory drive.

The baby can now communicate to the clinician about what they need breath-by-breath¹⁷.

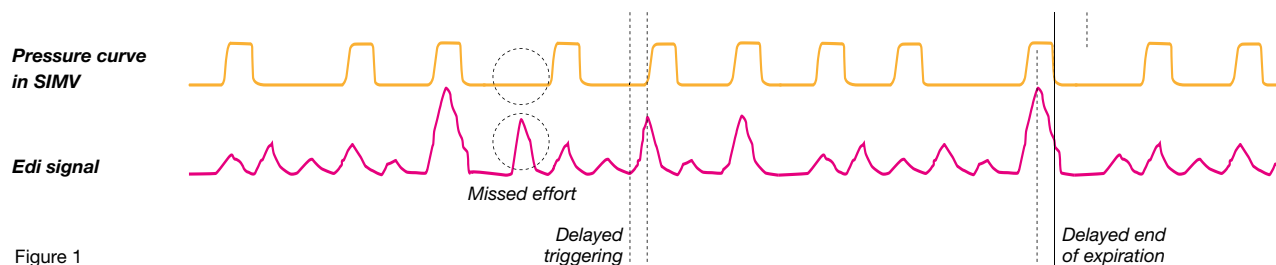


Figure 1



The more you know the better they do

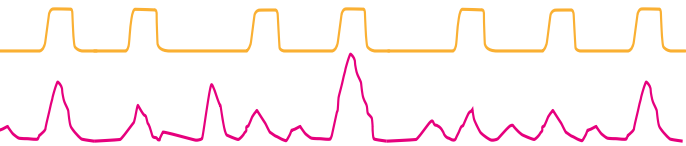
In conventional ventilation, measuring blood gases is standard practice for ensuring adequate oxygenation.

The Edi signal is a valuable diagnostic tool for understanding the neonate's breathing efforts, and ensuring the level of assist that's best for them at any given time, in any mode of ventilation.

Using Edi monitoring with any mode can help identify the wasted efforts that characterize asynchrony. Wasted efforts and other types of asynchrony are immediately detected and displayed, enabling earlier and more relevant intervention.

The Edi signal provides ongoing information about the respiratory drive that can also give clinicians a better understanding of when to let the neonate start breathing spontaneously. The same information may also help prevent or delay the need for intubation, and the resulting stress and sleep loss that can compromise the neonate's progress. It can also help the clinician determine the point of extubation readiness.

Edi monitoring may even be valuable in sedation management¹², and used to accurately monitor and trend central apneas^{1,18}.



The breathing pattern of neonates is variable. Previously undetected asynchrony, such as wasted efforts and delayed triggering, are now clearly visible with the Edi signal in all modes of ventilation.



- *The electrical activity of the diaphragm (the Edi signal) is shown on screen, providing insight on the baby's respiratory drive. Recorded in Finland.*

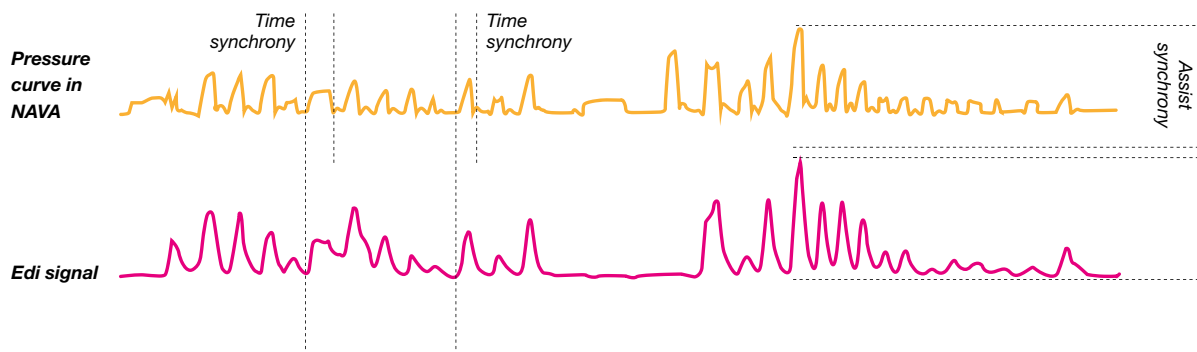
The right breath right when they need it

SERVO-n® with NAVA® (Neurally Adjusted Ventilatory Assist) gives the clinician a whole new possibility: a neurally-controlled ventilation mode that supports premature babies in breathing spontaneously. The Edi signal is the trigger when in NAVA mode, matching the level of assist to the baby's physiological needs.

NAVA synchronizes support with the neonate's own respiratory drive—what the baby asks for, the baby gets¹⁻⁸. He or she determines pressure, volume and timing for each breath. SERVO-n switches from NAVA to backup ventilation if the neonate experiences apnea, providing support until it detects a respiratory effort again. This means the baby struggles less for air, and has fewer disturbances from stressful alarms^{1,13}.

Studies show that patients supported in NAVA spend 91% of their time in synchrony, compared to 67% with pressure-triggered and 69% with flow-triggered ventilation^{16,17}. The differences this improvement can make have been documented in more than 30 studies in neonatal and pediatric patients¹⁹.

With NIV NAVA, leakage is automatically compensated for ensuring assistance is always matched to the baby's physiological demands^{1,3}. This lowers the risk for over- or under-assist that can compromise the baby's rest or possibly affect their maturation. It can also help the clinician delay or avoid the need for intubation or reintubation.



NAVA ventilation matches assist to the irregular breathing of neonates and senses and controls apneas and sighs with normal breathing, providing added comfort for babies.



SERVOⁿ
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Ready for the reality of **NICU**

There are times when you might want or need to take more control of ventilation. SERVO-n® is optimized with a range of therapy options that provide safe, baby-friendly ventilation.



Neonate friendly **in any mode**

SERVO-n[®] provides many advantages in conventional ventilation

Accurate ventilation is always assured with automatic leakage compensation and the Y sensor—even with the unpredictable leakage due to uncuffed endotracheal tubes. The Y sensor and internal sensors cooperate to trigger, measure and deliver the pressures and tidal volumes you have set, down to 2 ml. If Y sensor measurements become unreliable, SERVO-n notifies you immediately.

Self-adjusting ventilation is another important feature of SERVO-n. PRVC with leakage compensation assures tidal volume delivery even with changing lung mechanics and uncuffed endotracheal tubes. AUTOMODE[®] supports smooth, safe patient transitions between controlled and supported ventilation, and seamless shifts between triggered and controlled breaths during irregular breathing—all without alarms and with an adjustable apnea time.

Protective ventilation is facilitated in many ways. Tidal Volume per body weight (VTi/kg) is calculated automatically, simplifying the setting and monitoring of tidal volumes to safe levels and according to treatment protocols. Tidal volume limitation, with corresponding alarm, restricts volume delivery to the set level and alerts you if necessary. This may be valuable when there is a significant risk of volutrauma after surfactant administration to neonates ventilated in pressure modes. O₂ boost lets you safely support patient oxygenation during events, while avoiding over-oxygenation. Boost levels can be set to the value you prefer.

Easy to work with Easy to appreciate

The **neonatal intensive care unit** is an extraordinary environment, because of the long-term needs of patients, parents and caregivers alike.



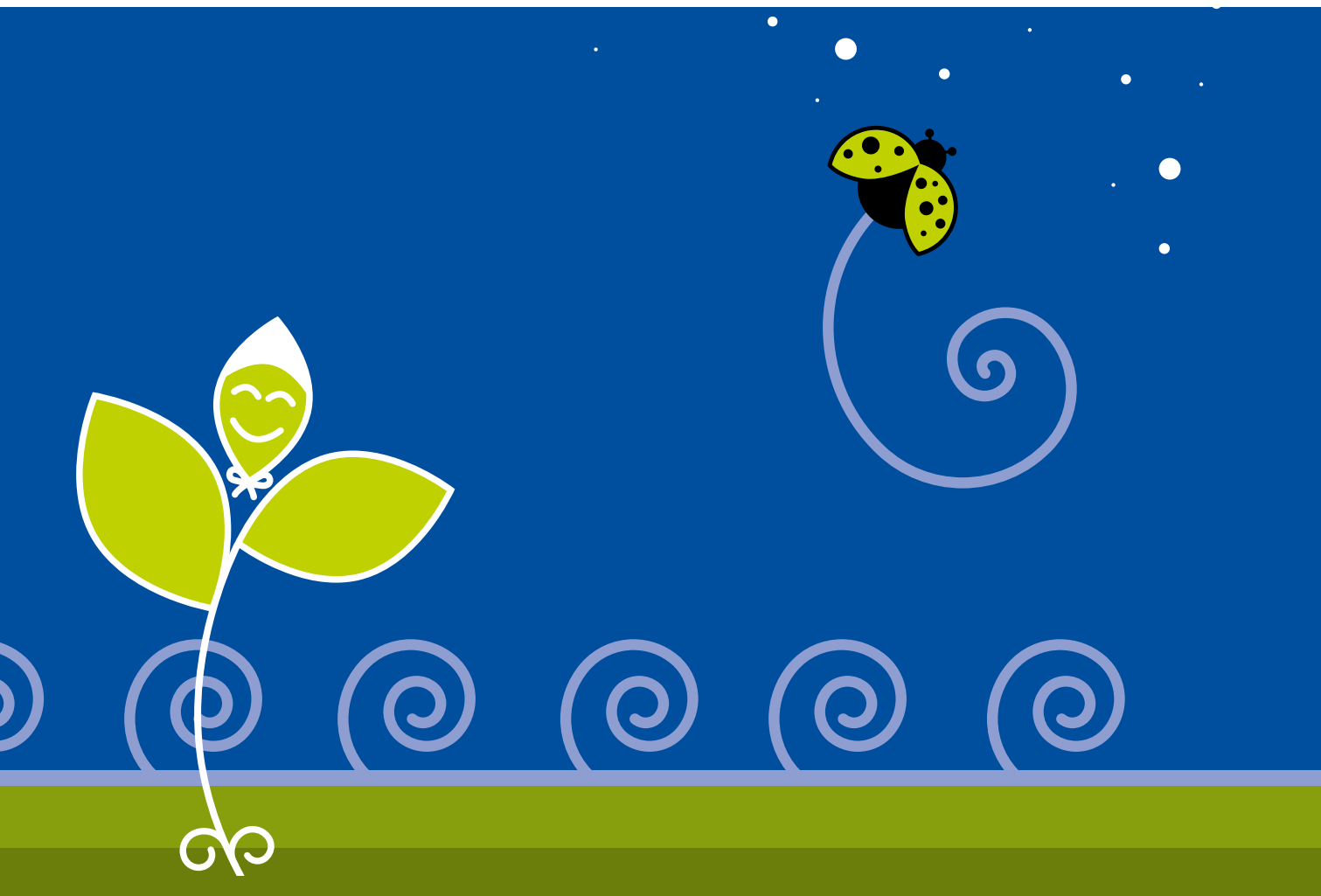
More ways **to care**

SERVO-n® makes setting up, monitoring and operating surprisingly simple and intuitive.

With SERVO-n, you are never more than a touch away from onscreen help and suggestions. When changes are needed, illustrations and workflows guide you through the task. The SAFETY SCALE™ tool enables you to set ventilation parameters in a quick, intuitive and safe way.

The media library allows you to record actual events in real time so you can review them bedside or elsewhere. This provides the clinical team with unique opportunities for learning, training and research.

To support different clinical situations, the information in SERVO-n can be presented in a variety of views. In addition to the bedside views you are used to, we have created a distance view to help you monitor the most important information from across the room. During certain times, the *FAMILY View* displays values in a friendlier and more calming way.



To create a more quiet and less stressful environment, the alarm system has been refined to only provide the alerts that are necessary. The alarm management in SERVO-n® gives you more options for their control and provides recommendations to correctly address each one.

SERVO-n is lightweight, flexible and easy to move to either at the side of an incubator or warming bed, or for better positioning during kangaroo care.



Accessorized **just for them**

Disposables and accessories, such as patient interfaces, are optimized for the needs of sensitive neonates and designed to keep your SERVO-n performing at its best.

The Miniflow® system is a complete system for providing NIV NAVA® and Nasal CPAP.

Miniflow is designed with minimal dead space, and comes with a unique and flexible connection that makes it easy to switch between prongs and masks. Interfaces are made of soft material, and their angle is adjustable between 45° and 60° for an optimum fit.

For the sake of the baby's comfort, the noise level is low and the Miniflow adapter weighs only 0.35 oz (10 g).



Designed to grow **with you**

SERVO-n® is a modular system, which means that as future functionality becomes available, you can upgrade easily and cost-effectively. Most hardware modules and associated components are interchangeable between SERVO-i® and SERVO-n, which means that the same feature can be used on mixed SERVO fleets, lowering overall costs.

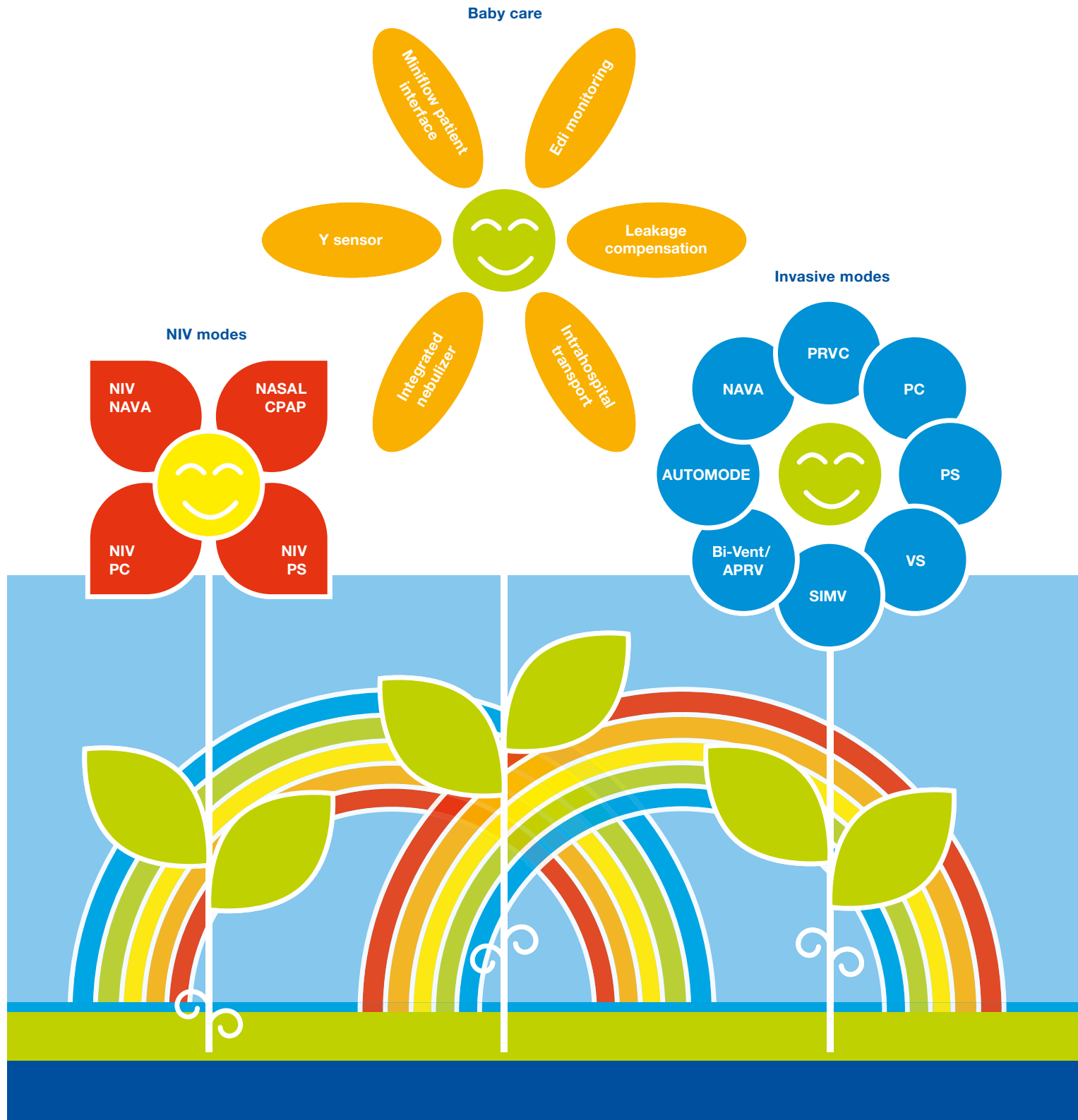
SERVO-n is easy-to-use and easy to facilitate full utilization of the ventilator's capabilities. Intuitive screens and help menus, plus recommendations and prompts, promote quick learning and adoption for all clinical team members. SERVO-n is

equipped to allow connection of an external screen to replicate the information on the ventilator's user interface, both in a classroom setting as well as at the bedside. This provides the user with yet another educational tool to support implementation of new therapies as well as basic learning.

MCare scalable services provide options to address the various needs of different organizations. Whichever you choose, it will add value from day one and ensure that your system operates at peak performance throughout its lifecycle.



SERVO-n® for neonatal & pediatric patients



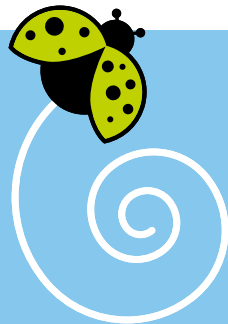
Maquet | The Gold Standard

Leading the way: Maquet is a premier international provider of medical technology solutions. Focused on the OR, ICU and NICU, we are committed to developing solutions that improve patient care.

Maquet draws on many years' experience in supplying state-of-the-art ventilator systems. Since the introduction of the first SERVO ventilator in 1971, we have delivered more than 100,000 units and SERVO has become a world-renowned ventilation brand.

SERVO-n® offers all of the assistance options neonates need, while helping you protect the lungs, brain and other developing organs. SERVO-n is dedicated exclusively to neonate comfort and support.

SERVO-n offers an unprecedented standard of care centered completely around the needs of the most vulnerable patients—neonates.



References:

1. de la Oliva, Schuffelmann C, Gomez-Zamora A, et al. Asynchrony, neural drive, ventilatory variability and COMFORT: NAVA vs pressure support in pediatric patients. A nonrandomized cross-over trial. *Int Care med*. Epub ahead of print April 6 2012.
2. Bordessoule A, Emeriaud G, Morneau S, et al. Neurally Adjusted Ventilatory Assist (NAVA) improves patient-ventilator interaction in infants compared to conventional ventilation. *Pediatr Res*. 2012 May 11. doi: 10.1038/pr.2012.64. [Epub ahead of print]
3. Beck J, Reilly M, Grasselli G, et al. Patient-ventilator interaction during neurally adjusted ventilator assist in very low birth weight infants. *Pediatr Res*. 2009 Jun;65(6):663-8.
4. Clement KC, Thurman TL, Holt SJ, et al. Neurally triggered breaths reduce trigger delay and improve ventilator response times in ventilated infants with bronchiolitis. *Intensive Care Med*. 2011 Nov;37(11):1826-32. Epub 2011 Sep 23.
5. Zhu LM, Xu ZM, Ji G, et al. [Effect of prone or spine position on mechanically ventilated neonates after cardiac surgery with acute lung injury]. *Zhonghua Yi Xue Za Zhi*. 2010 May 11;90(18):1260-3.
6. Chen Z, Luo F, Ma XL, et al. Application of neurally adjusted ventilatory assist in preterm infants with respiratory distress syndrome]. *Zhongguo Dang Dai Er Ke Za Zhi*. 2013 Sep;15(9):709-12.
7. Breatnach C, Conlon NP, Stack M, et al. A prospective crossover comparison of neurally adjusted ventilatory assist and pressure support ventilation in a pediatric and neonatal intensive care unit population *Ped CCM* 2010;11:7-11.
8. Vignaux L, Grazioli S, Piquilloud L, et al. Optimizing patient ventilator synchrony during invasive ventilator assist in children and infants remains a difficult task. *PCCM In Press*, June 2013.
9. Bengtsson JA, Edberg KE. Neurally adjusted ventilatory assist in children: an observational study *Ped CCM* 2010;11:253-7.
10. Rahmani A, Ur Rehman N, Chedid F. Neurally adjusted ventilatory assist (NAVA) mode as an adjunct diagnostic tool in congenital central hypoventilation syndrome. *J Coll Physicians Surg Pak* 2013; Feb:23(2):154-156.
11. Duyndam A, Bol BS, Kroon A, et al. Neurally adjusted ventilatory assist: assessing the comfort and feasibility of use in neonates and children. *Nurs Crit Care*. 2013 Mar-Apr;18(2):86-92.
12. Kallio M, Peltoniemi O, Anttila E, et al. Neurally Adjusted Ventilatory Assist (NAVA) in Pediatric Intensive Care – A Randomized Controlled Trial. *Pediatr Pulmonol*. Epub ahead of publication. DOI:10.1002/ppul.22995.
13. Piastra M, De Luca D, Costa R, et al. Neurally adjusted ventilatory assist vs pressure support ventilation in infants recovering from severe acute respiratory distress syndrome: Nested study. *J Crit Care*. 2013 Oct 24. [Epub ahead of print]
14. Lee J, Kim HS, Sohn JA, et al. Randomized Crossover Study of Neurally Adjusted Ventilatory Assist in Preterm Infants. *J Pediatr*. 2012 Jun 1. [Epub ahead of print]
15. Colombo D, Cammarota G, Alemani M, et al. Efficacy of ventilator waveforms observation in detecting patient-ventilator asynchrony. *Crit Care Med*. 2011 Nov;39(11):2452-7.
16. Alander M, Peltoniemi O, Pokka T, et al. Comparison of pressure-, flow-, and NAVA-Triggering in pediatric and neonatal ventilatory care. *Pediatr Pulmonol*. 2011 Aug 9. doi: 10.1002/ppul.21519. [Epub ahead of print]
17. Stein H, Firestone K. Application of neurally adjusted ventilatory assist in neonates. *Semin Fetal Neonatal Med*. 2013 Nov 13. [Epub ahead of print]
18. Stein H, Howard D. Neurally Adjusted Ventilatory Assist in Neonates Weighing <1500 Grams: A Retrospective Analysis. *J Pediatr*. 2011 Dec 3.
19. NAVA reference list at critical care news.com, www.criticalcarenews.com

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