DINAMAP® *Compact* Monitor Operation Manual

This manual is for DINAMAP® *Compact* Monitor Models T, S, TS, and BP, with and without printers.

- Model T: BP, Pulse, and Temp
- Model S: BP, Pulse, and SpO_2
- Model TS: BP, Pulse, Temp, and SpO_2
- Model BP: BP and Pulse

The model of the Monitor determines which menu option buttons appear on the LCD. Please refer to applicable sections.

Reissues and Updates

Changes occurring between issues are addressed through Change Information Sheets, Addendums, and replacement pages. If a Change Information Sheet does not accompany this manual, it is correct as printed.

Errors and Omissions

If errors or omissions are found in this manual, please notify:

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Tampa, FL 33634
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Part No. 776980A (USA; Printed in USA)
Part No. 8796EM05 (UK; Printed in UK)

Illustrations may show design models; production units may incorporate changes.

Contents

Introduction

About the DINAMAP® Compact Monitor

DINAMAP *Compact* Monitors provide noninvasive determination of systolic blood pressure, diastolic blood pressure, mean arterial pressure, pulse rate, temperature, and oxygen saturation. These portable AC- and DC-operated monitors are primarily intended for use in hospital acute care settings such as outpatient surgery, accident and emergency, labor and delivery, GI/endoscopy, and medical/surgical units.

The DINAMAP *Compact* Monitor comes in four different models: Models T, S, TS, and BP, with and without printers.

- Model T: BP, Pulse, and Temp
- Model S: BP, Pulse, and SpO_2
- Model TS: BP, Pulse, Temp, and SpO_2
- Model BP: BP and Pulse

All of the main operations of the DINAMAP *Compact* Monitor are easy to use and, in most cases, the factory default settings will be suitable. The "Using the Monitor" section of this manual explains how to use the system in its most simple form, while the "Using the Menu System" section explains how to customize measurements by using the menu system.

Indications

The DINAMAP *Compact* Monitor is intended to monitor one patient at the bedside.

Contraindications

This device is not designed, sold, or intended for use except as indicated.

Federal law (U.S.A.) restricts this device to sale by or on the order of a clinician.

Warnings

- **Do not use the *Compact* Monitor in the presence of magnetic resonance imaging (MRI) devices. There have been reports of sensors causing patient burns when operating in an MRI environment.**

- Do not use the Monitor in the presence of flammable anesthetics.
- To help prevent unintended current return paths with the use of high frequency (HF) surgical equipment, ensure that the HF surgical neutral electrode is properly connected.
- To avoid personal injury, do not perform any servicing unless qualified to do so.
- WARNING: These Monitors should not be used on patients who are connected to cardiopulmonary bypass machines.
- Do not use power adapters or converters other than the AC-DC power converter supplied with the DINAMAP *Compact* Monitor. Replacement power converters are available from Critikon.
- For continued protection against fire hazard, replace only with the same type and rating of fuse. Disconnect the power supply before servicing.
- To reduce the risk of electric shock, do not remove the cover or the back. Refer servicing to a qualified service person.
- If the accuracy of any determination reading is questionable, first check the patient's vital signs by alternate means and then check the *Compact* Monitor for proper functioning.

Cautions

- Do not use replacement batteries other than the type supplied with the Monitor. Replacement batteries are available from Critikon. See Appendix D.
- The DINAMAP *Compact* Monitor is designed to conform to Electromagnetic Compatibility (EMC) standard IEC 601-1-2, 1993 and will operate accurately in conjunction with other medical equipment which also meets this requirement. To avoid interference problems affecting the Monitor, do not use the Monitor in the presence of equipment which does not conform to these specifications.

- **Place the *Compact* Monitor on a rigid, secure surface. Monitor must only be used with mounting hardware, poles, and stands recommended by Critikon. See Appendix D.**
- **The weight of the accessory basket contents should not exceed 6.6 lb (3 kg).**
- **Arrange the power cord, air hoses, and all cables carefully so they do not constitute a hazard.**
- **Verify calibration of BP and TEMP (Models T and TS) parameters (pulse oximeter does not require calibration). Ensure that the *Compact* Monitor is functioning properly before operating the *Compact* Monitor.**
- **Do not immerse the Monitor in water. If the Monitor is splashed with water or becomes wet, wipe it immediately with a dry cloth.**
- **Do not gas sterilize or autoclave.**

Notes

- Waveforms may be distorted and readings inaccurate when electrosurgical cautery equipment is used while monitoring with the *Compact* Monitor.
- The electromagnetic compatibility profile of the *Compact* Monitor may change if accessories other than those specified for use with the *Compact* Monitor are used.
- Trend data are retained in the *Compact* Monitor when it is turned off, except when the default is overridden by selecting the Trend button under the Service menu.

Unpacking the Monitor and Accessories

Before attempting to use the DINAMAP *Compact* Monitor, take a few minutes to become acquainted with the Monitor and its accessories. Unpack the items carefully, and check them against the contents checklist enclosed in one of the accessory boxes. This is also a good time to check for any damage or shortage. If there is a problem or shortage, contact Critikon.

It is recommended that all the packaging be retained, in case the Monitor must be returned for service in the future.

Power Sources

The DINAMAP *Compact* Monitor is designed to operate from either an internal lead-acid rechargeable battery or an external AC source via the AC-DC power converter supplied with the Monitor. For replacement power converters or rechargeable batteries, please refer to Appendix D.

For continued safety, use only the double-insulated AC-DC power converter supplied with the Monitor.

The external DC line power input is protected by an internal 3.15 Amp fuse, type T3.15A, which can be accessed from the rear panel. The internal battery power source is protected by a resettable thermal fuse.

Powering the Monitor

Before the DINAMAP *Compact* Monitor is used for the first time, the battery should be charged in the Monitor for at least 24 hours.

Refer to the illustration of the rear panel connections. Looking at the rear of the DINAMAP *Compact* Monitor, remove the battery compartment cover (2). Insert the rechargeable battery pack into the compartment so that the battery terminals fit into the power clips at the bottom of the compartment. Then replace the cover. Insert the plug from the AC-DC power converter into the external power socket (3) and plug the converter into an AC outlet. Refer to the illustration of the front panel controls and indicators. With external power connected, the green external power indicator LED (7) will light to indicate that

external power is being applied and that the battery is charging. If the battery is not inserted, the external power indicator LED will flash. When the Monitor is running on battery power, a battery icon appears in LCD area 3 (toggling with the time indicator) indicating the charge status.

During battery-only operation, the yellow battery power indicator LED (8) will light. When the battery becomes discharged and only 10% of the full charge remains, the indicator will begin to flash and the Monitor will sound periodic warning beeps. At this point, the Monitor should be connected to an AC outlet to recharge the battery. If the Monitor continues to be used without charging the battery, the message **WARNING: THE BATTERY IS TOO LOW FOR MONITOR TO FUNCTION. TURN MONITOR OFF** appears, and the Monitor will enter the fail-safe mode. The fail-safe mode shuts down all functions until the Monitor is turned off and the battery is recharged or replaced.

Battery charging will take place as long as the Monitor remains connected to an external AC power source via the supplied AC-DC power converter. A battery that is fully discharged can be fully recharged in 1 hour 50 minutes when the Monitor is switched off or 8 hours if the Monitor is switched on.

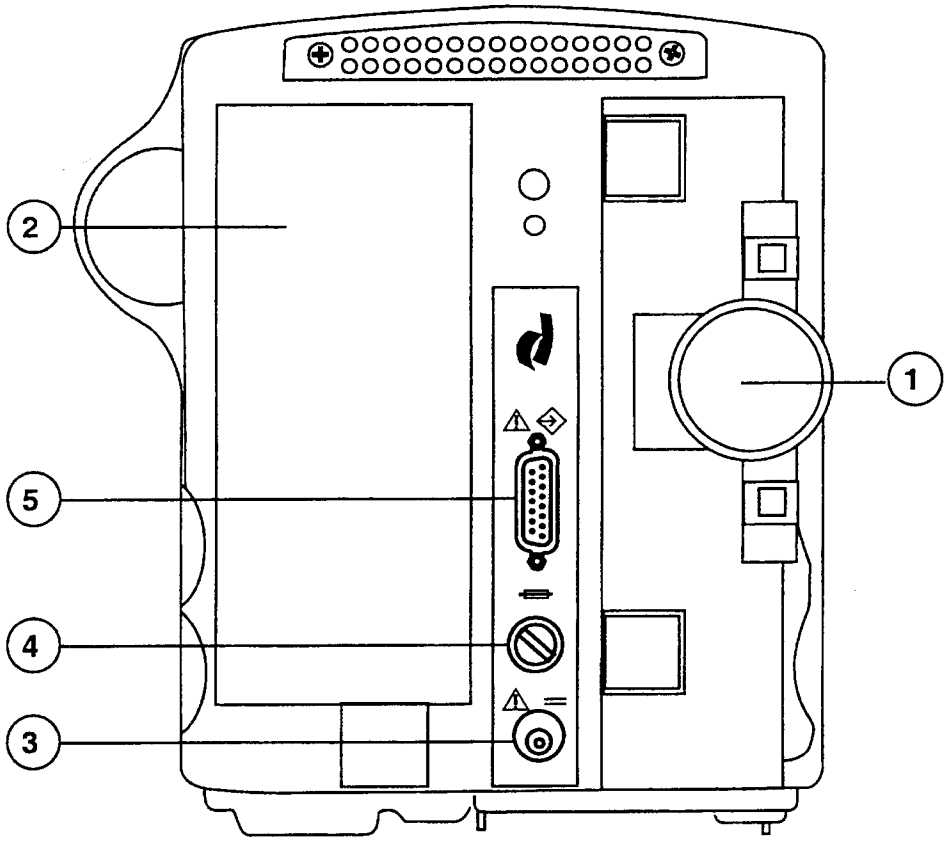
Notes

- To prolong the life of the battery, keep the Monitor connected to an AC outlet whenever possible. NEVER allow the battery to become completely discharged. A fully charged battery will power the Monitor for approximately 3 to 4 hours (Model TS and T with printer: 3 hours. Model BP and T with printer: 4 hours.) and should survive between 200 and 500 charge/discharge cycles. When it is necessary to replace the battery, refer to the Compatibility Table and Reorder Codes listed in Appendix D. To ensure full charge cycles, replace only with a recommended battery. If the Monitor is to be stored for some time, first charge the battery and then remove it and store it separately from the Monitor.

- For continued safety, use only a power cord of listed type SJT, three-conductor, min. No. 18 AWG, terminated in a hospital grade attachment plug, provided with the

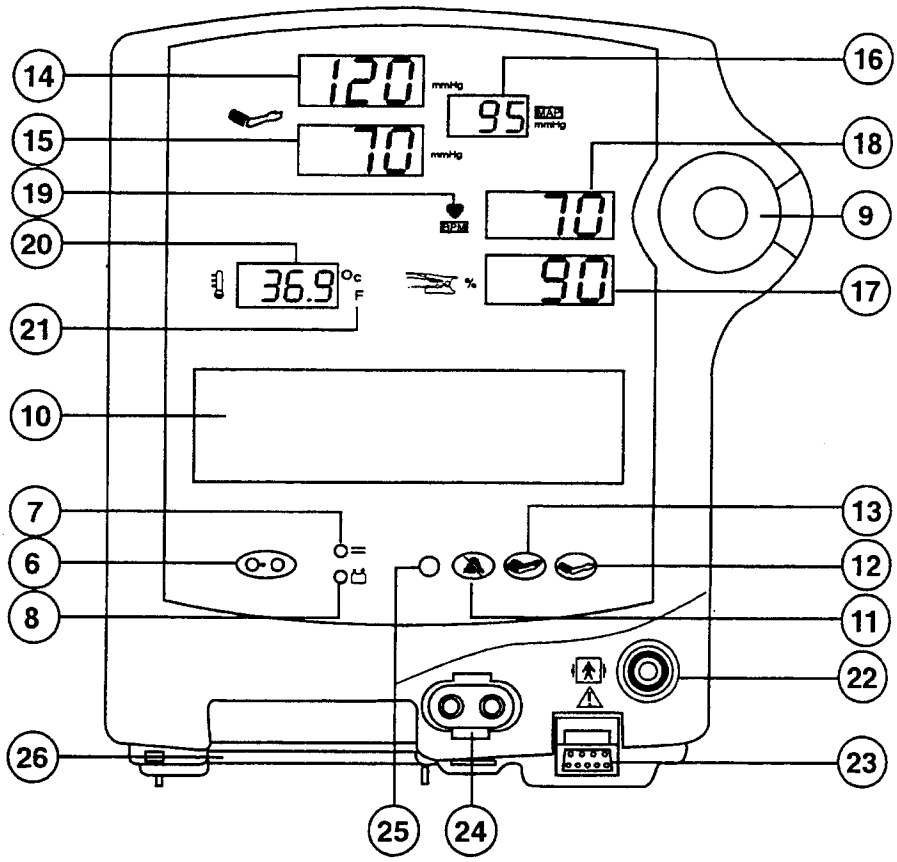
following cord tag: "Hospital Grade Plug." Grounding integrity can only be maintained when equipment is connected to an equivalent receptacle marked "Hospital Grade."

- Where the integrity of the external earth conductor in the installation or its arrangement is in doubt, the Monitor must be operated from its internal battery.



Rear Panel Connections

1 Pole clamp: Used to clamp Monitor to pole or stand
2 Battery compartment cover: Retains and protects internal battery
3 External power socket: To be used with supplied AC-DC power converter ONLY
4 Fuse holder: Holds external power source line fuse
5 Data interface connector (15-way D-type socket): Host communications port (RS-232E serial port); Remote alarm control. This port nonisolated for use with equipment conforming to IEC-601 only



Front Panel Controls and Indicators

6 Power on/off switch: Controls on/off state of Monitor; push for power on and push again for power off

7 External power indicator: Green LED indicates external power status and battery charging status of Monitor

8 Battery power indicator: Yellow LED indicates operation and charge status of internal battery

9 *Select*Knob: Used to highlight and select items in LCD menus; if Monitor is off, pressing *Select*Knob will switch Monitor on

10 LCD (liquid crystal display): Displays all alarms, user interface messages, and configuration options

11 Alarm silence switch: Alternately mutes and enables audible alarms; when pushed once after alarm sounds (silence on), switch lights to indicate that audible alarms have been silenced for 2 minutes

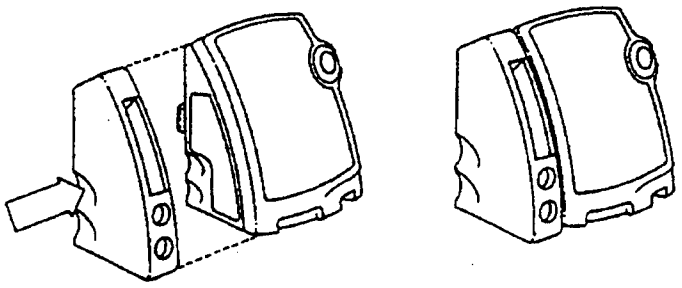
12 BP key: Press to start or stop a BP determination or cancel BP Stat mode

13 Stat key: Press to start or stop BP Stat mode
14 Systolic pressure display: 3-digit red LED indicates measured systolic BP in mmHg
15 Diastolic pressure display: 3-digit red LED indicates measured diastolic BP in mmHg
16 Mean arterial pressure display: 3-digit red LED indicates measured MAP in mmHg and shows instantaneous cuff pressure during BP determination
17 SpO_2 display: 3-digit red LED indicates oxygen saturation in % (Models S and TS)
18 Pulse BPM display: 3-digit yellow LED shows pulse rate in beats per minute
19 SpO_2 pulse indicator: Yellow LED in heart symbol flashes to indicate that real-time pulse rate measurements are being derived from SpO_2 signals (Models S and TS)
20 Temperature display: 4-digit red LED indicates measured temperature (Models T and TS)
21 °C °F display: Indicates whether temperature is being displayed in degrees Celsius or Fahrenheit (Models T and TS)
22 Temperature probe connector: Predictive temperature probe cable attaches here (Models T and TS)
23 SpO_2 sensor connector: SpO_2 sensor extension cable attaches here (Models S and TS)
24 Cuff connector: BP cuff hose attaches here
25 Light sensor: Automatically measures ambient light to set LED display intensity
26 Printer door: Provides access to paper

Installing the Temp Probe Holder

Attach the temperature probe holder to the side of the DINAMAP *Compact* Monitor (Models T and TS) by aligning the back and bottom edges of the holder and the Monitor and pressing the holder firmly to the Monitor.

A distinct snap will sound when the Dual Lock™ fasteners are properly engaged.



To remove the holder, place your fingers in the indentations at the back of the Monitor and pull the holder away from the side of the Monitor.

Switching the Monitor On and Off

To switch the DINAMAP *Compact* Monitor on, push the power on/off switch (6) or click the *Select*Knob (9).

As the Monitor powers up, it will run a short self-test routine, which will flash all the indicator lights and then beep the warning speaker. After a few seconds the system will be ready for operation, as indicated by the appearance of the main menu on the LCD (10).

To switch the Monitor off, push the power on/off switch (6) again. This will terminate any measurements that may be in progress and automatically deflate the cuff.

When the Monitor is operating on the internal battery only, battery life is enhanced by the use of the sleep mode. However, the *Compact* Monitor will not enter sleep mode if an alarm is active. If no controls are used and no

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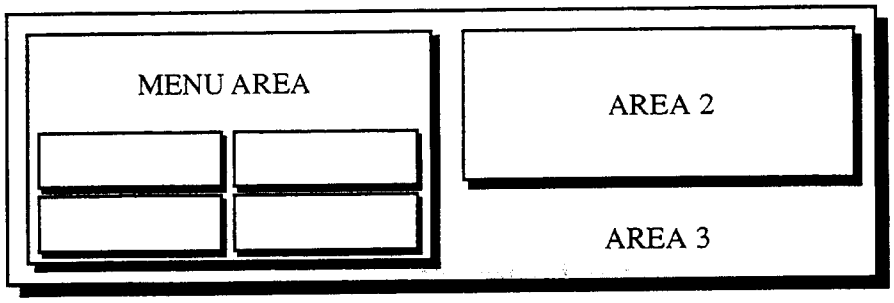
determinations are being made, the Monitor will enter sleep mode after a time which can be preset by the operator. All LED displays will be blanked and any existing readings will be transferred to the LCD, which will also display the message "Sleep Mode Active." Moving the *Select*Knob or pressing a key will "wake up" the Monitor.

Liquid Crystal Display (LCD)



Menu Area
This area displays the name of the menu that has option buttons available for selection. Normal text in the menu area appears dark on a light background, while the text of selected buttons appears light on a dark background.
Note: Some menus have six option buttons. In these cases, there is no space available to display the menu title.

Area 2
This area displays data from one of three different sources.

- Source 1: SpO_2 plethysmograph (Models S and TS)
- Source 2: Last three BP readings
- Source 3: Error and warning messages

Note: Refer to "Display Button" in the "Using the Menu System" section for instructions on setting Area 2.

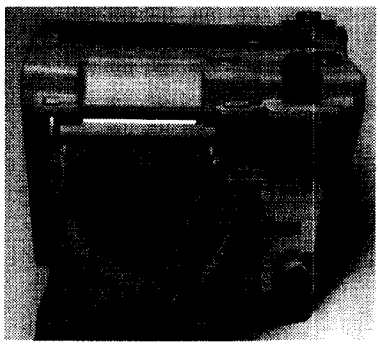
Area 3
This area displays the time, battery icon (if operating on battery power, the time and battery icon toggle), and the BP and Printer modes.

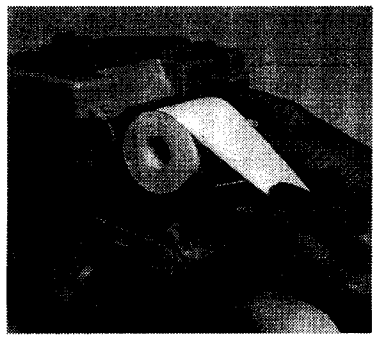
Using the Printer

Installing the Paper (Models With Printer)

Tilt the DINAMAP *Compact* Monitor back and grasp the tabs at the sides of the printer door (26). Squeeze the tabs together and pull the printer door down. Place the roll of paper into the compartment so that the end of the paper comes off the top of the roll and extends approximately 1 inch (2.5 cm) beyond the roller at the front edge of the door. There is no need to thread the paper; it simply rests over the rubber roller.

Note: Make sure that the roll of paper is tightly wound.





With the Monitor powered on, snap the printer door shut, leaving a small amount of paper exposed. The printer motor will feed a little paper forward and out over the door.

Any time the printer door is opened or closed the printer will automatically print a test strip with the DINAMAP *Compact* name on it. If no print is visible on the paper, check that the paper roll has been installed correctly. The paper should be coming off the top of the roll. To tear off the printout, use a slight sideways action to pull the paper sharply down across the serrated edge of the door.

Printer Alarms

If the Monitor is switched on with no paper installed or with the printer door open, the message "No Paper" will appear next to "PRNT" in Area 3 of the LCD. When new paper is installed and the printer door is closed, the message will change to "Man" for Manual print or "Auto" for Auto print, depending on the status before the paper change.

If the paper runs out during a print request or if an attempt is made to print when no paper is installed, the message

"Printer - No Paper" will appear in Area 2 of the LCD and an audible alarm will sound. In addition, the message "No Paper" will appear next to "PRNT" in Area 3 of the LCD. To clear the alarm, press the *Select*Knob. The message in Area 3 of the LCD will remain until new paper is installed and the printer door is closed. (See "Using the Menu System.")

Installing new paper will cause the Critikon DINAMAP *Compact* header to be printed, thereby confirming that the paper is installed correctly and that the printer is operational. The message next to "PRNT" in Area 3 of the LCD will change to "Auto" or "Man" to identify the operating mode of the printer. After power-off, the operating mode of the printer returns to the previous user-selected setting (Auto or Man) unless specified otherwise in the Print button under the Service Button.

Cleaning

If the print quality is reduced, the print head can be cleaned with a cotton swap saturated with isopropyl alcohol. For preventive maintenance, clean the print head once a month.

Storage

Store thermal paper in a cool, dry place. The printed strip (thermal paper recording) should not be

- exposed to direct sunlight,
- exposed to temperatures over 100 °F/38 °C or relative humidity over 80%, or
- placed in contact with adhesives, adhesive tapes, or plasticizers such as those found in all PVC page protectors.

Note: When in doubt about long-term storage conditions, store a photocopy of the thermal paper recording.

Cautions

- **The paper is thermally activated; therefore, do not store it in a hot place as discoloration may result.**
- **Only use replacement paper rolls from Critikon.**

Noninvasive Blood Pressure Determination

Description

The BP parameter is included in Models T, S, TS, and BP. Blood pressure is monitored noninvasively in the DINAMAP *Compact* Monitor by the oscillometric method, which measures the amplitude of the pressure oscillations within the blood pressure cuff. Further information about the oscillometric method is in Appendix C.

The *Compact* Monitor has four BP modes: 1. Manual, 2. Auto, 3. Stat, and 4. Vitals. The mode, which is selected by the user, is shown on the LCD (10). The BP measurements are automatic, and once the cycle is complete the LED displays (14, 15, 16, 18) will show systolic pressure, diastolic pressure, mean arterial pressure, and pulse rate.

1. Manual BP determinations are started by pressing the BP key (12). In the Manual mode, the blood pressure is determined one time.

2. If the Quik BP menu is enabled (Refer to "Quik BP" in the "Using the Menu System" section.), Auto BP determinations are started by selecting the Auto button. If the Quik BP menu is disabled, Auto BP determinations are started by selecting the Auto button under the Set BP button in the Main menu.

   When Auto mode is selected, a number at the right of the Auto button indicates the time interval between each reading. To change the time interval, choose the box around the number and turn the *Select*Knob until the desired interval is reached. The interval can be set between 1 and 90 minutes (1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 45, 60, and 90 minutes). Press the *Select*Knob to confirm the setting.

3. Stat determinations are started by pressing the Stat key (13). In the Stat mode, the blood pressure is determined as many times as possible in 5 minutes.

4. Vitals determinations are started by selecting the Vitals button in the Main menu. (Refer to the "Using the Menu System" section.) Selection of this button initiates BP, SpO_2, and predictive temperature determinations (depending on Monitor model). In the Vitals mode, the blood pressure is determined one time.

Before each BP determination, the Monitor performs a test to ensure that the cuff pressure is below a specified level. The determination is delayed until this condition is met. During the delay, the BP values are displayed as zero.

The Monitor senses the type of hose being used and automatically uses adult/pediatric monitoring parameters or neonatal monitoring parameters, as appropriate.

Audible and visible alarms occur when a value for systolic pressure, diastolic pressure, mean arterial pressure, or pulse rate is outside the selected high or low limit.

Instructions for cleaning and disinfecting BP cuffs are in Appendix F.

General Warnings

- **The *Compact* Monitor will not measure blood pressure effectively on patients who are experiencing seizures or tremors.**
- **Arrhythmias will increase the time required by the *Compact* Monitor to determine a blood pressure and may extend the time beyond the capabilities of the Monitor.**
- **In Manual mode, the *Compact* Monitor displays the results of the last blood pressure determination for 2 minutes or until another determination is completed. If a patient's condition changes between one determination and the next, the Monitor will not detect the change or indicate an alarm condition.**
- **Devices that exert pressure on tissue have been associated with purpura, skin avulsion, compartmental syndrome, ischemia and/or neuropathy. To minimize these potential problems, especially when monitoring**

at frequent intervals or over extended periods of time, make sure the cuff is applied appropriately and examine the cuff site and the limb distal to the cuff regularly for signs of impeded blood flow.

- Do not apply external pressure against cuff while monitoring. Doing so may cause inaccurate blood pressure values.
- Use care when placing cuff on extremity used to monitor other patient parameters.
- The *Compact* Monitor is designed for use only with dual-tube cuffs.
- Use only accessories recommended by Critikon. Failure to use recommended accessories may result in inaccurate readings. See Appendix D.
- Blood pressure cuffs should be removed from the patient when the Monitor is powered off. If the extremity remains cuffed under these conditions or if the interval between blood pressure determinations is prolonged, the patient's limb should be observed frequently and the cuff placement site should be rotated as needed.

General Cautions

- Accuracy of BP measurement depends on using a cuff of the proper size. It is essential to measure the circumference of the limb and to select the proper size cuff. The air hoses are color-coded according to size of the patient. The gray 12- or 24-foot hose (3.66 m or 7.3 m) is required on patients who require cuff sizes from infant through thigh cuffs. The teal (blue-green) 12-foot hose (3.66 m) is required for the neonatal cuff sizes #1 through #5.
- If it becomes necessary to move the cuff to another limb, make sure the appropriate size cuff is used.
- The pulse rate derived from a BP determination may differ from the heart rate derived from an EKG waveform because the *Compact* Monitor measures actual peripheral pulses, not electrical signals or

contractions from the heart. Differences may occur because electrical signals at the heart occasionally fail to produce a peripheral pulse or the patient may have poor peripheral perfusion. Also, if a patient's beat-to-beat pulse amplitude varies significantly (e.g., because of pulsus alternans, atrial fibrillation, or the use of a rapid-cycling artificial ventilator), blood pressure and pulse rate readings can be erratic, and an alternate measuring method should be used for confirmation.

General Notes

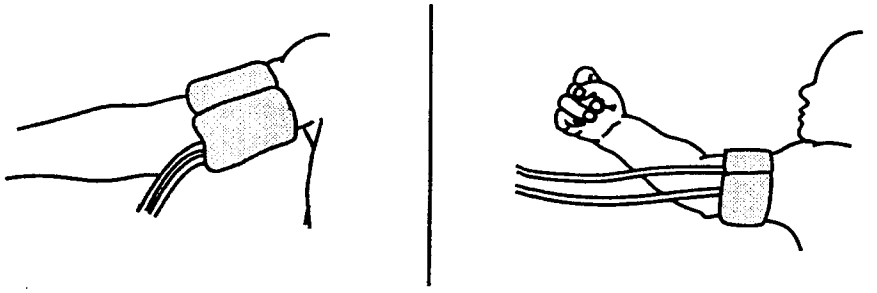
- A patient's vital signs may vary dramatically during the use of cardiovascular agents such as those that raise or lower blood pressure or those that increase or decrease heart rate.

- Because treatment protocols based on the patient's blood pressure may rely on specific values and differing measurement methods, such as auscultatory, clinicians should note a possible variance from values obtained with the *Compact* Monitor in planning patient care management. The *Compact* Monitor values are based on the oscillometric method of noninvasive blood pressure measurement and correspond to comparisons with intra-aortic values within ANSI /AAMI Standards for accuracy (a mean difference of ± 5 mmHg, and a standard deviation of ± 8 mmHg).

- Several conditions may cause the BP parameter to calculate and display only the mean arterial pressure (MAP) without a systolic and diastolic reading. These conditions include very low systolic and amplitude fluctuations, so an accurate calculation for these values can't be made (e.g., patient in shock); too small of a difference between systolic and MAP calculations in relationship to the difference between diastolic and MAP; or a leak has occurred in the DINAMAP *Compact* Monitor (1. Check all BP connections 2. Monitor may need calibration and leak testing). If only the MAP value is displayed, the systolic and diastolic will display dashes (—) and an alarm message "N99-BP FAILED" will be displayed.

Procedures

1. Connect the end of the air hose which has quick-release clips to the cuff connector (24) on the front of the Monitor. Make sure that the hose is not kinked or compressed.
   Note: To disconnect the hose from the Monitor, squeeze the quick-release clips together and pull the plug from the cuff connector (24).
2. Select the appropriate blood pressure measurement site. Because normative values are generally based on this site and as a matter of convenience, the upper arm is preferred. When upper arm size or shape, the patient's clinical condition, or other factors prohibit use of the upper arm, the clinician must plan patient care accordingly, taking into account the patient's cardiovascular status and the effect of an alternative site on blood pressure values, proper cuff size, and comfort. The figure shows the recommended sites for placing cuffs.
   Warning: Do not place the cuff on a limb being used for intravenous infusion or any area where circulation is compromised or has the potential to be compromised.



Adult/Pediatric | Neonate

3. If patient is standing, sitting, or inclined, ensure that cuffed limb is supported to maintain cuff at level of patient's heart. If cuff is not at heart level, the difference in systolic and diastolic values due to hydrostatic effect must be considered. Add 1.80 mmHg to values for every inch (2.54 cm) above heart level. Subtract 1.80 mmHg from values for every inch (2.54 cm) below heart level.
4. Select appropriate cuff size. Measure patient's limb and select appropriately sized cuff according to size marked on cuff or cuff packaging. When cuff sizes overlap for a specified circumference, choose the larger size cuff.
   Precaution: Accuracy depends on use of proper size cuff.

5. Inspect cuff for damage. Replace cuff when aging, tearing, or weak closure is apparent. Do not inflate cuff when unwrapped.
   Precaution: Do not use cuff if structural integrity is suspect.
6. Connect the cuff to the air hose. Thread the cuff connectors onto the hose connectors until finger tight. Do not overtighten.
   Warning: It is mandatory that the appropriate hose and cuff combination be used. Any attempt to modify the hose will inhibit the Monitor from switching between the neonatal and adult measurement modes.
   Note: In normal use, each cuff will have its own hose, so it will not usually be necessary to disconnect them. If it is necessary to do so, carefully unscrew the cuff from the hose. Care should be taken in reconnecting the cuff to a hose, ensuring that threads of the cuff and hose are in alignment and no cross-threading occurs.
7. Inspect patient's limb prior to application.
   Precaution: Do not apply cuff to areas where skin is not intact or tissue is injured.
8. Palpate artery and place cuff so that patient's artery is aligned with cuff arrow marked "artery."
9. Squeeze all air from cuff and confirm that connection is secure and unoccluded and that tubing is not kinked.
10. Wrap cuff snugly around the patient's limb. Cuff index line must fall within the range markings. Ensure that hook and loop closures are properly engaged so that pressure is evenly distributed throughout cuff. If upper arm is used, place cuff as far proximally as possible.
11. Proper cuff wrapping should be snug, but should still allow space for a finger between patient and cuff. Cuff should not be so tight as to prevent venous return between determinations.
    Warning: Using a cuff that is too tight will cause venous congestion and discoloration of the limb, but using a cuff that is too loose may result in no readings and/or inaccurate readings.
12. Proceed with monitoring in the Manual, Auto, or Stat mode.

Manual Mode

To start a determination, press the BP key (12). A normal, uninterrupted Manual cycle takes about 40 seconds. The cuff pressure must drop below 5 mmHg (neonate) or 15 mmHg (adult) before another determination can be started. BP information will be displayed for 2 minutes on the LED unless another determination is started within that time frame. This applies to Manual and Vitals modes. After power-off, the operating mode returns to the default setting of Manual. The default setting of Manual can be overridden to return to the previous user-selected setting (Auto or Manual) by selecting Set BP under the Service menu.
Note: The BP key is an on-off switch; pressing it will stop any BP determination (Manual, Auto, or Stat) that is in progress.

Auto Mode

If the Quik BP menu is enabled (Refer to "Quik BP" in the "Using the Menu System" section.), Auto BP determinations are started by selecting the Auto button. If the Quik BP menu is disabled, Auto BP determinations are started by selecting the Auto button under the Set BP button in the Main menu.

When Auto mode is selected, a number at the right of the Auto button indicates the time interval between each reading. To change the time interval, choose the box around the number and turn the *Select*Knob until the desired interval is reached. The interval can be set between 1 and 90 minutes (1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 45, 60, and 90 minutes). Press the *Select*Knob to confirm the setting. After power-off, the operating mode returns to the default setting of Manual. The default setting of Manual can be overridden to return to the previous user-selected setting (Auto or Manual) by selecting Set BP under the Service menu.

In the Auto mode, the pressure must be below 5 mmHg (neonate) or 15 mmHg (adult) for at least 30 seconds before another determination can be started. BP information will be displayed on the LED until the next determination is started. This applies to Auto mode only.

Stat Mode

Multiple BP readings can be taken at any time by pressing the Stat key (13). If a Manual determination is not in progress, a 5-minute series of determinations will start. If a Manual determination is in progress, that determination will become the first in the series. A normal, uninterrupted Stat sequence will give the first set of systolic, diastolic, and mean arterial pressure values and pulse rate within 15 to 20 seconds. Pressing the Stat key (13) during a series of Stat determinations will cancel the determination in progress and the rest of the series. BP information will be displayed on the LED until the determination has been canceled or completed. This applies to Stat mode only.

Notes

- Because the Stat key is an on-off switch, it can be used at any time to cancel a Stat determination.
- Pressing the BP key during a series of Stat determinations will also cancel the determination in progress and the rest of the series.

The series begins with cuff inflation to a pressure above the previous systolic pressure or, if no previous systolic value is stored, to approximately 180 mmHg for adult/pediatrics. The initial target pressure selection for neonates has a maximum pressure of 120 mmHg. Artifact rejection is relaxed in the Stat mode for adult/pediatric patients to allow for accelerated determinations. If a BP or a Stat reading has been made previously, the first new systolic value will flash on the LED display (14) within a few seconds and will continue to flash until the end of the determination. At that point a short tone will sound and the updated systolic, diastolic, and mean arterial pressures and pulse rate will appear on their LED displays (14, 15, 16, 18). The Monitor will begin another determination once the pressure is below 5 mmHg for 8 seconds (neonates) or 15 mmHg for 4 seconds (adults), unless the 5-minute period has ended or the determination has been canceled.

Using the Monitor

Predictive Temperature Determination

Description

The Temp parameter is included in Models T and TS. The DINAMAP *Compact* Monitor can be used with both oral and rectal temperature probes. The Monitor automatically detects the type of probe being used and sets the correct predictive mode. Temperature is shown on the temperature display (20) in degrees Celsius or Fahrenheit, and the unit of measure is indicated by the °C °F display (21). The factory default, which is Celsius, can be changed in the Service menu (please refer to the "Using the Menu System" section of this manual). Temp information will be displayed for 2 minutes on the LED unless another determination is started. This applies to Manual and Vitals modes.

General Warning

- **The performance of the Monitor may be degraded if it is operated outside of the environmental conditions specified in Appendix A.**

General Cautions

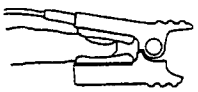
- **Be careful not to overextend the coiled cord of the temperature probe. Overextension can damage the probe coil connector interfaces.**
- **Accurate oral temperatures (blue) can only be obtained by placing the probe under the tongue in the right or left sublingual pocket. Temperatures in other locations in the mouth can vary by more than 2 °F or 1 °C.**
- **Accurate rectal temperatures can only be obtained by using the red temperature probe. Red and blue temperature probes are *not* interchangeable.**
- **Do not allow the tip of the predictive temperature probe to come into contact with a heat source (e.g., hands or fingers) prior to taking a temperature**

determination. If this occurs, allow 5 seconds for the probe tip to cool before proceeding.

Procedures

1. Connect the temperature probe cable to the temperature probe connector (22).
2. Place a protective temperature probe cover on the probe and insert the probe appropriately.
3. While observing the LCD (10), turn the *Select*Knob (9) to highlight the Temp option and then click the *Select*Knob. Any previous temperature display will be blanked.
4. Hold the temperature probe steady until the determination is complete. This will take about 20 seconds, during which time a pattern of lines on the temperature display (20) will blink to indicate progress. When the determination is complete, the temperature will appear on the display.
5. Record the temperature, remove the probe, discard the disposable cover by pressing the button on the probe handle, and place the probe in the probe holder.
   Note: Wait at least 5 seconds before making another temperature determination.

SpO_2



Description

The SpO_2 parameter is included in Models S and TS. To begin SpO_2 monitoring, simply place the SpO_2 sensor on the patient's finger; monitoring begins automatically. Functional oxygen saturation (SpO_2) of arterial blood is noninvasively and continuously monitored in the DINAMAP *Compact* Monitor using pulse oximetry technology from NELLCOR. Functional SpO_2 is the ratio of oxygenated hemoglobin to hemoglobin that is capable of transporting oxygen. This ratio, expressed as a percentage, is shown on the SpO_2 display (17). The percentage is updated with each heart beat.

Heart rate derived from SpO_2 appears in the Pulse BPM display (18), and the SpO_2 pulse indicator (19) flashes synchronization with the real-time pulse rate measurements

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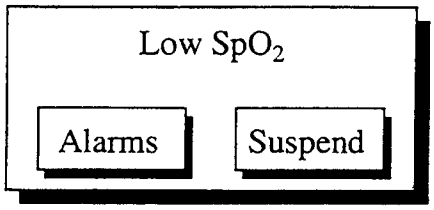
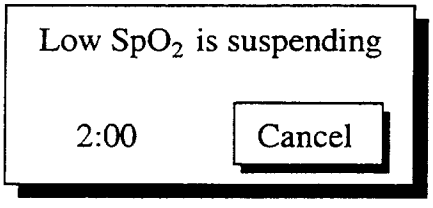
that are derived from the SpO_2 signal. A tone sounds at a rate corresponding to the pulse rate and at a pitch corresponding to the SpO_2 saturation level. The pitch is highest at 100% oxygen saturation, and it becomes lower as the saturation level falls. The Monitor can also display a pulse amplitude bar and a plethysmographic waveform on the LCD (10). The pulse amplitude bar graph is proportional to the arterial blood flow.

Audible and visible alarms occur when SpO_2 levels are outside the alarm limits. When a limit alarm occurs, a message appears in Area 2 of the LCD display.



If you select the Alarms button, the Alarms menu appears. This menu is used to adjust the violation limits for BP and SpO_2. Refer to "Alarms Button" in the "Using the Menu System" section.

If you select the Suspend button, the SpO_2 alarm is suspended for 2 minutes and then the *Compact* returns to normal SpO_2 monitoring. A message informing the user that SpO_2 is suspending appears in Area 2 and dashes appear in the SpO_2 LED while the SpO_2 alarm suspend is counting down. Selecting **Cancel** will cancel the SpO_2 alarm suspension and return to monitoring SpO_2.



General Warnings

- **Do not use the SpO_2 function during magnetic resonance imaging (MRI). Adverse reactions include potential burns to patients as a result of contact with attachments heated by the MRI radio frequency pulse,**

potential degradation of the magnetic resonance image, and potential reduced accuracy of SpO_2 measurements. Always remove oximetry devices and attachments from the MRI environment before scanning a patient.

- **The use of cardio-green and other intravascular dyes at certain concentrations may affect the accuracy of the SpO_2 measurement.**
- **The SpO_2 function is calibrated to read functional arterial oxygen saturation. Significant levels of dysfunctional hemoglobins such as carboxyhemoglobin or methemoglobin may affect the accuracy of the SpO_2 measurement.**

General Cautions

- **As with any clip-on sensor, pressure is exerted. The clinician should be cautious in using a clip-on sensor on patients with compromised circulation (e.g., because of peripheral vascular disease or vasoconstricting medications).**
- **Do not perform any testing or maintenance on a sensor while it is being used to monitor a patient.**
- **Bright light sources (e.g., infrared heat lamps, bilirubin lights, direct sunlight, operating room lights) may interfere with the performance of the SpO_2 function. To prevent such interference, cover the sensor with opaque material.**

General Notes

- A patient's vital signs may vary dramatically during the use of cardiovascular agents such as those that raise or lower blood pressure or those that increase or decrease heart rate.
- The *Compact* Monitor is compatible only with NELLCOR sensors.

Procedures

1. Select a sensor that is appropriate for the patient and the clinical situation.
   Warning: Do not use a damaged sensor or one with exposed electrical contacts.
   Note: Use only NELLCOR sensors, which are available from:
   Mallinckrodt, Inc.
   675 MacDonnell Blvd
   PO Box 5840
   St. Louis, MO 63134
   Phone: 1-800-NELLCOR (USA) Fax: 1-888-222-9799
2. Following the directions for use supplied with the sensor, apply the sensor to the patient.

Warnings

Patient safety:

- **If you fail to apply the sensor properly, the patient's skin could be injured or the ability of the *Compact* Monitor to measure oxygen saturation could be compromised. For example, a clip-on sensor should never be taped shut. Taping the sensor could damage the patient's skin or impair the venous return, thus causing venous pulsation and inaccurate measurement of oxygen saturation.**
- **Excessive pressure from the sensor may cause necrosis of the skin.**

Monitor performance:

- **When an SpO_2 sensor is on a limb that has a blood pressure cuff, the SpO_2 data will not be valid when the cuff is inflated. If SpO_2 readings are required during the entire blood pressure determination, attach the SpO_2 sensor to the limb opposite the one with the blood pressure cuff.**
- **Remove nail polish and artificial nails. Placing a sensor on a polished or an artificial nail may affect accuracy.**

Cautions

Patient safety:

- **Do not place any clip-on sensor in a patient's mouth or on a patient's nose or toe.**

- **Do not place a clip-on finger sensor on a patient's thumb or across a child's foot or hand.**
- **Observe the sensor site to assure adequate distal circulation.**

Monitor performance:

- **For best performance, place the sensor at heart level.**
- **Placing a sensor distal to an arterial line may interfere with adequate arterial pulsation and compromise the measurement of SpO_2.**
- **Place the sensor so that the LEDs and the photodiode are opposite each other.**

3. Plug the SpO_2 sensor extension cable into the SpO_2 sensor connector (23).
4. Proceed with monitoring. SpO_2 determinations run continuously and can run simultaneously with other measurements.

Troubleshooting

This section discusses potential difficulties and suggestions for resolving them. If the difficulty persists, contact a qualified service person or your local Critikon representative.

The service manual, which is for use by qualified service personnel provides additional troubleshooting information.

PROBLEM: The pulse amplitude bar indicates a pulse, but no oxygen saturation or pulse rate values appear on the screen.

CAUSE:

- Excessive patient motion may be making it impossible for the SpO_2 function to find a pulse pattern.
- The sensor may be damaged.
- The patient's perfusion may be too low to allow the SpO_2 function to measure saturation and pulse rate.

SOLUTION:

Check the patient.

- If possible, keep the patient still; check whether the SpO_2 sensor is applied securely and properly, and replace it if necessary; move the sensor to a new site; or use a disposable adhesive sensor that may tolerate more motion.
- Replace the sensor.

PROBLEM: The SpO_2 value or the pulse rate changes rapidly; the pulse amplitude bar is erratic.

CAUSE:

- Excessive patient motion may be making it impossible for the SpO_2 function to find a pulse pattern.
- An electrosurgical unit (ESU) may be interfering with performance.

SOLUTION:

Check the patient.

- If possible, keep the patient still; check whether the sensor is applied securely and properly, and replace it if

necessary; move the sensor to a new site; use a sensor that tolerates more motion.

If an ESU is interfering:

- Move the SpO_2 cable as far from the ESU as possible.
- Plug the Monitor and the ESU into different AC circuits.
- Move the ESU ground pad as close to the surgical site as possible.
- The sensor may be damp or may need to be replaced with a new sensor.
- If using a sensor extension cable, remove it and connect the sensor directly to the *Compact* Monitor.
- If the patient weighs less than 3 kg or more than 40 kg, apply an OXISENSOR N-25 oxygen transducer to an appropriate site. This sensor has added protection against electrosurgical interference.

PROBLEM: The oxygen saturation measurement does not correlate with the value calculated from a blood gas determination.

CAUSE:

- The SpO_2 calculation may not have correctly adjusted for the effects of pH; temperature; CO_2; fetal hemoglobin; or 2,3-DPG.
- Accuracy can be affected by incorrect sensor application or use; intravascular dyes; bright light; excessive patient movement; venous pulsations; electrosurgical interference; and placement of a sensor on an extremity that has a blood pressure cuff, arterial catheter, or intravascular line.

SOLUTION:

- Check that calculations have been corrected appropriately for the relevant variable. In general, calculated saturation values are not as reliable as direct laboratory hemoximeter measurements.
- If there is excessive light, cover the sensor with opaque material.

- Circulation distal to the sensor site should be checked routinely. The site must be inspected every 8 hours to ensure adhesion, skin integrity, and correct optical alignment. If skin integrity changes, move the sensor to another site.
- Try to keep the patient still, or change the sensor site to one with less motion.
- Observe all instructions, warnings, and cautions in this manual and in the directions for use of the sensor.

PROBLEM: A valid SpO_2 signal was present but has disappeared.
CAUSE:

- A BP determination on the same limb is in progress.

SOLUTION:

- An alarm message (No signal) will appear on the screen, and the audible alarm will sound immediately.

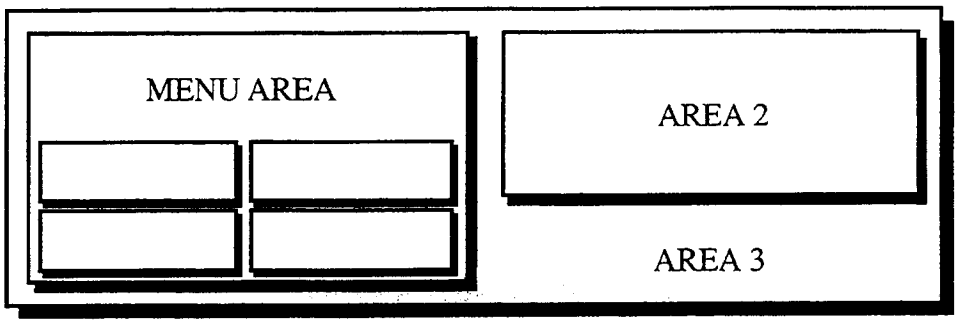
Using the Menu System

Introduction

The DINAMAP *Compact* Monitor is equipped with a liquid crystal display (10) and a *Select*Knob (9). Used together, these allow the operator to view and edit most of the Monitor's parameters and functions. When the Monitor is in use, a number of option buttons appear on the liquid crystal display (LCD). The model of the Monitor determines which menu option buttons appear on the LCD. The number of buttons and the specific options depend on the menu level. The *Select*Knob provides the means of choosing menu options and changing monitor settings.

Liquid Crystal Display

The LCD is divided into three areas, each of which has a distinct function.



Menu Area

This area displays the menu buttons that are available for selection. Normal text in the menu area appears dark on a light background, while the text of selected buttons appears light on a dark background.

Area 2

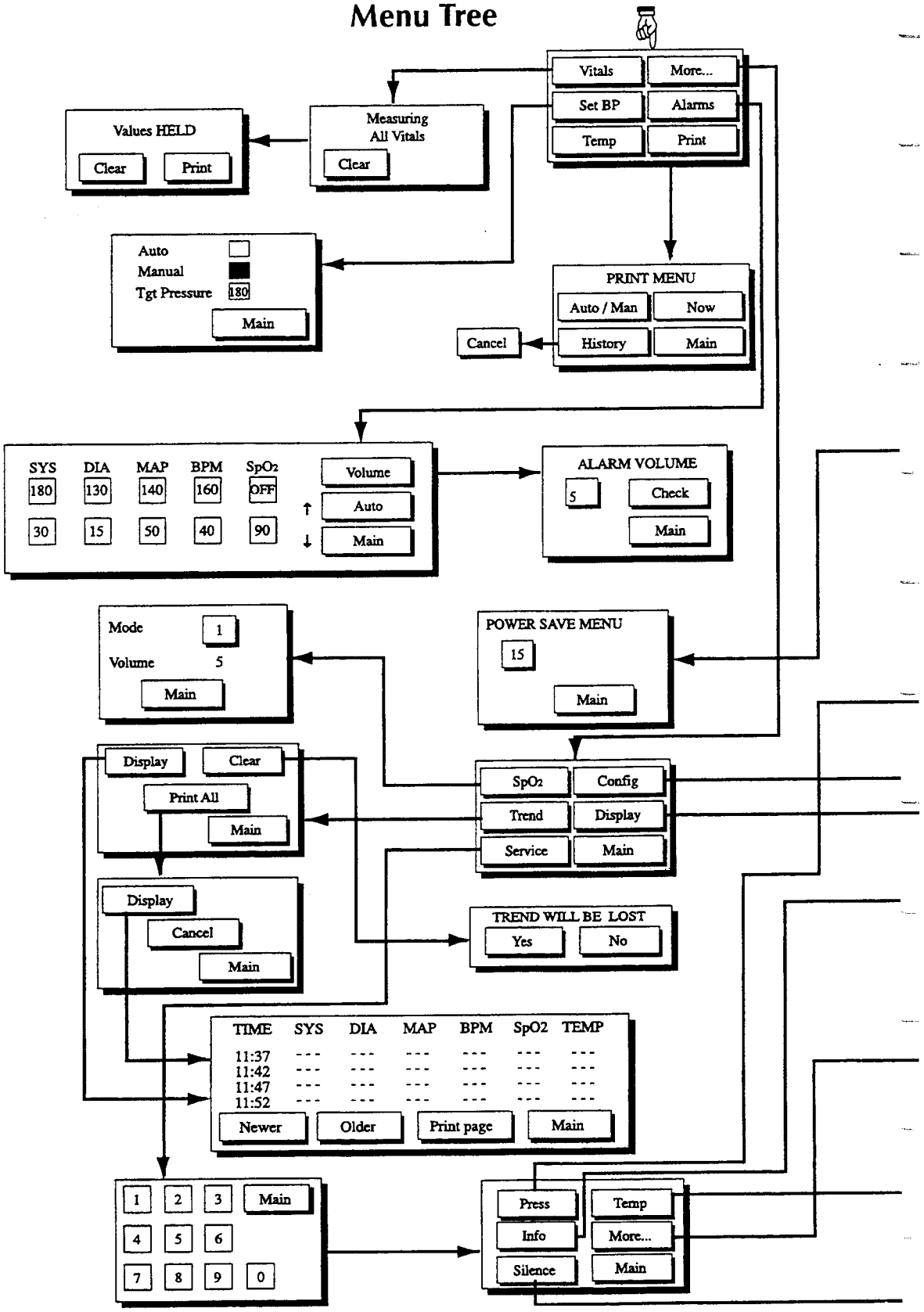
This area displays BP and SpO_2 data and error and warning messages. The Display mode menu is used to select the data to be displayed.

Area 3

This area displays the time, battery icon (if operating on battery power, the time and battery icon toggle), and the BP and printer modes.

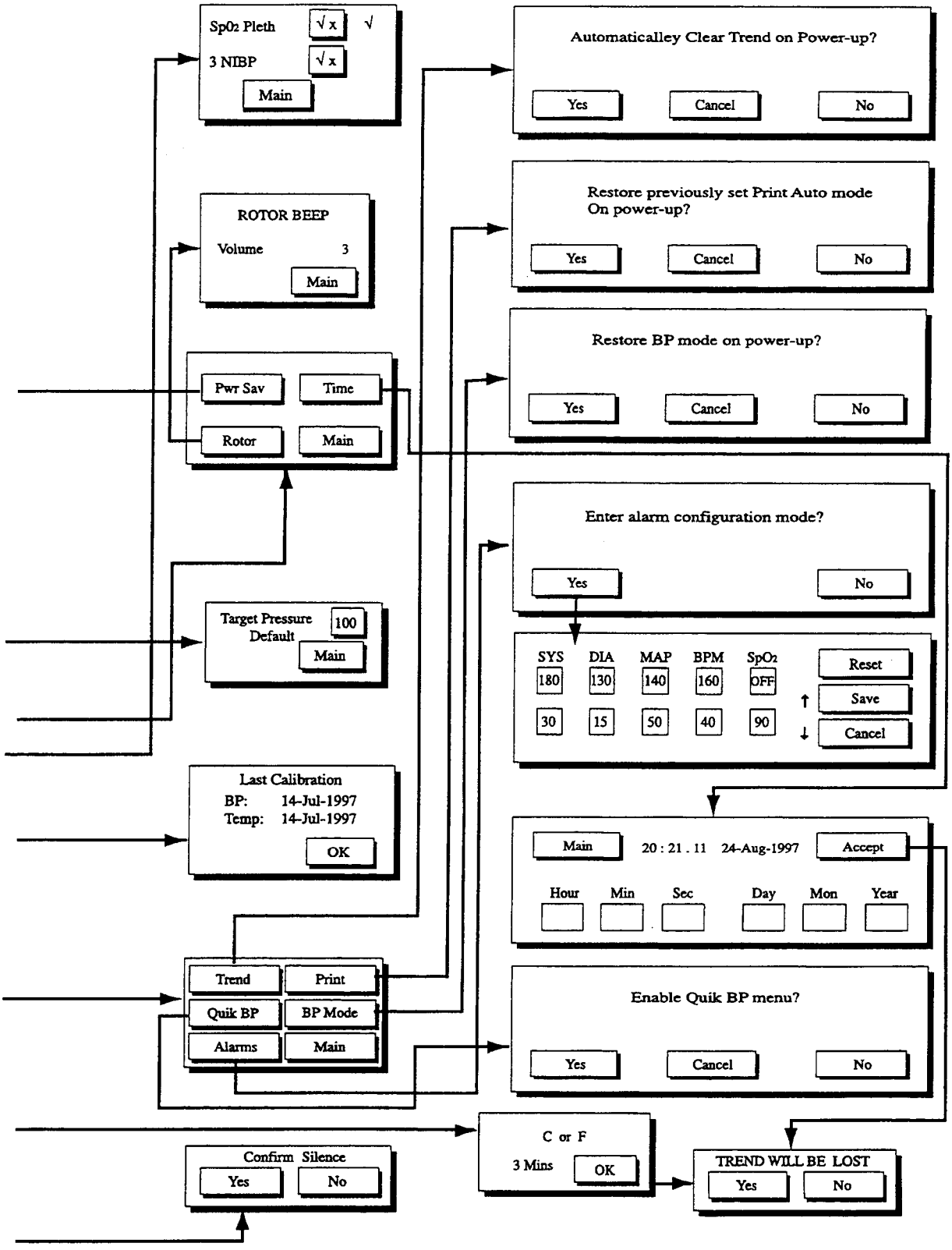
Note: In cold ambient temperatures (below 50 °F / 10° C), updates on the LCD can be delayed by approximately 1 second. This delay on the LCD does not affect the performance of the Monitor.

Menu Tree


Vitals
More...
Set BP
Alarms
Temp
Print
Measuring
All Vitals
Clear
Values HELD
Clear
Print
Auto
Manual
Tgt Pressure
180
Main
PRINT MENU
Auto / Man
Now
History
Main
Cancel
SYS
DIA
MAP
BPM
SpO2
180
130
140
160
OFF
30
15
50
40
90
Volume
Auto
Main
ALARM VOLUME
5
Check
Main
Mode
1
Volume
5
Main
POWER SAVE MENU
15
Main
Display
Clear
Print All
Main
SpO2
Config
Trend
Display
Service
Main
Display
Cancel
Main
TREND WILL BE LOST
Yes
No
TIME
SYS
DIA
MAP
BPM
SpO2
TEMP
11:37
11:42
11:47
11:52
Newer
Older
Print page
Main
1
2
3
Main
4
5
6
7
8
9
0
Press
Temp
Info
More...
Silence
Main

Using the Menu System

Menu Tree



Notes

- The model of the Monitor determines which menu option buttons appear on the LCD.
- The Monitor's LCD may display the word Rotor for the *Select*Knob.

Select*Knob*

Rotating the *Select*Knob causes option buttons to be highlighted (light text on a dark background). Turning the *Select*Knob produces a click. Turning it clockwise moves the highlighting clockwise over the available buttons, while turning it counterclockwise reverses the direction of the highlighting. Pressing the *Select*Knob selects the highlighted button and produces an audible tone.

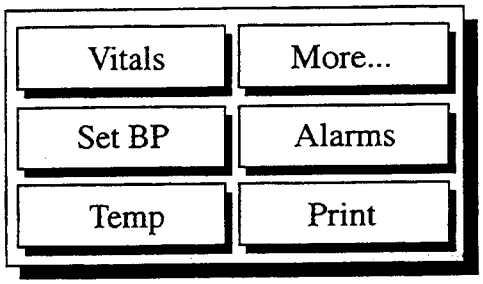
Some menus (e.g., Alarms) contain values that can be changed by the operator. After the value is highlighted, the user selects it by pressing the *Select*Knob. Turning the *Select*Knob clockwise will cause the value to increase, and turning the *Select*Knob counterclockwise will cause the value to decrease. Pressing the *Select*Knob again will confirm the changed value.

Menu Tree

The menu tree on the previous page shows ***all*** possible choices available within the menu structure, from the top level downward.

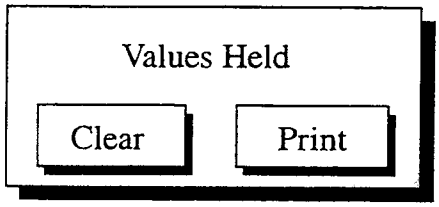
Main Menu

This menu is the top level menu, unless the Quik BP menu is enabled (refer to "Quik BP" in the "Using the Menu System" section). It is displayed when the Monitor is first switched on and after the *Select*Knob has been inactive for 2 minutes, unless the Monitor is in sleep mode (Pwr Sav).



Vitals Button (UK: All Obs)

Selection of this button initiates BP, SpO_2, and predictive temperature determinations (depending on Monitor model). When the BP determination is complete, all patient data are displayed on the LEDs and held for 2 minutes or until cleared by the user. The LCD shows:



Note: Temperature alarms will be disengaged while using Vitals mode.

Clear

Selection of this button halts measurements and returns the user to the Main menu.

Note: If the SpO_2 plethysmograph is displayed on the LCD, the waveform pauses for 2 minutes or until the Clear button is selected. SpO_2 values are also retained the same manner as the BP and Temperature values.

Print

Selection of this button causes the current data to be printed.

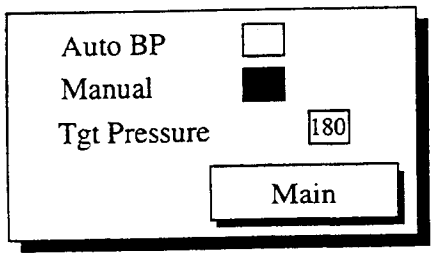
Notes

- The Print button appears only when Print is set to Manual mode.
- If the printer is in Auto print mode, the data will be printed automatically.

More... Button

Selection of this button displays the More... menu. The More... menu has six options (depending on model of Monitor), most of which have submenus. For this reason, instructions for the More... button are in a separate section.

Set BP Button (UK: BP Mode)
Selection of this button displays the Auto and Manual BP menu.



Auto
Selection of this option starts an Auto BP determination. When Auto Mode is selected, a number at the right of the Auto button indicates the time interval between each reading. To change the time interval, choose the box around the number and turn the *Select*Knob until the desired interval is reached. The interval can be set between 1 and 90 minutes (1, 2, 3, 4, 5, 10, 15, 20, 25, 30, 45, 60, and 90 minutes). Press the *Select*Knob to confirm the setting. After power-off, the operating mode returns to the default setting of Manual. The default setting of Manual can be overridden to return to the previous user-selected setting (Auto or Manual) by selecting Set BP under the Service menu.

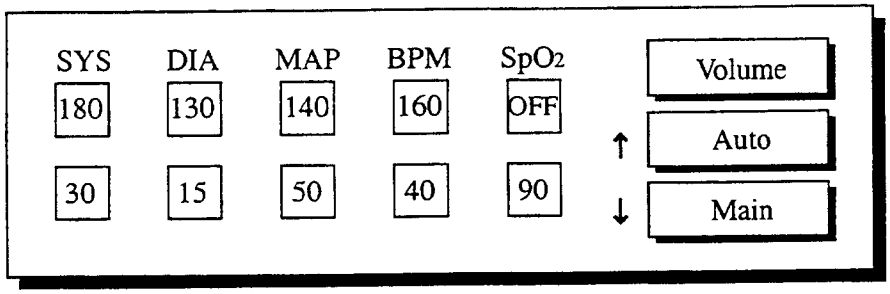
Manual
Selection of this option allows the user to take a Manual BP determination by simply pressing the Start/Stop BP key. After power-off, the operating mode returns to the default setting of Manual. The default setting of Manual can be overridden to return to the previous user-selected setting (Auto or Manual) by selecting Set BP under the Service menu.

Tgt Pressure
Selection of this option allows the user to set the BP target inflation pressure. The initial target pressure can be set between 100 and 250 mmHg in 5 mmHg increments. The factory default is 180 mmHg for adults and 110 for neonates. If the target pressure is set to 140 mmHg under the Set BP or Clinical menu, then the neonatal target pressure will be 110 mmHg. If the target pressure is set between 100 and 140 mmHg, then that setting is the target pressure that will be used. When the target pressure is changed, the next determination will use the new target inflation value if no systolic is available. Initial target pressure is restored to the factory default setting after power-off. The target pressure can be adjusted permanently in the Clinician menu of the Service

mode (refer to "Press" in the "Using the Menu System" section).

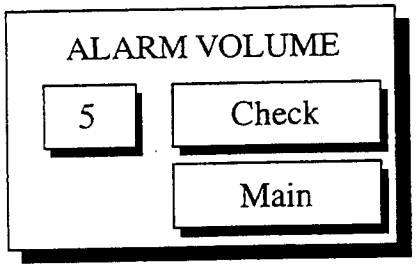
Main
Selection of this button returns the user to the Main menu.

Alarms Button
Selection of this button displays the Alarms menu. This menu is used to adjust the violation limits for BP, Pulse Rate, and SpO_2. The values and ranges for these parameters are not stored when the Monitor is turned off. The user may edit the limits, but they are restored to the default values each time the Monitor is switched on. To permanently change the alarm limits, refer to "Alarms" under "Service Button" in the "Using the Menu System" section.



Parameter	Range	Default
Systolic High	35 - 245	180
Systolic Low	30 - 240	30
Diastolic High	15 - 195	130
Diastolic Low	10 - 190	15
MAP High	20 - 215	140
MAP Low	15 - 210	50
Heart Rate High	25 - 250	160
Heart Rate Low	20 - 245	40
Sp02 High	51 - 100	Off
Sp02 Low	50 - 99	90

Volume
Selection of this button displays the alarm volume submenu. The volume range is from 1 to 10, with 10 being the loudest. The alarm volume is stored when the Monitor is turned off and restored to the user's preference each time the Monitor is switched on. Selection of the **Check** button allows the current volume setting to be heard. Selection of the **Main** button returns the user to the Main menu.



Auto
Selection of this button updates the alarm limits on the LCD relative to the current parameter values. Pressing this button will automatically cancel any limit violation alarm that becomes invalid as a result of a limit change. Alarm limits are updated as follows:

Parameter Label	Label	High Limit	Low Limit
Systolic	SYS	SYS +30	SYS -30
Diastolic	DIA	DIA +30	DIA -30
MAP	MAP	MAP +30	MAP -30
Heart Rate	BPM	BPM +30	BPM -30
SpO_2	SpO_2	SpO_2 +5*	SpO_2 -5

* If the reading plus the limit is greater than the valid range of measurement (e.g., SpO2 +5 is greater than 100%), the valid range of measurement becomes the limits.

Notes

- In no case will the updated alarm limits be set beyond the valid limits in the preceding table.
- If no values are available, the limits will remain unchanged.

Main
Selection of this button returns the user to the Main menu.

Temp Button (Models T and TS)
Selection of this button causes a predictive temperature measurement to be performed. This takes approximately 30 seconds to complete. Different predictive modes are used for oral probes and rectal probes. The Monitor automatically selects the correct mode for the probe type used.

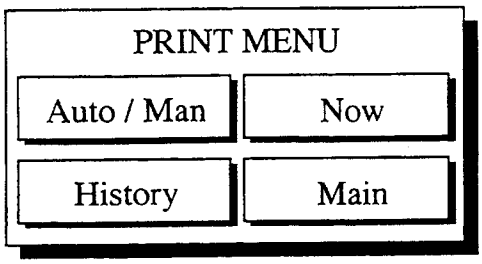
When the **Temp** button is pressed, any temperature display from a previous reading will be blanked, and a new determination will begin. Pressing the button during a Temp determination cancels it. While the new determination is being performed, the pattern of lines on the temperature LED display (20) will blink to indicate progress. On completion, the new value will be indicated by the temperature LED display.

Note: When an oral (blue) probe is used, the pattern on the LED display looks like this:

When a rectal (red) probe is used, the pattern on the LED display looks like this:

Print Button

Selection of this button displays the Print menu.



Auto/Man

Pressing this button toggles between Automatic and Manual Printing modes. The current mode is displayed on Area 3 of the LCD. The Automatic mode prints the readings after each determination. The Manual mode, which is the factory default mode, requires the user to press the **Now** button to print the readings.

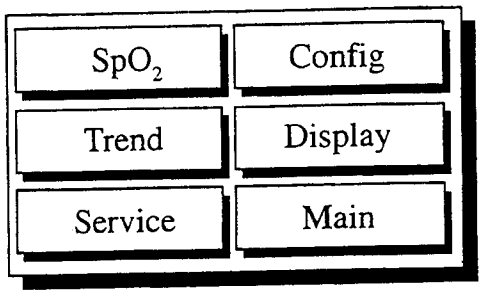
Now

Selection of this button causes the current readings for the available parameters to be printed. If no readings are available, the message "No reading" is printed for that parameter. An error message appears if there is no paper in the printer.

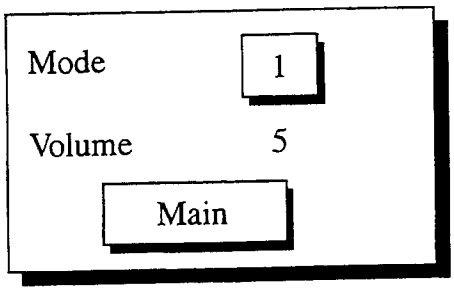
History
Selection of this button causes the entire contents of the trend memory to be printed. When selected, this button temporarily changes to **Cancel** until the history has completed printing.

Main
Selection of this button returns the user to the Main menu.

More... Menu
This menu is used to set the various operating modes of the Monitor.



SpO_2 Button (Models S and TS)
Selection of this button displays the SpO_2 mode menu, which is used to set the SpO_2 response mode and pulse tone volume.



Mode
Three response modes are available. Each uses a different averaging time while measuring to account for variations in patient motion.

Mode 1 uses 5-7 second averaging; it is the most widely used and the default mode.

Mode 2 uses 2-3 second averaging; it is useful for special studies, but is sensitive to patient movement.

Mode 3 uses 10-15 second averaging and is least affected by patient movement.

Notes

- Mode 3 suppresses the SpO_2-derived heart rate, but allows a heart rate to be displayed from BP (if one is available and valid).
- When changing from Mode 1 or 2 to Mode 3, the heart rate will be removed from the LEDs, and " - " will be displayed.
- Changing from Mode 3 to Mode 1 or 2 will remove BP or " - " from the LEDs and display the SpO_2 heart rate.
- In Mode 3, BP heart rate is used by Trends, Printer, and Host Comm. In Mode 1 and 2, SpO_2 heart rate has priority. If no SpO_2 heart rate is available, BP heart rate is used.
- In Mode 3, the heart rate LED and audible beeps are suppressed as an indication of noncontinuous heart rate monitoring. In Modes 1 and 2, these beeps and flashes occur for each pulse detected.

Volume

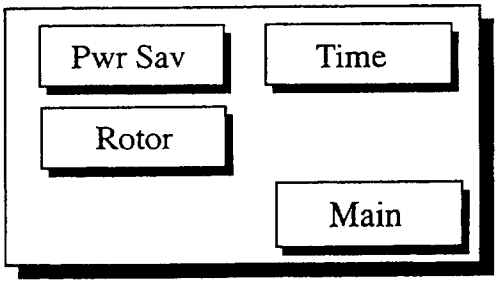
The pulse tone volume can be set in the range of **Off** to **9**. The value **Off** should be selected if no pulse tone is desired. The volume setting is stored when the Monitor is turned off and is restored to the user's preference each time the Monitor is switched on.

Main

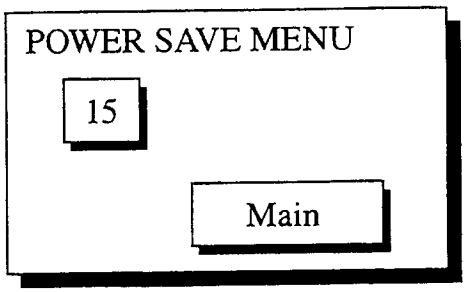
Selection of this button returns the user to the Main menu.

Config Button

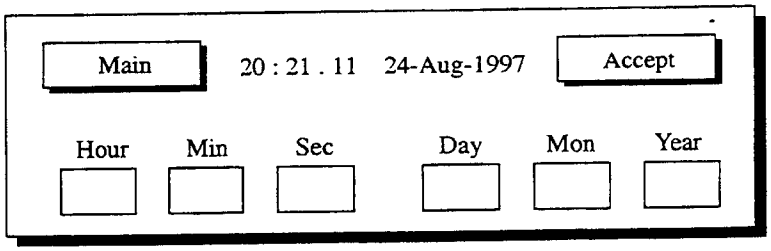
Selection of this button displays the Config mode menu, which allows the Power Save mode and time to be adjusted.



Pwr Sav (Sleep Mode)
Selection of this button allows the operator to specify the time, in minutes, that elapses before the Monitor goes into "sleep" mode (LEDs blanked and LCD displaying values from LEDs). Sleep mode is available only if the Monitor is operating from its battery. Sleep mode conserves power while the Monitor is not in use. Once the Monitor is in Sleep mode, the user can return it to normal operation by touching any button or the *Select*Knob.



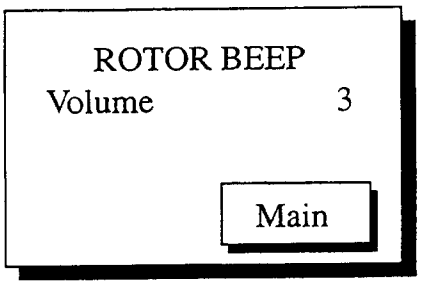
Time
Selection of this button allows the operator to change the internal time and date of the Monitor. The clock, which is maintained by an internal battery after power down, uses 24-hour format. The date is in the British format of dd/mm/yyyy; however, to avoid confusion the month number has been substituted with a three-letter abbreviation. Leap years are calculated automatically.



Accept. Selection of this button produces an advisory to the user that the trend will be lost when the clock settings are changed. Choosing **Yes** will cause the Monitor to accept the new clock settings and erase the trend memory. Choosing **No** will cause the Monitor to retain the existing clock settings and the trend memory. Either choice returns the user to the Main menu.

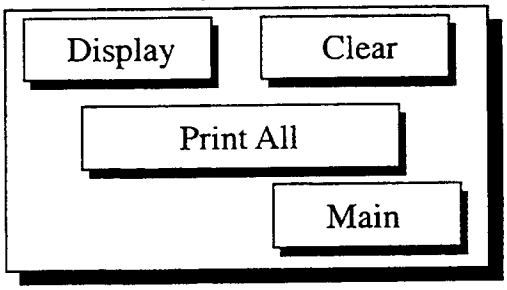
Main. Selection of this button returns the user to the Main menu.

Rotor (SelectKnob)
Selection of this button displays a panel for setting the volume of the beep that sounds when the *Select*Knob is turned. The range of adjustment is **Off** (default) to **9**, and the setting is retained when the Monitor is turned off.
Note: The Monitor's LCD may display the word Rotor for the *Select*Knob.

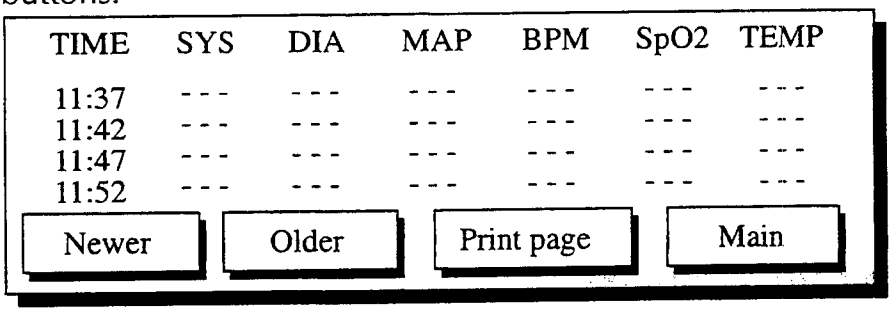


Main
Selection of this button returns the user to the Main menu.

Trend Button
Selection of this button displays the Trend mode menu.



Display
Selection of this button allows the operator to view the trend data.
Note: If the trend data have been lost (e.g., if the clock settings have been changed), the message "Trend Empty" will appear instead of the Newer, Older, and Print page buttons.



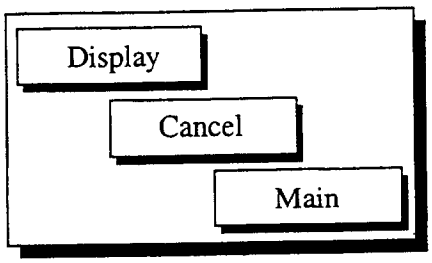
Newer and Older. These buttons may be used to move forward and backward through the recorded data. If no information is available, these buttons will not appear.

Print page. Selection of this button causes the displayed information to be printed. If no information is available, these buttons will not appear.

Main. Selection of this button returns the user to the Main menu.

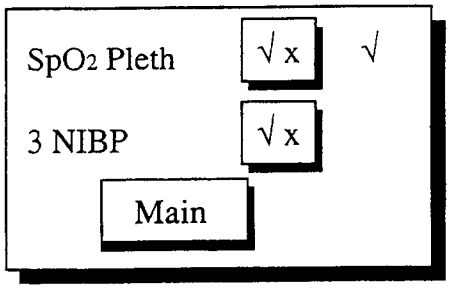
Clear
Selection of this button produces an advisory that the trend will be lost. Choosing **Yes** will erase the trend memory. Choosing **No** will retain the trend memory. This button disappears from the menu while printing.

Print All
Selection of this button prints all the historical data available. When selected, this button temporarily changes to **Cancel** until the history has completed printing. Once printing is complete, the **Cancel** button returns back to the **Print All** button.



Main
Selection of this button returns the user to the Main menu.

Display Button
Selection of this button displays the Display mode menu. This menu is used to specify whether Area 2 of the LCD will display SpO_2 or BP data. If neither SpO_2 nor 3 BP is selected, Area 2 of the LCD will remain blank except for the pulse amplitude bar (if SpO_2 data are available) and any error or warning messages that may appear. The Display mode setting is maintained when the Monitor is switched off and on.



SpO_2 Pleth
When this option is checked and SpO_2 data are available, the plethysmograph waveform and the pulse amplitude bar will be displayed.

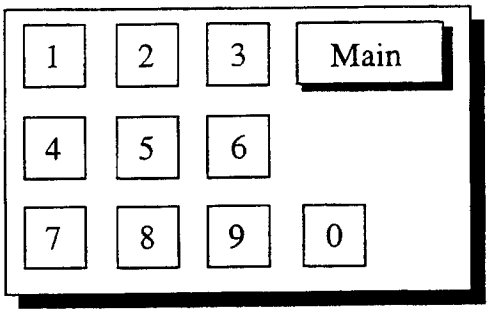
3 NIBP
When this option is checked, the last 3 NIBP readings will be displayed. If SpO_2 data are available, the pulse amplitude bar will also be displayed.

Main
Selection of this button returns the user to the Main menu.

Service Button
Selection of this button displays a keypad that allows the clinician to access some parts of the Service mode menu.

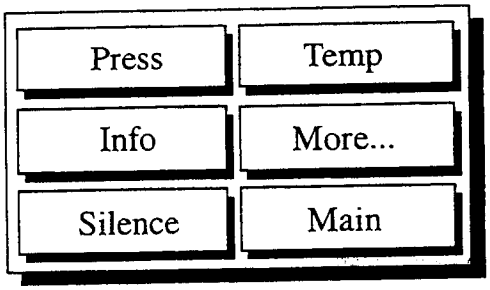
Notes

- SpO_2 is automatically disabled when entering Service mode.
- Service modes that affect the calibration or alignment of the instrument are not available to the user. These modes are described in the Service Manual.



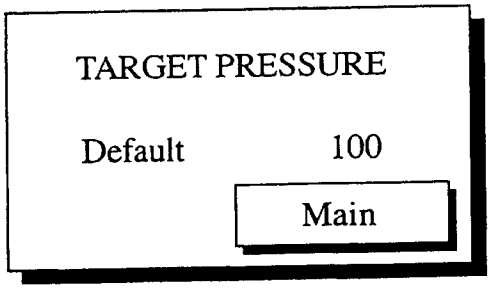
To access the clinician menu, use the *Select*Knob to select the numbers 1, 2, 3, 4 sequentially.

Clinician Menu

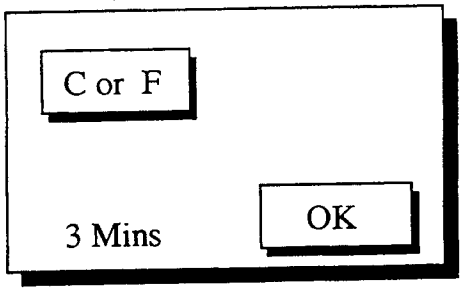


Press. Selection of this button displays a panel for setting the default BP target inflation pressure. Adjusting the default target pressure will automatically update the current inflation target pressure and will be used for the next reading. The range of adjustment is 100 mmHg to 180 mmHg, and the setting is retained when the Monitor is turned off.

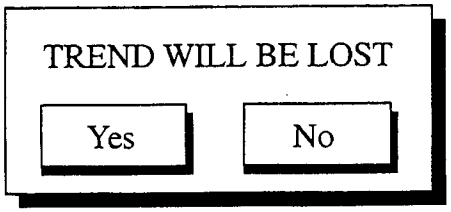
The initial target pressure can be set between 100 and 180 mmHg in 5 mmHg increments. The factory default is 180 mmHg for adults and 110 for neonates. When the target pressure is changed, the next determination will use the new target inflation value if no systolic is available. When adjusted under the Clinician menu of the Service mode, the target pressure is adjusted permanently.



Temp. Selection of this button displays the temperature submenu, which allows the user to choose the temperature label. When **C** (Celsius) is selected, the °C indicator lights. When **F** (Fahrenheit) is selected, the °F indicator lights.



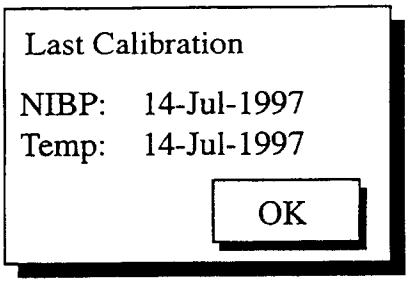
C or F. Selection of this button toggles the temperature display between Celsius and Fahrenheit and produces an advisory that the trend will be lost. Choosing **Yes** will cause the Monitor to accept the new temperature label and erase the trend memory. Choosing **No** will cause the Monitor to retain the existing temperature label and the trend memory.



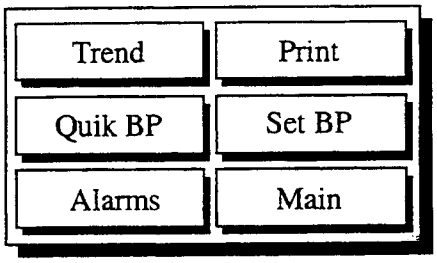
OK. Selection of this button returns the user to the Service mode menu.

Note: Also on this panel is an indication of the current temperature algorithm (3 Mins or 12 Mins), which tells the user whether the temperature displayed by the Monitor will be representative of a mercury-in-glass thermometer used for 3 minutes or 12 minutes, respectively. The algorithm is set in the restricted service menu. The initial factory default is 3 minutes.

Info. Selection of this button causes the most recent calibration dates of the NIBP and temperature systems to be displayed. Selection of **OK** returns the user to the Clinician menu.



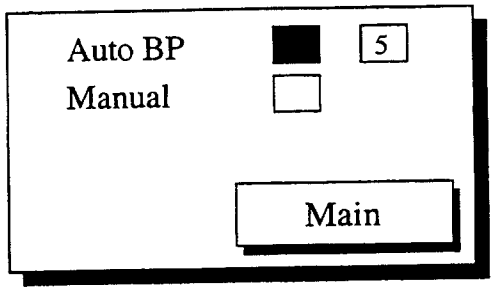
More.... Selection of this button displays the More... menu, which allows the user to permanently change default mode settings.



Trend. Selection of this button displays the message: **Automatically clear trend on power-up?** Selection of either **Yes**, overrides the default setting by clearing all trends on power-up and returns the Monitor to the More... menu. Selection of **No** retains the default setting by saving all trends after power-off and returns the Monitor to the More... menu. Selection of **Cancel** returns the user to the More... menu.
Note: The Monitor must be turned off and then on again to activate this feature.

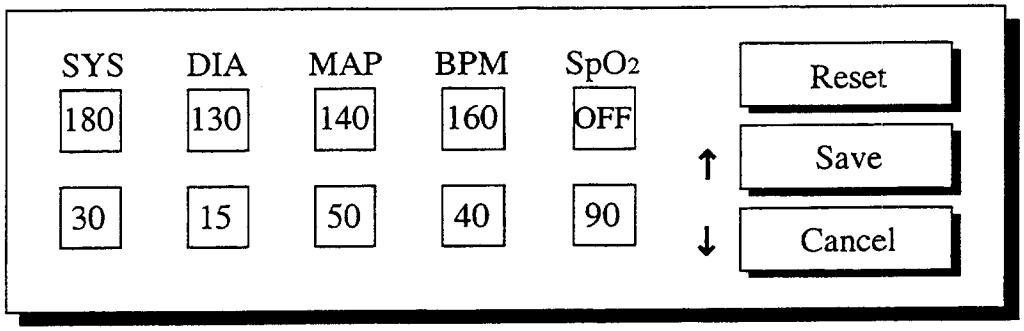
Print. Selection of this button displays the message: **Restore Print mode on power-up?** Selection of **Yes** restores the Print mode to the default setting (previous user-selected mode) after power-off and returns the Monitor to the More... menu. Selection of **No** restores the Print mode to the Manual mode after power-off and returns the Monitor to the More... menu. Selection of **Cancel** returns the Monitor to the More... menu.
Note: The Monitor must be turned off and then on again to activate this feature.

Quik BP. Selection of this button displays the message: **Enable Quik BP menu?** Selection of either **Yes**, **No**, or **Cancel** returns the user to the More... menu. When Quik BP is enabled, the Quik BP menu always appears as the first menu when the Monitor is turned on. Selection of **Auto BP** starts a series of automatic BP determinations. A number at the right of the Auto BP button indicates the time interval between each reading. Selection of **Manual** starts a Manual BP determination. Selection of **Main** returns the Monitor to the Main menu. When Quik BP is enabled and after the *Select*Knob has been inactive for 2 minutes, the Monitor automatically returns to the Quik BP menu.
Note: The Monitor must be turned off and then on again to activate this feature.



Set BP. Selection of this button displays the message: **Restore BP mode on power-up?** Selection of **Yes** restores the BP mode to previous user-selected mode after power-off and returns the Monitor to the More... menu. Selection of **No** restores the BP mode to the default setting of Manual after power-off and returns the Monitor to the More... menu. Selection of **Cancel** returns the Monitor to the More... menu.
Note: The Monitor must be turned off and then on again to activate this feature.

Alarms. Selection of this button displays the message: **Enter alarm configuration mode?** Selection of **No** returns the Monitor to the More... menu. Selection of **Yes** brings up the Alarms menu. Selection of **Reset** changes all alarm limits back to the factory defaults and returns the Monitor to the More... menu. Selection of **Save** permanently saves the user-selected alarm limits and returns the Monitor to the More... menu. Selection of **Cancel** returns the Monitor to the More... menu.
Note: The Monitor must be turned off and then on again to activate this feature.



Main. Selection of this button returns the user to the Main menu.

Silence. Selection of this button will cause all alarms except the FAILSAFE alarm to be muted. A confirmation menu will appear in Area 2 of the LED. Selection of either **Yes** or **No** returns the user to the Clinician mode menu. If silence is confirmed, the Alarm Silence button (11) illuminates and alarms are permanently muted. If silence is not confirmed, the alarm will be audible.
Caution: Alarms will be muted until either the Monitor is switched off and on again or the Alarm Silence button (11) is pressed.

Appendix A

Technical Specifications

BP

Cuff Pressure Range	0 to 290 mmHg (adult) 0 to 140 mmHg (neonate)
Default Target: Cuff Inflation	180 ± 15 mmHg (adult) 110 ± 15 mmHg (neonate)
Target Cuff Inflation: Adjustment Range (in 5 mmHg increments)	100 to 250 mmHg (adult) 100 to 140 mmHg (neonate)

Blood Pressure Measurement

Range (mmHg)	Systolic	MAP	Diastolic
Adult	30 - 245	15 - 215	10 -195
Neonate	40 - 140	30 - 115	20 -100

Blood Pressure Accuracy	Meets or exceeds AAMI/ ANSI standard SP-10 (mean error ≤5 mmHg, standard deviation ≤8 mmHg)
Maximum Determination Time	120 s (adult) 85 s (neonate)
Overpressure Cutoff	300 to 330 mmHg (adult) 150 to 165 mmHg (neonate)
Pulse Rate Range	30 to 200 beats/min (adult) 30 to 200 beats/min (neonate)
Pulse Rate Accuracy	± 3.5%

Temperature

Scale	°Fahrenheit (F) °Celsius (C)
Range	Max: 42.2 °C; 108.0 °F Min: 31.1 °C; 88.0 °F
Probe Accuracy	± 0.1 °C; ± 0.2 °F

Predictive Temperature Accuracy	36.1 °C to 39.4 °C: ± 0.6 °C 97 °F to 103 °F: ± 1 °F < 36.1 °C and > 39.4 °C: unspecified < 97 °F and > 103 °F: unspecified
Determination Time	30 seconds typical; 60 seconds max

SpO_2

Functional Oxygen Saturation:	
Range	0% to 100%
Accuracy	0% to 69%: unspecified

Adult Accuracy (70% - 100%)

NELLCOR Sensor	*Accuracy*
OXICLIQ-P pediatric sensor	2.5 digits
OXIBAND pediatric/infant sensor	3.0 digits
DURA-Y ear clip	3.5 digits
OXISENSOR II D-20 pediatric sensor	2.0 digits
OXICLIQ-N neonatal/adult sensor	2.5 digits
REFLECTANCE sensor	3.5 digits
DURASENSOR adult	3.0 digits
OXIBAND adult/neonatal sensor	3.0 digits
DURA-Y multisite sensor	3.0 digits
OXISENSOR R-15 adult nasal sensor	3.5 digits
OXISENSOR II D-25 adult sensor	2.0 digits
OXICLIQ-A adult sensor	2.5 digits
OXISENSOR II N-25 neonatal/adult sensor	2.0 digits
OXISENSOR II I-20 infant sensor	2.0 digits
OXISENSOR II D-25L adult sensor, long cable	2.0 digits

Appendix A

Neonatal Accuracy

When sensors are used on neonatal subjects as recommended, the specified accuracy range is increased by ±1 digit to account for the theoretical effect on oximeter measurements of fetal hemoglobin in neonatal blood (e.g., N-25 accuracy on neonates is ±3, rather than ±2.)

Note: Refer to NELLCOR's sensor specifications.

Pulse Rate Range	20 to 250 beats/min
Accuracy	±3 beats/min
Audible Indicator	Pitch changes with saturation; volume selectable from 0 (off) to 9
Waveforms	Pulse plethysmograph waveform on LCD gain compensated
Sensor Disconnect/ Disconnect From Patient	Monitor will detect attachment or disconnection of sensor from patient within 5 s
Pulse Detection	Monitor will detect pulse or enter no signal state within 15 s of being attached to patient
Loss of Pulse	Monitor will detect loss of pulse from patient and enter no signal state within 10 s

Mechanical

Dimensions	Height: 9.1 in (23.0 cm) Width: 7.3 in (18.5 cm) Depth: 6.9 in (17.5 cm)
Weight, Including Battery	8.3 lb (3.75 kg)
Mountings	Self-supporting on rubber feet or pole mountable
Portability	Carried by recessed handle or pole mounted
Classification Information	Mode of operation: continuous Degree of protection against harmful ingress of water: Drip-proof IPX1

Power Requirements

Power Converter	Protection against electrical shock: Class 1 AC input voltage: 115/ 230 VAC, 50 / 60 Hz (nominal) 90 ~ 264 VAC, 47 ~ 63 Hz (range)
Monitor	Protection against electrical shock: Class 1 Input voltage: 24 VDC (nominal), 12-30 VDC from supplied power converter External DC line fuse: T3.15A 250 VAC Battery: 12 volt, 2.3 amp-hours Minimum operation time: TS & S: 3 hrs and BP & T: 4 hrs (5 min cycle with adult cuff at 25 °C with power save mode enabled) from full charge. Time for full recharge: 1 hr 50 min from full discharge when the Monitor is switched off and 8 hrs when the Monitor is switched on.

Appendix A

Environmental

Operating Temperature	+ 5 °C to + 40 °C (+ 41 °F to + 104 °F)
Operating Atmospheric Pressure	700 hPa to 1060 hPa
Storage Temperature	- 20 °C to + 50 °C (- 4 °F to + 122 °F)
Storage/Transportation Atmospheric Pressure	500 hPa to 1060 hPa
Humidity Range	0% to 95% noncondensing
Radio Frequency	Complies with IEC Publication 601-1-2 (April 1993) Medical Electrical Equipment, Electromagnetic Compatibility Requirements and Tests.

IPX1

The DINAMAP® *Compact* Monitor is protected against vertically falling drops of water and conforms with the IEC 529 standard at level of IPX1. No harmful effects will come of vertically falling drops of water making contact with the Monitor.

Appendix B

Alarm Codes

All alarm indications are accompanied by an audible signal unless Alarm Silence is selected.

A microprocessor system failure will generate a high-pitched audible alarm regardless of the setting of the Alarm Silence switch.

There are three categories of alarms: patient alarms, system alarms, and failsafe alarm.

Patient Alarms

Patient alarms include those alarms issued when the patient's systolic pressure, diastolic pressure, pulse rate, or oxygen saturation is outside the set limits. Whenever one of these conditions occurs, the associated display (SYSTOLIC, MAP, DIASTOLIC, PULSE, or SpO_2) will flash the most recent reading and an audible alarm will be issued.

Pressing the Alarm Silence switch (causing the integral LED to be lit) silences the audible alarm for 2 minutes, but the alarm display reading and SILENCE LED indicator will continue to flash at the same rate.

System Alarms

System alarms alert the operator to certain abnormal conditions or internal system failures. Pressing the *Select*Knob cancels the alarm information box which is displayed on the LCD. Codes for different procedural and system alarms are on the next page.

Failsafe Alarm

The failsafe alarm, which is the most powerful alarm of the *Compact* Monitor, indicates a serious failure of the Monitor. This alarm occurs immediately upon any failure of a self-test and indicates system failure. When the failsafe alarm occurs, the Monitor disables all features to ensure patient safety.

Hierarchy of Alarms

Alarms in the DINAMAP *Compact* Monitor are in three priority levels. They are:

Alarm	**Priority Level**
Failsafe	1
Patient and system	2
Low battery	3

The Priority 1 alarm (i.e., Failsafe) will override any other alarm. Priority 2 alarms will override only the low battery alarm. The low battery alarm will not override any other alarm.

Procedural and Error Alarm Codes						
Alarm Code	**LED Display**	**LCD Display**	**Audible Tone and Volume**	**Effect of Alarm Silence Switch**	**Effect of Clear via *Select*Knob**	**Probable Cause**
N99	No change	N99 - NIBP FAILED	High priority alarm. Volume adjustable	2 minutes silence	Clear	Unable to make an NIBP determination due to insufficient signal
N55	No change	N55 - TIMEOUT: PRESS	High priority alarm. Volume adjustable	2 minutes silence	Clear	One cuff pressure for > 1 minute. Motion artifact
N44	No change	N44 - TIMEOUT: TOTAL	High priority alarm. Volume adjustable	2 minutes silence	Clear	Determination time > 2 minutes. Motion artifact
N33	No change	N33 - TIMEOUT: INFLT	High priority alarm. Volume adjustable	2 minutes silence	Clear	Inflation time > 40 seconds or air leak detected
N00	No change	N00 - OVER PRESSURE	High priority alarm. Volume adjustable	2 minutes silence	Clear	Overpressure detected

Procedural and Error Alarm Codes (cont.)						
Alarm Code	**LED Display**	**LCD Description**	**Audible Tone and Volume**	**Effect of Alarm Silence Switch**	**Effect of Clear via *Select*Knob**	**Probable Cause**
P55	No change	P55 - SpO_2 NO SIGNAL	High priority alarm. Volume adjustable	2 minutes silence	Clear	No or very low SpO_2 signal. Check or reposition sensor
P00	No change	P00 - NO SpO_2 SENSOR	High priority alarm. Volume adjustable	2 minutes silence	Clear	SpO_2 sensor not connected. No sensor code detected. Sensor failure
E33	No change	E33 - TEMP: FAIL	High priority alarm. Volume adjustable	2 minutes silence	Clear	Temperature probe not connected or inoperable. Predictive temperature loss of tissue contact > 30 sec
E11	No change	E11 - TEMP: FAIL	High priority alarm. Volume adjustable	2 minutes silence	Clear	Removal of probe before temperature determination complete
E00	No change	E00 - TEMP: FAIL	High Priority alarm. Volume adjustable	2 minutes silence	Clear	Predictive temperature determination > 60 sec

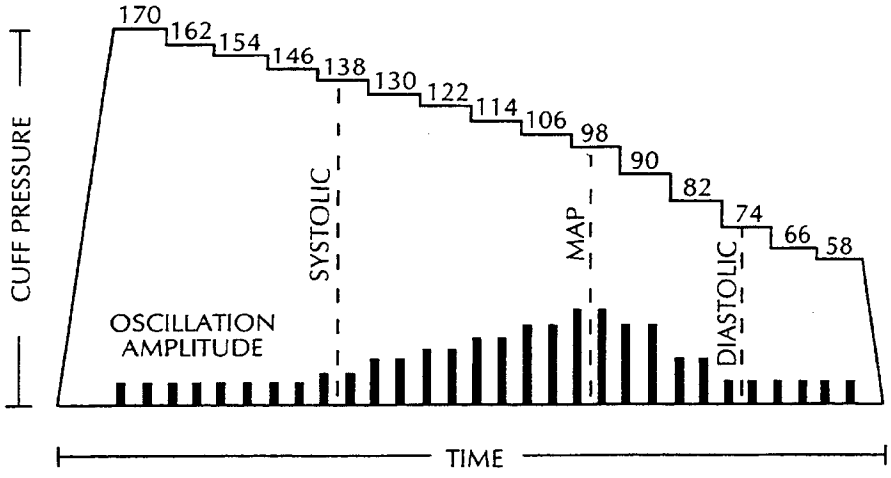
Procedural and Error Alarm Codes (cont.)						
Alarm Code	**LED Display**	**LCD Description**	**Audible Tone and Volume**	**Effect of Alarm Silence Switch**	**Effect of Clear via *Select*Knob**	**Probable Cause**
No Code	No Change	LOW BATTERY, Flashing battery icon	3 beeps every 10 seconds, adjustable volume	2 minutes silence	No effect	Replace or recharge battery. From onset of alarm. 5 NIBP measurements available. Beep rate increases linearly as battery discharges
No Code	Blank	WARNING: THE BATTERY IS TOO LOW FOR MONITOR TO FUNCTION. TURN MONITOR OFF	High Priority alarm. Volume adjustable	No effect	No effect	Replace or recharge battery. NIBP measurement disabled
No Code	No Change	PRINTER - NO PAPER	High Priority alarm. Volume adjustable	2 minutes silence	Clear	Paper ran out or printer door open
No Code	Blank	NIBP RANGE ERROR	High Priority alarm. Volume adjustable	2 minutes silence	Clear	NIBP algorithm retured value outside specified accuracy range
Other: N, P, E, I, S	Blank	Error code, description	Steady tone, maximum volume	No effect	No effect	Internal system fault

Appendix C

Principles of Noninvasive Blood Pressure Determination

The oscillometric method of determining BP is accomplished by a sensitive transducer which measures cuff pressure and minute pressure oscillations within the cuff. The first determination sequence initially pumps up to a cuff pressure of about 180 mmHg for adult/pediatric patients, or 110 mmHg for neonates depending on the initial target pressure preset. After inflating the cuff, the Monitor begins to deflate it and measures systolic pressure, mean pressure, and diastolic pressure. When the diastolic pressure has been determined, the Monitor finishes deflating the cuff and updates the systolic, diastolic, and MAP displays on the front panel.

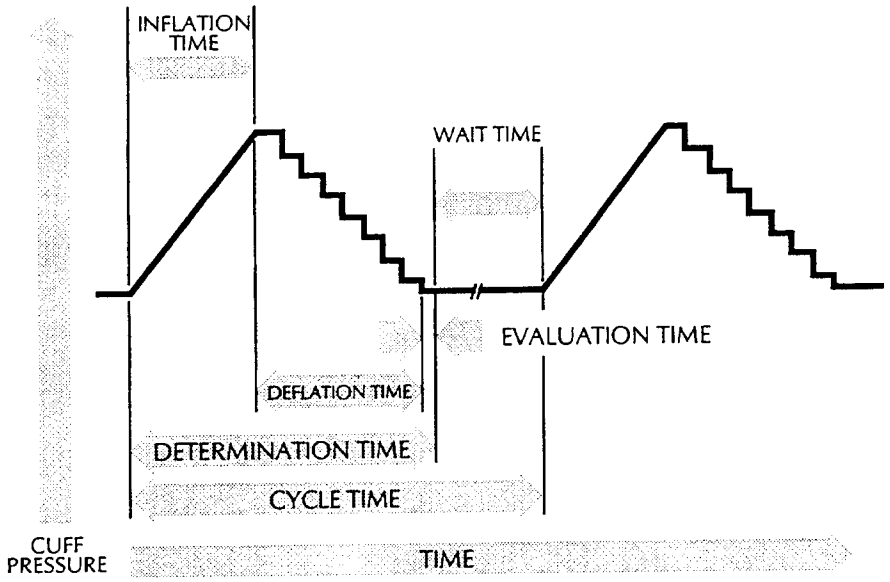
The Monitor deflates the cuff one step each time it detects two pulsations of relatively equal amplitude. The time between deflation steps depends on the frequency of these matched pulses (pulse rate of the patient). However, if the Monitor is unable to find any pulse within several seconds, it will deflate to the next step. The process of finding two matched pulses at each step provides artifact rejection due to patient movement and greatly enhances the accuracy of the Monitor. The figure shows the BP determination sequence.



BP Determination Sequence

At each step the microprocessor stores cuff pressure, the matched pulse amplitude, and the time between successive pulses. The stepped deflation and matched pulse detection continues until diastolic pressure is determined or total cuff pressure falls below 7 mmHg. The Monitor then deflates the cuff (to zero detected pressure), analyzes the stored data, and updates the front panel displays.

The operating cycle is composed of four parts: inflation time, deflation time, evaluation time, and wait time. Wait time, which varies from mode to mode, is affected by the cycle time (Auto mode) or operator intervention (Manual mode). The figure shows the Basic Operating Cycle.



BP Operating Cycle

Systolic Search

If systolic pressure is not found, the Monitor can search at higher cuff pressures than the initial target pressure. If the determination is in a late stage, the Monitor will inflate the cuff to 70 mmHg above the initial target to get better data in the systolic region. If the determination is in an early stage, the Monitor will inflate the cuff to 50 mmHg above the initial target pressure. The maximum pressure allowed in systolic search is limited by the normal range for cuff pressures. In any operating mode, if a patient's systolic pressure exceeds the inflation pressure of the Monitor, the Monitor will begin normal deflation sequence, detect the

absence of a systolic value, stop deflation, reinflate to a higher (than initial) inflation pressure (290 mmHg maximum), and resume normal deflation sequence. This additional inflation will occur only once per determination.

If a previous valid systolic pressure is displayed, and the new systolic pressure oscillations are compared with the previous valid determination and the Monitor "thinks" that the systolic was not obtained, the Monitor will inflate the cuff to a pressure of an additional 50 mmHg above the immediately preceding inflation. This additional inflation will occur only once per determination.

Do not use the auscultatory method to verify the accuracy of the Monitor. Auscultatory method (using cuff and stethoscope) calculates the mean pressure value from audible sounds at systolic and diastolic, but the BP function method detects all three values.

Invasive pressure monitoring directly measures the pressure exerted on a transducer and displays this pressure as a waveform. Noninvasive blood pressure monitoring is dependent on the flow of blood through the peripheral circulation.

Appendix D

Compatibility Table and Reorder Codes

Description of Compatible Parts		Code
CRITIKON® Soft Cuff, Infant		2500
CRITIKON® Soft Cuff, Child		2501
CRITIKON® Soft Cuff, Small Adult		2502
CRITIKON® Soft Cuff, Adult		2503
CRITIKON® Soft Cuff, Large Adult		2504
CRITIKON® Soft Cuff, Thigh		2505
CRITIKON® Soft Cuff, Neonatal Type 1		2521
CRITIKON® Soft Cuff, Neonatal Type 2		2422
CRITIKON® Soft Cuff, Neonatal Type 3		2523
CRITIKON® Soft Cuff, Neonatal Type 4		2524
CRITIKON® Soft Cuff, Neonatal Type 5		2525
DURA-CUF® Cuff, Infant		2783
DURA-CUF® Cuff, Child		2781
DURA-CUF® Cuff, Small Adult		2779
DURA-CUF® Cuff, Adult		2774
DURA-CUF® Cuff, Large Adult		2791
DURA-CUF® Cuff, Thigh		2796
DURA-CUF® Cuff, Assortment Cuff Pack		2699
DURA-CUF® Cuff, Child Pack		2697
12 Foot (approx. 3.7 m) Long Adult / Pediatric Hose		107365
24 Foot (approx. 7.3 m) Long Adult / Pediatric Hose		107366
12 Foot (approx. 3.7 m) Long Neonatal Hose		107368
Oral Temperature Probe		8975
Rectal Temperature Probe		8976
Temperature Probe Covers (pack of 20)		8815
DINAMAP® *Compact* Monitor Operation Manual		776980*
DINAMAP® *Compact* Monitor Service Manual		776856*
12 Volt Lead Acid Battery	(US)	633132
12 Volt Lead Acid Battery	(UK)	200000
Accessory Pole/Basket		3210
Accessory Base		3211
Power Converter	(US)	621262*
Power Converter	(UK)	487205*
Printer Paper (box of 10)	(US)	107206*
Printer Paper (box of 10)	(UK)	487206*
Power Cable	(US)	316579
Power Cable	(UK)	CBL700000
NELLCOR SpO_2 Extension Cable		EC8
NELLCOR Finger Sensor		DS100A
BP Cal Kit		320246
Temp Cal Plug		

* *Compact* Monitor unique parts

NEONATAL CUFF TYPE	LIMB CIRCUMFERENCE	REFERENCE NUMBER	USE WITH HOSE NO.
#1	3 cm - 6 cm	2521	107368 Teal Green, Neonatal, 12 ft (366 cm)
#2	4 cm - 8 cm	2422	
#3	6 cm - 11 cm	2523	
#4	7 cm - 13 cm	2524	
#5	8 cm - 15 cm	2525	

ADULT/PEDIATRIC CUFF TYPE	LIMB CIRCUMFERENCE	REFERENCE NUMBER	USE WITH HOSE NO.
Infant	8 cm - 13 cm	2703/2500	107365 Adult 12 ft (366 cm) Air Hose Gray (made with Clippard screw connectors at cuff end) or 107366 Adult 24 ft (732 cm) Air Hose Gray (made with Clippard screw connectors at cuff end)
Child	12 cm - 19 cm	2781/2501	
Small Adult	17 cm - 25 cm	2779/2502	
Adult	23 cm - 33 cm	2774/2503	
Large Adult	31 cm - 40 cm	2791/2504	
Thigh	38 cm - 50 cm	2796/2505	

Appendix F

Maintenance

Cleaning the Monitor

The Monitor and accessories are to be kept clean and used according to the instructions provided here and in the Service Manual.

The exterior of the Monitor may be wiped clean with a soft cloth slightly dampened with mild detergents.

- Do ***not*** immerse unit.
- Do ***not*** clean with isopropyl alcohol or other solvents.
- Do ***not*** immerse hoses.

Cuff Cleaning and Disinfection

General

The cuff must be thoroughly cleaned with the specified detergent before reuse. The additional use of household bleach as described below provides at least intermediate-level disinfection.

- Apply cuff hose plugs before cleaning.
- The following cleansing procedure was repeated 20 times on DURA-CUF® Blood Pressure Cuffs and once on CRITIKON® Soft Cuffs without affecting the performance of the cuff.
- While this procedure is adequate for cleaning/ disinfection, it may not remove all stains.
- Do ***not*** immerse hoses.
- Do ***not*** immerse cuffs without prior application of cuff hose caps.

Materials

- Enzymatic detergent such as ENZOL* enzymatic detergent (US) or Cidezyme* enzymatic detergent (UK)
- Distilled water
- 10% solution of household bleach (5.25% sodium hypochlorite) in distilled water

*Trademark

- Soft cloths and soft-bristled brushes
- Spray bottles

Procedure

1. Prepare the enzymatic detergent according to the manufacturer's instructions and the 10% bleach solution, in separate spray bottles.
2. Spray the detergent liberally on device. If the material is dried on, allow the cuff to sit for 1 minute. For soil on the soft part of the closure or the cuff itself, wipe the material off with a soft cloth. For persistent contamination on the soft part of the closure, use a soft-bristled brush to loosen particles. Rinse with copious amounts of distilled water. Repeat until no visible contamination remains. For soil on the hook part of the closure, use a soft-bristled brush to remove the material, and rinse with copious amounts of distilled water. Repeat until no visible contamination remains.
3. Spray the 10% bleach solution on the affected area until the area is saturated. Allow the cuff to sit for 5 minutes.
4. Wipe away any excess solution and rinse the cuff again with distilled water. Allow 2 hours for drying.

The user has the responsibility to validate any deviations from the recommended method of cleaning and disinfection.

For additional information on infection control procedures, contact Critikon Technical Support.

Printer

If the print quality is reduced, the print head can be cleaned with a cotton swap saturated with isopropyl alcohol. For preventive maintenance, clean the print head once a month.

Temperature Devices

- The probe holder and temperature calibration plug may be removed and cleaned with a mild detergent. The probe holder may be immersed during cleaning.
- Do not immerse the temperature calibration plug.

- Do not immerse predictive temperature probes. The probe may be cleaned with an alcohol solution. Use a cloth or sponge—just damp, not wet—and avoid getting any liquid into the interior of the probe.

SpO_2 Sensors

Adhesive sensors are sterile and for single use only. Reusable sensors can be cleaned with a 70% alcohol solution. Do not immerse the sensor completely in water, solvents, or cleaning solutions (because the connector is not waterproof). Do not sterilize the sensor by irradiation, steam, or ethylene oxide. If disposable sensors or their packaging are damaged, they must be disposed of as advised in Appendix F.

Storage and Battery Care

If it becomes necessary to store the Monitor for an extended period of time, first fully charge then remove the battery. Then store the Monitor and the battery in the original packaging materials.

Batteries should always be fully charged before being placed in storage. Even after 6 months of storage, a fully charged battery can retain about 80% of its charge. A fully charged battery in good condition will provide sufficient power to operate a Monitor for approximately 3 hours, including temperature and BP measurements made at 5-minute intervals.

It is best to keep the battery charged as fully as practical and never store the Monitor with the battery in a discharged condition. When the battery will no longer hold a charge, remove and replace it with one of the same part number. Failure to replace the battery with the same Critikon part number may result in shorter battery life.

To charge the battery, insert the plug from the AC-DC power converter into the external power socket and then plug the converter into an appropriate AC outlet. The battery will charge regardless of the position of any switches.

Battery charging will take place as long as the Monitor remains connected to an external AC power source via the supplied AC-DC power converter. A battery that is fully discharged can be fully recharged in 1 hour 50 minutes when the Monitor is switched off or 8 hours if the Monitor is switched on.

Cautions

- **To ensure that the battery will be ready for portable operation, keep the Monitor connected to a mains supply whenever possible.**
- **Repeated failure to fully charge the battery will result in a significant reduction in battery life.**
- **The expected lifetime of the battery largely depends on the way in which the Monitor is used. If the battery is allowed to completely discharge before being fully recharged, the battery should survive around 200 recharge cycles. If the battery is used in such a way that it never becomes more than one third discharged and is fully recharged whenever possible, it can survive up to 1200 cycles. This means that by thoughtful usage, the lifetime of the battery can be extended up to six times.**

Replacement batteries may be obtained from Critikon.
Note: The replacement part number of the battery is US: 63313 or UK: 200000. Do not use other types.

Fuses

The Monitor contains two fuses. The low-voltage DC line input power fuse is mounted on the rear of the Monitor. An additional thermally resettable fuse, which protects the battery circuit, is fitted inside the Monitor. This fuse does not require user intervention.

Replacement of DC Line Input Power Fuse

At the rear of the Monitor, disconnect the input supply. Insert a flat bladed tool such as a screwdriver or a coin into the slot in the fuse holder and rotate counterclockwise.

Remove the fuse from the holder. Replace the blown fuse with the appropriate type.

Replace the fuse and fuse holder by inserting the fuse holder into the socket and turning clockwise until it locks.

Calibration

Calibration of the Monitor should be checked at least once a year or when there is doubt about the validity of the readings.

Leak Testing

A leak test of the BP parameter should be performed at least once a year or when there is doubt about the validity of the pressure readings.

Caution: Refer calibration and leak testing to qualified service personnel. Full calibration details are available in the DINAMAP *Compact* Monitor Service Manual, available from Critikon.

Disposal of Product Waste

As you use the *Compact* Monitor, you will accumulate solid wastes that require proper disposal or recycling. These include batteries, patient applied parts, and packaging material.

Batteries

Caution: Do not incinerate batteries.

The sealed, rechargeable backup battery contains lead and can be recycled. The rechargeable memory battery is of the Nickel Metal Hydride form. Discharge this battery prior to disposal. Place the battery in packaging which electrically isolates its contents. Do not puncture or place the battery in a trash compactor. Do not incinerate the battery or expose it to fire or high temperatures.

Patient Applied Parts

Certain patient applied parts, such as those with adhesive (disposable SpO_2 sensors), are intended for single use and should be disposed of properly as medical waste.

Other patient applied parts, such as blood pressure cuffs, should be cleaned according to instructions. Inspect reusable applied parts for wear, replace as necessary, and dispose of used product as medical waste.