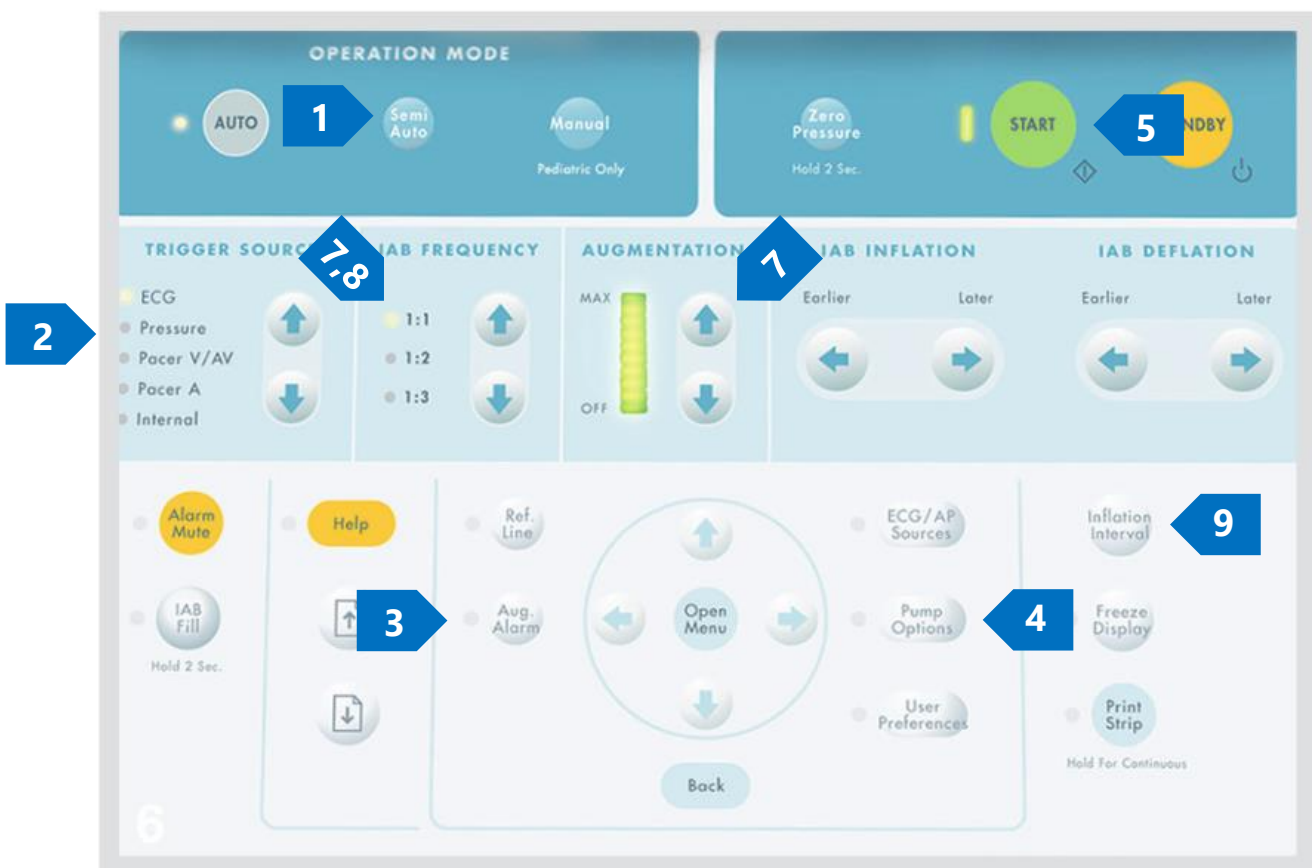


IABP Driver CS300 Basic settings

1. Set Operation mode on Semi-Automatic.
2. Set Trigger Source at ECG or AP.
3. Disable the Augmentation Alarm.
4. Disable the R-trac option (Select Pump Options -> R-trac).
5. When the iVAC is connected: press the Start button.
6. Let the IABP driver fill the membrane pump.
7. Start the IABP driver at 1:2 frequency with maximum augmentation and observe the movements of the membrane of the membrane pump.
8. When the membrane is moving smoothly and the timing is correct, set the frequency at 1:1 for maximum performance.

To use internal triggering: remove the ECG cable from the IABP driver. Replace the ECG cable when returning to the ECG or AP triggering mode.

In case of repeating alarms: set Operation mode on Semi-Automatic; Press IAB Fill button (press 2 seconds); Let the IABP driver fill the Membrane pump. Then Set the IABP Fill mode at Manual Fill: Press the Pump options button, scroll through menu and set the Fill mode to manual. The Slow Gas Loss Alarm is now disabled; Press the Start

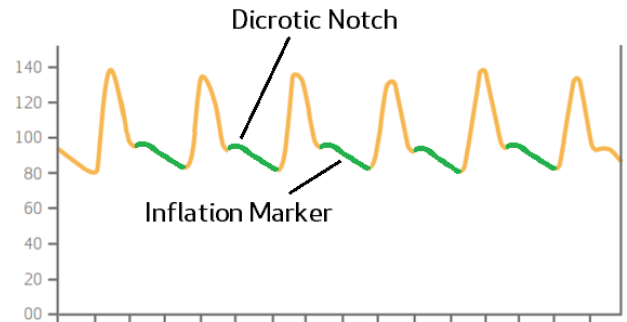


Basic information to adjust the trigger times

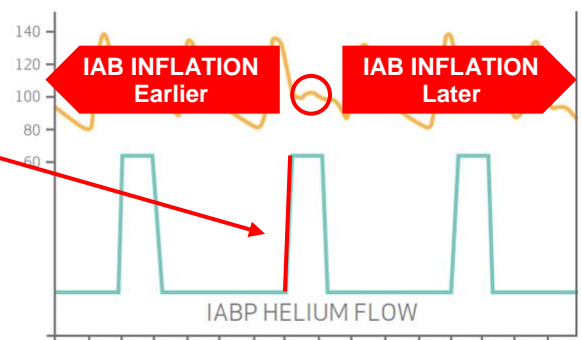
The green line indicates the optimal time for supporting. This line can be displayed on the arterial pressure curve by pressing the Inflation Interval button (see above 9 Press and hold).

The iVAC should eject during diastole and aspirate during systole

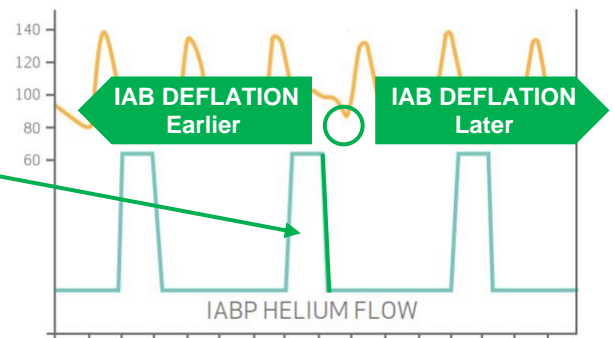
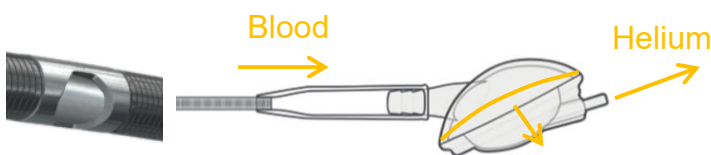
- The inflation may come as soon as the slope of AP curve is decreasing, just prior to the dicotic notch
- The deflation should be set prior to the systole of the heart



Indicates the flow of Helium from the IABP driver to the membrane pump (that corresponds to the ejection of blood into the ascending aorta). This line can be adjusted by using the **Inflation** buttons of the IABP driver keypad.



Indicates the flow of Helium from the membrane pump to the IABP driver (that corresponds to the aspiration of blood from the left ventricle). This line can be adjusted by using the **Deflation** buttons of the IABP driver keypad.



If a good trigger (ECG / pressure) is no longer available (ventricular fibrillation, extremely many extra-systoles, too fast/low heart rate), you can switch to internal trigger after disconnecting the ECG cable - initial frequency rate: 80 bpm

Possible alarms	Reason	Solution
Leak in IAB Circuit	Heart rate too high or too many extra-systoles	Restart console or select Internal trigger in necessary
Rapid Gas Loss		
Check IAB Catheter		
ECG recorded	ECG cable is still plugged in while trigger is set to internal	Disconnect the ECG cable (<u>reconnect the cable if ECG trigger source is selected again</u>)