

TRIOVENT EXCEL

ICU VENTILATOR



ADULT



PEDIATRIC



NEONATAL



**TOUCH
SCREEN**

15.1" Or 18.5"



VERSATILITY



EASE



COMFORT



AUTONOMY



HIGH FLOW OXYGEN
THERAPY



NON INVASIVE
VENTILATION



INVASIVE VENTILATION

VENTILATION MODES

1. The choice of mode is a medical decision that depends on the the patient's CO₂ elimination, oxygenation, activity, and breathing effort.
2. A ventilation mode combines breathe type breath sequence, and control variables.

Volume Controlled Ventilation

A) VCMV & VACV Mode

INVASIVE MODE	NON-INVASIVE MODE
VCMV (Volume Control Mandatory Ventilation)	VPSV (Volume Pressure Support Ventilation)
PCMV (Pressure Control Mandatory Ventilation)	PPSV (Patient Pressure Support Ventilation)
DCMV (Dual Control Mandatory Ventilation)	VICV (Volume Independent Control Ventilation)
VACV (Volume Assist Control Ventilation)	COVID-19 (Advanced BIPAP Mode)
DACV (Dual Assist Control Ventilation)	APRV (Airway Pressure Realise Ventilation)
VSIMV (Volume Synchronized Intermittent Mandatory Ventilation)	DUPAP (Dual Positive Airway Pressure)
PSIMV (Pressure Synchronized Intermittent Mandatory Ventilation)	BIPAP (Bi level Positive Airway Pressure)

Optional : B-CPAP (Bubble CPAP)

Monitored Parameters

Pressure Measurements	Peak Inspiratory Pressure (PIP) Positive end Expiratory Pressure (PEEP) (P _{mean}) Plateau Pressure Pressure Range - 0 to 60 cm H ₂ O
Flow Measurements	Expiratory minute Volume (M _{ve}) Inspiratory minute Volume (M _{vi}) Spontaneous Expired minute Volume (SpontM _{ve}) Range 0 to 80 L/min
Volume Measurements	Inspiratory Tidal Volume Expiratory Tidal Volume (V _{Te}) Oxygen Concentration (FIO ₂) Respiratory Rate (RR)
Other Measurements	I:ERatio Inspiratory Time(T _i) Static Lung Compliance(C _{stat}) Expiratory Time(T _e)
Trends	Storage of trends 72 hours, all parameters.

FEATIURES	TRIOVENT EXCEL
Inspiratory Pressure	1-60 c.m H ₂ O
System Based	Compressor Based Motor's Rating: 0.5 HP***
Dimensions	H 1300 x D 500 x W 560(mm)
User Interface	Monitor Touch Screen, GLCD, Control Knob, Keypad
Battery Backup (Max)	4 Hrs (With oxygen support only)
Battery Recharge time Weight (Approx.)	4-5 Hours
Weight (Approx)	60 kg with compressor
Flow Rate	0 to 80 LPM
Pressure Support	0-30 cm H ₂ O
FiO ₂ Setting	21% to 100%
Tidal Volume	6 ml to 2000 ml
Respiratory Rate	60 BPM
I: E Ratio	1.5 & 5.1
Waveforms	3 Waveforms
Lung Compliance	3 Waveforms on Screen
Audio/Visual Alarms Alarm Types	Audio, Visual Alarms
Audio/Visual Alarms Alarm Types	<ol style="list-style-type: none"> 1. High Pressure Alert 2. Mask Open Detected 3. Low Battery 4. Oxygen Line Alert 5. High/Low Tidal Volume 6. Diaphragm Activated/Deactivated 7. Low Flow 8. Power Off 9. ET Tube Choked
Patient Type	Adult, Paediatric, Neonatal
Trending Time	> 72 Hours
Air & O ₂ Supply	2.5 to 6 Bar
Inspiratory & Expiratory Pause	YES
Leak Detection	Up to 10%
Mandatory Modes and Patient Control Modes	VCMV, VSIMV, VACV, VPSV, VICV, PICV PCMV, PSIMV, PACV

FEATIURES	TRIOVENT EXCEL
HFNC	YES Insp. & Exp. Pressure Trigger
PSV/ Advance Mode	Du-PAP, CPAP, APRV, BI-PAP
Bubble CPAP	Optional
Electrical Requirements	220-230V AC
Power Consumption	750V Maximum
Dimensions	1185 mm x 438 mm x 347 mm
Humidifier	Optional Respiratory Humidifier** DL- 2605 (Servo Controlled)
Warranty	1 Year
Limb Type	Dual Limb
Certifications	ISO 13485:2016 IEC - 60601-1, CE
Unit Type	Class 1 Type: B



Flow vs Time / Pressure vs Time / Volume vs Time

Pressure Flow Loop - Pressure Volume Loop
- Volume Flow Loop

OPTIONAL - DEDICATED NEONATAL SPECIFICATIONS

Inspiratory Pressure Range	0-60 cm H2O
System Based	Compressor Based Motor's Power: 1HP
Device Setup	0-60 cm H2O
PEEP	GLCD, Control Knob
Battery Backup	0-30 cm H2O
Battery Recharge time	4 Hours
Humidification	2 Hours
Environmental Conditions	Temperature: 5-40°C Humidity: 4 - <90% Altitude: 200- 3000m Atmospheric Pressure: 500 - 800 mmHg
Patient Type	Neonatal, Paediatric
Pressure Control Modes	PPSV , PICV
Therapy type	Non-Invasive Ventilation (PPSV) Pressure Support Ventilation (DuPAP)
Advanced mode	BiPAP, DuPAP, HFNC, Bubble CPAP
Pressure Supply	CPAP, BIPAP , APRV
Electrical Requirements	220- 240V AC 50Hz
Warranty	1 Year
Limb Type	Bi Limb/Dual Limb

