



QUICK REFERENCE

Babylog 8000

Warning! This "Quick Reference" is not intended to be or, nor is it, a replacement for the instructions for use. For full information concerning the performance characteristics of the Dräger Medical devices described in the Quick Reference, each user must carefully read and fully comprehend the Instructions for Use before operating the respective device.

Basic Setup

Flow sensor calibration

- Press Calib/Config key
- Select V-cal,
- Seal Y-piece and press Start key

Initial Setup

- Go to List,
- Select Set 1,
- Adjust settings to desired level

Changing Modes

- Select Mode Settings,
- Select desired mode
- Press ON to confirm

Tidal Volume adjustments

- Select Vent Options,
- Select Volume Guarantee(VG), adjust setting with - / + keys
- Press ON or OFF key as desired

Change Trigger setting

- Select Vent Options,
- Adjust setting with - / + keys

CPAP Mode

- Select Continuous Positive Airway Pressure (CPAP) mode
- Remove flow sensor from circuit
- Remove flow sensor cable from flow sensor housing
- Press Confirm to silence alarm

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Nebulizer Treatments

- Set PIP, Ti, and Te at desired settings,

*NOTE: Babylog will deliver these parameters in IMV format during nebulizer.treatment
During this period there will be no information received from the flow sensor.*

- Remove flow sensor from circuit and place nebulizer in line
- Remove flow sensor cable from flow sensor housing
- Place a filter in the expiratory limb during treatment only
- Start nebulizer treatment

Nebulizer Treatments (cont.)

- When treatment complete, remove nebulizer, remove filter, replace flow sensor, readjust settings and alarm limits

Volume Guarantee (VG)

- The PIP becomes the upper pressure limit. Usually adjust to be set at 4-5 cmH₂O above measured PIP
- The PIP is weaned in real time. Thus, as compliance changes, the PIP adjusts to maintain the set Vt
- If 90% of the set volume is not delivered at the PIP limit, the vent will alarm
Low Vt Check Settings
- Vte is targeted versus Vti to assure that the set Vt is actually delivered to the baby even with moderate
ET-tube leaks
- May take 6-8 breaths to adapt trigger level to changes in ET-tube leaks
- Works in AC, SIMV, and Press. Supp. modes

Pressure Support Ventilation (PSV)

- Pressure support allows the infant to self set the inspiratory time
- Should lead to better synchronization between the baby and the vent
- Set Ti 25-30% greater than Ti spont. (This setting acts as a back up in the event a large leak develops and the flow termination criteria are not met. The Pressure Support (PS) breath will be terminated at the set Ti)
- Set Te to maintain a back-up rate in the event of apnea (Babylog will maintain the backup rate as a minimum respiratory rate.)
- If VG is ON - PIP becomes the upper pressure limit as described above
- If VG is OFF - PIP is the delivered PS



Troubleshooting

Alarm: Vt Low - Check Settings

- Assess for compliance changes or change in leak
- Check that flow is adequate
- Check that Ti is adequate
- Check that PIP is set high enough

Alarm: Minute Volume High or Low

- Assess for changes in compliance
- Adjust limits to allow for periods of activity (High) and rest (Low)

Alarm: Flow Sensor Inop

- VG mode: The babylog will deliver the set PIP at the set Ti with the set RR
- Recalibrate or exchange flow sensor as necessary

Tin light is flashing

- The breath is terminating on time rather than flow
- Assess for changes in leak %
- Increase Tin to allow infant to take longer breaths
- Adjust Tex for correct back up rate if changing Tin

ALARM information

- PIP becomes the high pressure limit in VG mode
- PIP + 5cm is the high pressure alarm
- PIP + 10cm is the safety pop off
- If 90% of the set Vt is not reached within the Ve alarm delay time, a low Vt alarm will occur
- If Vti exceeds 130% + leak %, the breath immediately terminates
- Low press = PEEP - 2 cm H₂O
- Disconnect = [(PIP - PEEP) / 4] + PEEP

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MISC. SW 5.0 CHANGES

- Changes in FIO_2 density are compensated for to allow more accurate V_t measurement
- Minimum flow detection is 0.2 LPM
- If the flow sensor becomes disabled in any way, the Babylog will alarm, the set Ti , RR, & PIP will be used to deliver pressure controlled breaths

BABYLOG LUNG MECHANICS

- **Time constants:** measured and displayed in milliseconds (msec)
1 time constant = time for 63% of lung to fill
3 time constants = time for 95% of lung to fill
I.e. if $T_c = 202$ msec then $*3 = 0.6$ sec (Ti needed to fill 95% of lung)
- **C20/C:** <1 is an indication of overdistention
to be accurate you need a short plateau and a low flow
- **Compliance (C):** measured and displayed in ml/cmH₂O
normal is 5-6ml/cmH₂O/kg
RDS 0.5-3.0ml/cmH₂O/kg
- **Resistance (R):** measured and displayed in cmH₂O/L/sec
normal is 25-30cmH₂O/L/sec
BPD >150 cmH₂O/L/sec
- **r:** relative coefficient (how accurate data is)
if < 0.95 then the data is not accurate
if a triangle with r displays, then there is a $> 20\%$ leak or an increased spontaneous patient effort
- **RVR:** monitors the effectiveness of PS level = F / V_t
If increased then WOB is increasing
If decreased then WOB is decreasing
Utilize trends for best results