



Automated Anesthesia Record in UM 300-S Patient Monitors

- Recording events in operation room and patient's reactions
- Registrating drugs administration and their doses
- Generating PDF reports based on anesthesia record
- Possibility to analyze real operation's performing
- ♦ Improved clinical records and patients' data management
- ♦ Optimization of the clinicians workflow
- Automatic recording of monitoring data into the card:
 NIBP, Temp, HR, BIS[™], EtCO₂, NMT





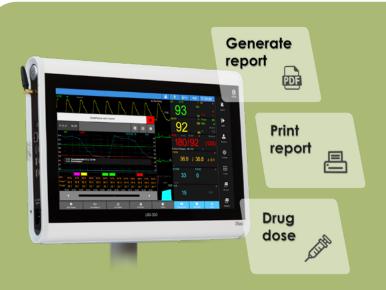


Better care through better records

The more accurate the recorded information, the greater the likelihood that the care will be tailored to the patient's safety and individual needs. One can postulate that the accurate recording of a patient's responses to anesthetic interventions will lead to better patient outcome. Especially, as several published reports have shown, automated anesthesia records are more accurate than manual ones.^{1,2,3}

Exactly automated anesthesia record in UM 300-S Patient Monitors allows clinitians to catalog actual events in the operating room (OR), drugs administration, and the patient's reactions to them (bleeding, bronchospasm, desaturation, etc.). As well as to registrate the correlated patient's monitoring data: NIBP, HR, Temp, EtCO2, BIS™ and NMT.





Better ergonomics for the anesthesiologist

In the OR anesthesiologists need not only to assimilate multiple information inputs, but also to prioritize these to respond appropriately. Record keeping often represents a significant distraction from more immediate patient care needs.

In such circumstances the anesthesia record should be "delegated" to the patient monitor. This will allow the clinicians to pay more attention to the patient and priorities. Moreover, there is agreement that anesthesiologists are better able to organize their intra-operative activities when automated record keeping is utilized.⁴



Features of the Anesthesia Record in UM 300-S Patient Monitors

- Recording events in OR, drugs, doses and patient's reactions
- Generating PDF reports based on automated anesthesia record
- Ability to export the report and print it directly from the patient monitor
- Infusion calculation based on patient weight, drug dose and infusion time
- Ability to record comments and notes
- Improved clinical records and patients' data management
- Possibility to analyze actual performing in OR after surgical procedures
- Automatic recording of monitoring data into the card: NIBP, Temp, HR, BIS™, EtCO2, NMT

Ú can save the life®

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Cook RI, McDonald JS, Nunziata E. Differences between handwritten and automatic blood pressure records. Anethesiology, 71:385, 1989.

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records. Anesthesiology. 71;385,1989.

2. Lerot JGC, Dirksen R, van Daele M, et al. Automated charting of physiologic variables in anesthesia: a quantitative comparison of automated versus handwritten anesthesia records. J Clin Monit. 4;37,1988.

^{3.} Thrush DN. Are automated anesthesia records better? J Clin Anesth. 4; 386, 1992.

4. Weinger MB, Herndon OW, Gaba DM. The effect of electronic record keeping and transesophageal echocardiography on task distribution, workload, and vigilance during cardiac anesthesia. Anesthesiology. 87;144-55,1997.