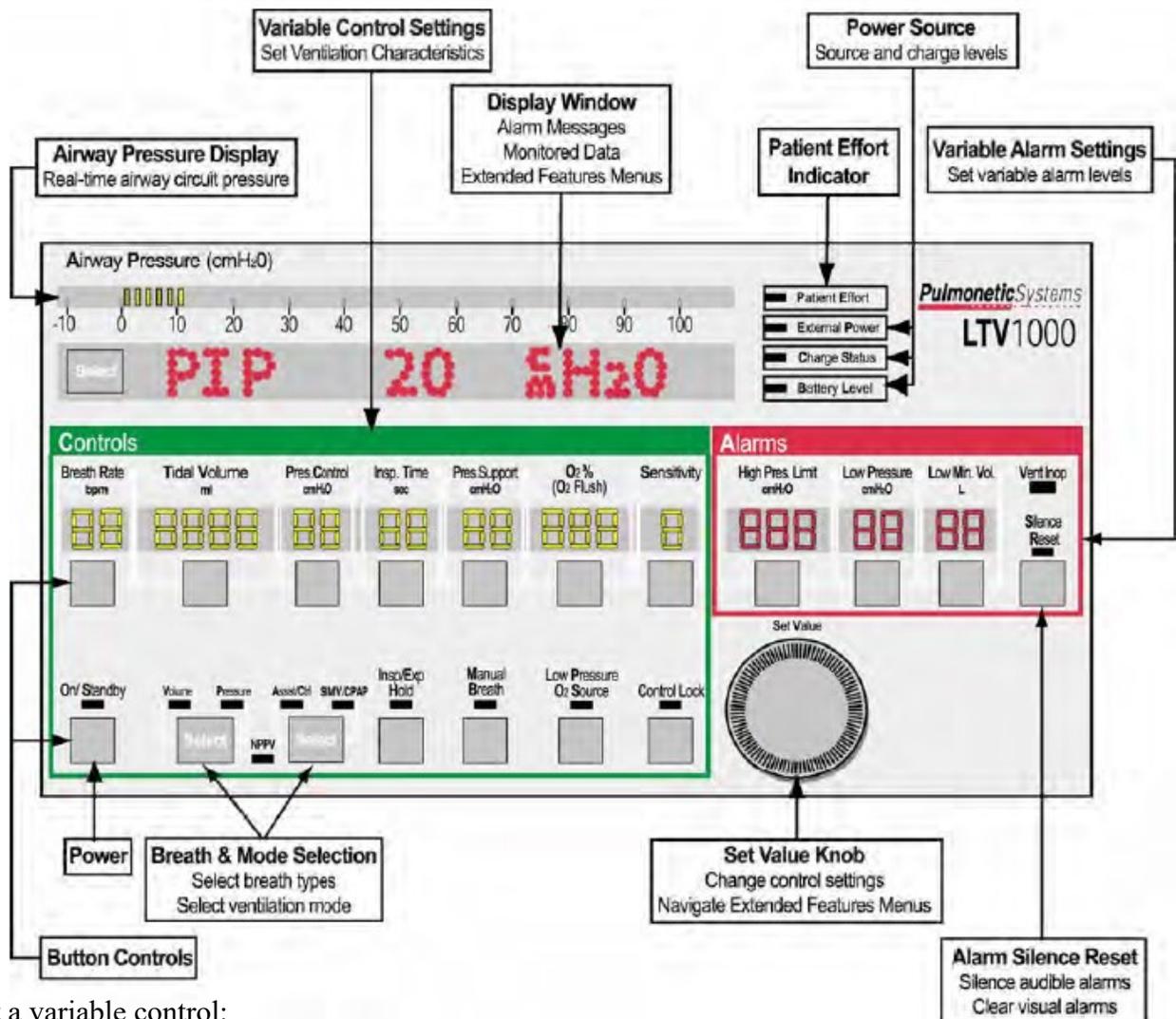


**LTV-1000 Quick Use Guide**



To set a variable control:

- 1) Select the control by pushing the associated button. The display for the selected control will be displayed at normal brightness, but the remaining control displays will dim.
- 2) Change the control value by rotating the Set Value Knob. Rotate clockwise to increase and counter-clockwise to decrease the value. Turning the control knob slowly will change the setting by a small increment. Turning the control knob more quickly will change the setting by a larger increment.
- 3) Deselect the control by: Waiting 5 seconds, or pushing the selected button again, or selecting another control, or pushing the Control Lock button.

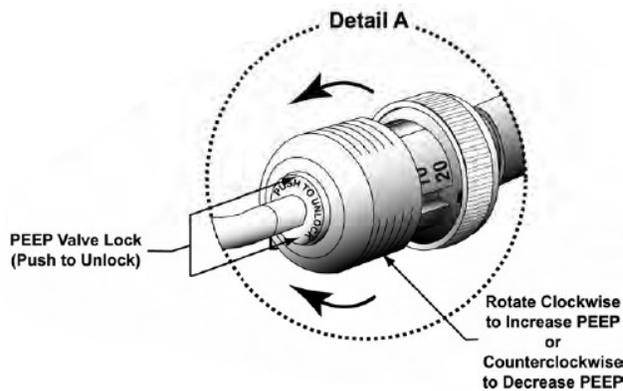
When the control is deselected, all displays will return to their normal brightness. The new control value goes into effect as soon as the control is deselected.

Changes to FiO<sub>2</sub> - Increase in 10% increments if patient's SpO<sub>2</sub> or PaO<sub>2</sub> is below lower threshold. If the patient's SpO<sub>2</sub> or PaO<sub>2</sub> is above threshold, decrease in 5% - 10% increments. To increase the FiO<sub>2</sub> for 2 minutes, press the 'Increase O<sub>2</sub>' soft key.

Suction Procedure - Press and hold the 'O<sub>2</sub>' soft key for several seconds. This will increase the FiO<sub>2</sub> to 100% for 2 minutes.

Respiratory Rate Changes - Increase RR if PaCO<sub>2</sub> is above threshold, decrease RR if PaCO<sub>2</sub> is below threshold.

Positive End Expiratory Pressure (PEEP) changes - Only increase after FiO<sub>2</sub> is at 100% at patient's oxygenation status has not improved. PEEP is changed by twisting the PEEP valve. See picture below.



Alarm	Potential Causes	Potential Remedies
<b>High Pressure</b>	<b>Excessive pressure in the system:</b>	
	• Secretions	Suction patient
	• Bronchospasm	Give bronchodilators
	• Kink in tubing	Check for kinks, patient biting, obstruction of filter
<b>Circuit Disconnect or Low Pressure</b>	• Coughing	Suction patient
	<b>An acute drop in ventilating pressure</b>	
	• Circuit or connection leak	Reconnect disconnection
	• Cuff leak (evident by oral sound)	Add air to artificial airway cuff
<b>High Volume (MV or VT)</b>	• Patient disconnect	Reconnect patient to ventilator
	<b>Increase in exhaled volume</b>	
	• Increased respiratory rate	See high respiratory rate section
<b>Low Volume (MV or VT)</b>	• Increased VT	Determine cause and correct (i.e. air hungry)
	<b>Loss of expired volume</b>	
	• Leak in system	Correct cause of leak
	• Obstruction	Determine cause and correct (filter, kink, etc.)
<b>High Respiratory Rate</b>	• High pressure limiting volume	Correct cause of high pressure
	<b>Respiratory rate higher than alarm setting</b>	
	• Tachypnea	Determine cause and correct if possible (i.e. pain, hypoxia)
	• Coughing	Suction patient
<b>Vent Inop Loss, Gas Supply Circuit Occlusion</b>	• Auto-cycling	Determine cause and correct (i.e. secretions, leak, cardiac oscillation)
		If any occur, immediately remove patient from ventilator, manually ventilate, and call RT
<b>If unable to correct alarm call for RT support</b>		