



# Servo-u

## Personalized ventilation

This document is intended to provide information to an international audience outside of the US.

GETINGE 



# Personalized ventilation for better outcomes

Every patient comes with special challenges. Whether it's a 300-gram newborn or an adult, someone suffering from acute respiratory failure or chronic pulmonary disease, the needs and complexities will differ. That is why we are committed to innovating personalized ventilation solutions that help protect the lungs and diaphragm, speed up weaning and support better outcomes.

## 50 years of Servo innovation

Based on 50 years of groundbreaking clinical innovation, Servo-u gives you many options for personalized lung protection and weaning. All are easy to understand, implement and use, making it simple to integrate advanced personalized ventilation strategies into your daily patient care. This truly universal ventilator lets you move seamlessly between invasive and non-invasive modes, as well as High Flow therapy, for treatment of all patient categories, from neonates to adults.

## Less time on ventilation

Unique tools and therapies support you at every stage. For example, our Stress Index<sup>1-3</sup> and Transpulmonary Pressure tools allow you to assess lung stress. And our groundbreaking Neurally Adjusted Ventilatory Assist (NAVA) ventilation mode shortens the time of weaning and mechanical ventilation<sup>4</sup> and increases the number of ventilator-free days<sup>4-7</sup> for adult patients in the ICU with acute respiratory failure, according to randomized control trials.

## Freeing up hospital beds

All of this may translate to a significantly improved health economy, enabling hospitals to free up precious ICU beds and resources. Similar trials on pediatric and neonatal patients also show an increased rate of successful extubations<sup>8,9</sup> and that NAVA shortens the time of mechanical ventilation.<sup>9-11</sup> In short, personalized ventilation that makes a difference.





360° lamp illuminates in case of alarm

Easy to capture screen shots and record actual events

Short trends

Additional values

Color coding

Additional settings

Direct access to main settings

360° horizontal rotation

## Simple to learn, safer to use

Servo ventilators build on more than 50 years of close collaboration with intensive care clinicians around the world. The result is continuous innovation, higher levels of patient safety and a superior user experience.<sup>12</sup>

### Intuitive touchscreen

The intuitive touchscreen makes Servo-u a breeze to learn and use. Help menus, recommendations and prompts help staff to orientate quickly and follow guidelines. The interface also simplifies knowledge sharing, making it easy to retrieve screenshots and recordings or connect to a larger screen.

### Ergonomic design

Servo-u features an ergonomic design. The screen can be rotated through 360°, which means you can place the ventilator anywhere around the bed, depending on clinical requirements. You can also mount Servo-u on a ceiling supply unit or shelf. The system is light and compact, making it highly suitable for intra-hospital transport.



### Context-based guidance

Servo-u provides informative guidance for everything from pre-use check to initial parameter setting and throughout the entire treatment.



### Safety Scale parameters

The system's Safety Scale tool makes parameter changes quick and intuitive, while dynamic images illustrate how those changes may affect ventilation.



### Choose your view

- Basic, Advanced and Loops
- Distance and Family
- Servo Compass® and Pes & PL



### Alarm management

The frame lights up when an alarm is triggered, and this visual signal is easy to see from any view point. On-screen checklists help you to manage each active alarm and avoid undesired alarms.



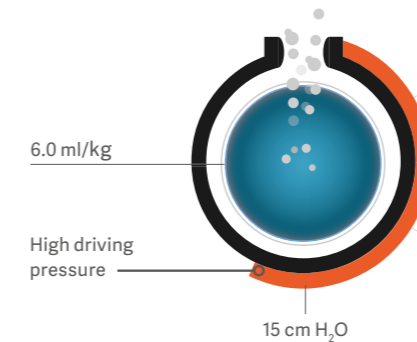
# Personalized lung protection breath by breath

Recent clinical studies suggest that many ventilators lack effective bedside decision-support tools. It's a problem that results in protective ventilation strategies being delayed or inconsistently applied. Ultimately, this can harm the patient and worsen the outcome.<sup>1,13,14</sup>

To avoid these situations, Servo-u offers you the complete toolkit for personalized ventilation. It enables you to detect risks early and support timely and consistent implementation of personalized protective ventilation strategies, in line with the latest international guidelines.<sup>14,15</sup>

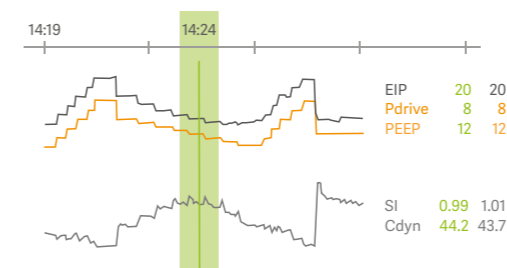
In other words, the right support for each patient, at the right time.

» These new tools have the potential to make a significant difference in terms of patient outcomes. They are far ahead of what we are using today!<sup>16</sup>«



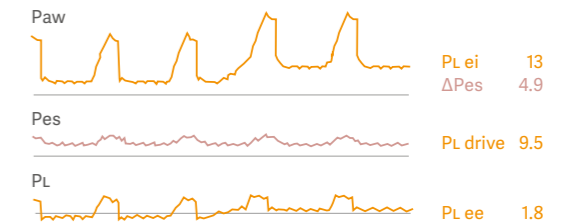
### Servo Compass®

Servo Compass® makes it easy to see when plateau/ driving pressure or tidal volume per predicted body weight (VT/ PBW) are off pre-defined targets and interventions are needed.<sup>16</sup> Precisely calculated Dynamic compliance (Cdyn) and Stress index (SI) complete the picture, helping you detect changes in lung volume and verify over-distension.<sup>1-3</sup>



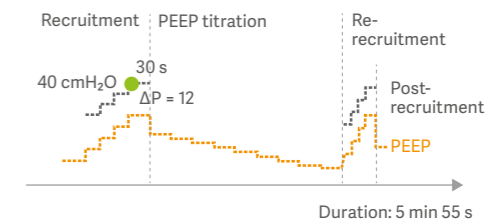
### Open Lung Tool

Open Lung Tool trends helps you assess lung mechanics and gas exchange – breath-by-breath, in real time and retrospectively. It provides flexibility and guidance when personalizing PEEP and driving pressure during recruitment maneuvers, prone positioning and extracorporeal life support. Stress index, carbon dioxide elimination and transpulmonary pressure are also fully integrated.



### Transpulmonary pressure

To simplify esophageal manometry and improve accuracy, we have developed an automatic maneuver to validate balloon positioning and filling. A diagnostic view provides esophageal (Pes) and transpulmonary (PL) pressure waveforms, with key parameters for safe assessment of controlled and spontaneous ventilation. The relationship between airway and transpulmonary pressures is now much more intuitive.



### Automatic recruitment maneuvers

Auto SRM is an automatic workflow for Stepwise Recruitment Maneuvers based on the Open Lung approach.<sup>17</sup> The tool guides you smoothly through recruitment, decremental PEEP titration, re-recruitment and post-recruitment personalization of PEEP and driving pressure, based on optimal Cdyn. Diagnostic features include assessment of recruitability and additional decision support when patients do not respond to the recruitment maneuver.<sup>18</sup>

# Personalized weaning with lung- and diaphragm-protective ventilation

Recent clinical studies reveal that diaphragm weakness is prevalent (23–84%) in ICU patients and consistently associated with poor outcome.<sup>19</sup> Servo-u lets you monitor the patient's diaphragm activity (Edi) to personalize ventilation for successful weaning. It offers several options to start weaning your patients earlier and liberate them from the ventilator.

» NAVA shortens time of mechanical ventilation by almost 35%.<sup>4</sup>«



## Target protective volumes and pressures

PRVC is a true volume-targeted mode that automatically adapts the inspiratory pressure to account for rapid changes in lung mechanics. Separated regulation of controlled and assisted breaths reduces tidal volume variations and ensures lower driving pressure. A low tidal volume strategy can therefore be maintained when a patient starts breathing spontaneously.

Our interactive Automode eases the transition to spontaneous breathing for patients and staff. It switches seamlessly between controlled and supported modes, depending on patient effort.



## Diagnose breathing to facilitate weaning

Edi – the vital sign of respiration – is a bedside diagnostic tool that allows you to monitor respiratory drive and effort and safeguard the patient's diaphragm activity.<sup>20,22</sup> With the Edi signal continuously visible, you can detect diaphragm inactivity, over-sedation, patient ventilator asynchrony as well as over- and under-assist. You can also monitor changes in increased work-of-breathing during weaning trials and post-extubation.<sup>22–29</sup>

Edi monitoring is available in all invasive and non-invasive ventilation modes, and can be used from day zero to discharge from the intensive care unit.



## Exercise the diaphragm and protect the lungs

NAVA (Neurally Adjusted Ventilatory Assist) follows the patient's Edi to personalize lung-protective spontaneous breathing with higher diaphragmatic efficiency, and fewer periods of over- and under-assist.<sup>23–26,30–32</sup> It may improve the patient's ICU experience, helping to reduce sedation with improved comfort and sleep quality.<sup>4,10,11,33–35</sup> NAVA shortens the time of weaning and mechanical ventilation<sup>4</sup> and increases the number of ventilator-free days.

NIV NAVA significantly improves patient-ventilator interaction, and reduces NIV complications.<sup>36</sup> For patients with acute exacerbation of COPD it can be effective in managing their status and to improve patient outcomes.<sup>36–40</sup>



## Improve comfort with effective therapies

High Flow therapy reduces the patient's work-of-breathing by providing an accurate flow of humidified oxygen, improving comfort and tolerance.<sup>41</sup>

Heliox therapy – this therapy option is designed for patients with airway resistance diseases. It is safe, reliable and easy to use, thanks to its low density, facilitating laminar flow that minimizes plateau and driving pressures.

Aerogen® nebulizer – this fully integrated feature offers a significantly higher lung deposition compared to jet nebulizers.<sup>42</sup> Its closed-circuit medication filling design mitigates transmission of patient-generated infectious aerosols.<sup>43</sup> For the recovering patient, Edi real-time respiratory drive monitoring will precisely quantify the effect of the above therapies.<sup>44,45</sup>

# Get a sustainable solution based on efficiency and responsibility

Servo-u is a sustainable solution on multiple levels: Fewer parts that are long-lasting and easy to reprocess sourced responsibly, interchangeable with other Servos and always supporting your uptime. A flexible, modular platform that can be easily upgraded for your evolving clinical needs. Expert support at hand if needed. In other words, less waste, more productivity and a better environment for all.

## Sustainability through efficiency

The Servo-u adds efficiency, drives down maintenance costs and reduces waste. It shares many of the same parts, components and platforms as other Servo ventilators. Hot swappable batteries, for example, and easy-to-clean respiratory cassettes that are interchangeable, meaning you can use any cassette that is ready for use if a patient is waiting. You can also choose from a range of consumables such as catheters, nebulizers and interfaces. All original parts and consumables are optimized for lasting high performance.



## Extra support with Getinge Care

With 240 service centers globally, we are always close at hand. To maximize uptime, ask us about local service agreements. Our Getinge Care package, for example, comes in four different levels of support depending on your needs. Whatever your specific situation, our skilled service technicians and staff, many of whom are clinicians, are always there to support you. Servo-u is also designed for a high degree of connectivity: the ventilator connects to a wide range of PDMS systems and patient monitors. It can also use MSync (optional) as an HL7 converter, which makes the system conform to IHE Technical Frameworks.



## Ventilation modes\*

Invasive ventilation	Automode®
	Bi-Vent/APRV
	NAVA
	PC
	PRVC
	PS/CPAP
	SIMV modes
	VC
	VS
	Non-invasive ventilation
NIV NAVA	
NIV PC	
NIV PS	

## Breathing therapies\*

	High Flow
	Heliox
	Nebulization (Aerogen®)

## Lung protection tools\*:

	CO <sub>2</sub> analyzer
	Open Lung Tool (OLT)
	- Auto SRM
	- Auto RM
	- OLT trends
	Servo Compass
	Stress Index
	Transpulmonary pressure

## Weaning tools\*

	Automode®
	Edi monitoring
	Esophageal pressure
	P0.1

## Invasive ventilation

Inspiratory tidal volume	
Adult	100–4000 ml
Pediatric	10–350 ml
Neonatal	2–50 ml
Inspiratory flow	≤200 l/min
PEEP	0–50 cmH <sub>2</sub> O
Pressure above PEEP	
Adult	0 – (120-PEEP) cm H <sub>2</sub> O
Pediatric/Neonatal	0 – (80-PEEP) cm H <sub>2</sub> O

## Miscellaneous information

Screen	15" TFT LCD touchscreen
Dimensions patient unit	W 300 x D 205 x H 420 mm H incl. user interface 826 mm
Weight	~ 23 kg (patient unit 15 kg, user interface 4 kg) ~ 35 kg with mobile cart
Batteries, hot swappable	6 (2 included)
Battery back-up time	at least 3 h (with 6 batteries)
Nebulization	Aerogen, integrated
Respiratory vital sign	Edi plug-in module
Esophageal pressure	Paux plug-in module
Y sensor	Hot-Wire Anemometer plug-in module
CO <sub>2</sub> analyzer	Capnostat 5 plug-in module
External device interfaces	2 x RS-232C ports, VGA, USB, remote alarm, remote services
IHE technical framework	MSync HL7 converter

\*Not all modes/options are available in the standard configuration. Please contact your local Getinge representative for further information. Refer to the Servo-u datasheet for additional technical specifications.

## References

1. Terragni PP, Rosboch G, Tealdi A, et al. Tidal hyperinflation during low tidal volume ventilation in acute respiratory distress syndrome. *Am J Respir Crit Care Med*. 2007 Jan 15;175(2):160-6.
2. Grasso S, Stripoli T, De Michele M, et al. ARDSnet ventilatory protocol and alveolar hyperinflation: role of positive end-expiratory pressure. *Am J Respir Crit Care Med*. 2007 Oct 15;176(8):761-7.
3. Ferrando C, et al. Adjusting tidal volume to stress index in an open lung condition optimizes ventilation and prevents overdistension in an experimental model of lung injury and reduced chest wall compliance. *Crit Care*. 2015 Jan 13;19:9. doi:10.1186/s13054-014-0726-3.
4. Kacmarek R, et al. Neurally adjusted ventilatory assist in acute respiratory failure: a randomized controlled trial. *Intensive Care Med* 2020. Sep 6: 1–11.
5. Liu L, et al. Neurally Adjusted Ventilatory Assist versus Pressure Support Ventilation in Difficult Weaning. A Randomized Trial. *Anesthesiology*. 2020 Jun;132(6):1482-1493.
6. Hadfield D, et al. Neurally adjusted ventilatory assist versus pressure support ventilation: a randomized controlled feasibility trial performed in patients at risk of prolonged mechanical ventilation *Critical Care* 2020 May 14;24(1):220.
7. Yuan, X., Lu, X., Chao, Y. et al. Neurally adjusted ventilatory assist as a weaning mode for adults with invasive mechanical ventilation: a systematic review and metaanalysis. *Crit Care* 25, 222 (2021).
8. Makker K et al. Comparison of extubation success using noninvasive positive pressure ventilation (NIPPV) versus noninvasive neurally adjusted ventilatory assist (NI-NAVA). *J Perinatol*. 2020 Aug;40(8):1202-1210
9. Sood SB, Mushtaq N, Brown K, et al. Neurally Adjusted Ventilatory Assist Is Associated with Greater Initial Extubation Success in Postoperative Congenital Heart Disease Patients when Compared to Conventional Mechanical Ventilation. *J Pediatr Intensive Care*. 2018 Sep;7(3):147-158
10. Kallio M, et al. Neurally adjusted ventilatory assist (NAVA) in pediatric intensive care – a randomized controlled trial. *Pediatr Pulmonol*. 2015 Jan;50(1):55-62.
11. Piastra M, et al. Neurally adjusted ventilatory assist vs pressure support ventilation in infants recovering from severe acute respiratory distress syndrome: nested study. *J Crit Care*. 2014 Apr;29(2):312.e1-5.
12. Morita PP, Weinstein PB, Flewelling CJ, Bañez CA, Chiu TA, Iannuzzi M, Patel AH, Shier AP, Cafazzo JA. The usability of ventilators: a comparative evaluation of use safety and user experience. *Critical Care* 2016;20:263.
13. Bellani G, Laffey JG, Pham T, et al. Epidemiology, Patterns of Care, and Mortality for Patients With Acute Respiratory Distress Syndrome in Intensive Care Units in 50 Countries. *JAMA*. 2016;315(8):788–800. doi:10.1001/jama.2016.0291.
14. Fan E, Brodie D, Slutsky AS. Acute Respiratory Distress Syndrome: Advances in Diagnosis and Treatment. *JAMA*. 2018;319(7):698–710. doi:10.1001/jama.2017.21907
15. Fan E, Del Sorbo L, Goligher EC, et al. An Official American Thoracic Society/European Society of Intensive Care Medicine/Society of Critical Care Medicine Clinical Practice Guideline: Mechanical Ventilation in Adult Patients with Acute Respiratory Distress Syndrome. *Am J Respir Crit Care Med*. 2017 May 1;195(9):1253-1263. doi: 10.1164/rccm.201703-0548ST.
16. Data on file Maquet Critical Care AB.
17. Kacmarek RM, et al. Open Lung Approach for the Acute Respiratory Distress Syndrome: A Pilot, Randomized Controlled Trial. *Crit Care Med*. 2016 Jan;44(1):32-42.
18. Goligher EC, Hodgson CL, Adhikari NKJ, et al. Lung recruitment maneuvers for adult patients with acute respiratory distress syndrome. *Ann Am Thorac Soc* 2017;14:S304-11. 10.1513/AnnalsATS.201704-3400T
19. Dres M, Goligher EC, Heunks LMA, Brochard LJ. Critical illness-associated diaphragm weakness. *Intensive Care Med*. 2017 Oct;43(10):1441-1452.
20. Ducharme-Crevier L, et al. Interest of Monitoring Diaphragmatic Electrical Activity in the Pediatric Intensive Care Unit. *Crit Care Res Pract*. 2013;2013:384210.
21. Emeriaud G, et al. Evolution of inspiratory diaphragm activity in children over the course of the PICU stay. *Intensive Care Med*. 2014 Nov;40(11):1718-26.
22. ATS/ERS Statement on Respiratory Muscle Testing. *American Journal of Respiratory and Critical Care Medicine*, 2002;166(4), pp. 518-624.
23. Piquilloud L, et al. Neurally adjusted ventilatory assist improves patient-ventilator interaction. *Intensive Care Med*. 2011 Feb;37(2):263-71.
24. Yonis H, et al. Patient-ventilator synchrony in Neurally Adjusted Ventilatory Assist (NAVA) and Pressure Support Ventilation (PSV). *BMC Anesthesiol*. 2015 Aug 8;15:117.
25. Cecchini J, et al. Increased diaphragmatic contribution to inspiratory effort during neurally adjusted ventilatory assistance versus pressure support: an electro- myographic study. *Anesthesiology*. 2014 Nov;121(5):1028-36.
26. Di Mussi R, et al. Impact of prolonged assisted ventilation on diaphragmatic efficiency: NAVA versus PSV. *Crit Care*. 2016 Jan 5;20(1):1.
27. Barwing J, et al. Electrical activity of the diaphragm (EAdi) as a monitoring parameter in difficult weaning from respirator: a pilot study. *Crit Care*. 2013 Aug 28;17(4):R182.
28. Bellani G, Pesenti A. Assessing effort and work of breathing. *Curr Opin Crit Care*. 2014 Jun;20(3):352-8.
29. Bellani G, et al. Clinical assessment of autospontaneous end-expiratory pressure by diaphragmatic electrical activity during pressure support and neurally adjusted ventilatory assist. *Anesthesiology*. 2014 Sep;121(3):563-71.
30. Blankman P, et al. Ventilation distribution measured with EIT at varying levels of PS and NAVA in Patients with ALI. *Intensive Care Med*. 2013 Jun;39(6):1057-62.
31. Brander L, et al. NAVA decreases ventilator induced lung injury and non-pulmonary organ dysfunction in rabbits with acute lung injury. *Intensive Care Med*. 2009 Nov;35(11):1979-89.
32. Patroniti N, et al. Respiratory pattern during neurally adjusted ventilatory assist in acute respiratory failure patients. *Intensive Care Med*. 2012 Feb;38(2):230-9.
33. de la Oliva P, et al. Asynchrony, neural drive, ventilatory variability and COMFORT: NAVA versus pressure support in pediatric patients. *Intensive Care Med*. 2012 May;38(5):838-46.
34. Delisle S, et al. Effect of ventilatory variability on occurrence of central apneas. *Respir Care*. 2013 May;58(5):745-53.
35. Delisle S, et al. Sleep quality in mechanically ventilated patients: comparison between NAVA and PSV modes. *Ann Intensive Care*. 2011 Sep 28;1(1):42.
36. Prasad KT, et al. Comparing Noninvasive Ventilation Delivered Using Neurally-Adjusted Ventilatory Assist or Pressure Support in Acute Respiratory Failure. *Resp Care* 2020 Sep 1;respcare.07952.
37. Doorduyn J, et al. Automated patient-ventilator interaction analysis during neurally adjusted noninvasive ventilation and pressure support ventilation in chronic obstructive pulmonary disease. *Crit Care*. 2014 Oct 13;18(5):550.
38. Kuo NY, et al. A randomized clinical trial of neurally adjusted ventilatory assist versus conventional weaning mode in patients with COPD and prolonged mechanical ventilation. *International Journal of COPD*. 2016 11;11:945-51.
39. Sun Q, et al. Effects of neurally adjusted ventilatory assist on air distribution and dead space in patients with acute exacerbation of chronic obstructive pulmonary disease. *Crit Care* 2017 2;21(1):126.
40. Karagiannidis C, et al. Control of respiratory drive by extracorporeal CO<sub>2</sub> removal in acute exacerbation of COPD breathing on non-invasive NAVA. *Crit Care* 2019 Apr 23;23(1):135.
41. Mauri, Turrini, Eronia, et al.: Physiologic Effects of High-Flow Nasal Cannula. *Am J Respir Crit Care Med* Vol 195, Iss 9, pp 1207–1215
42. Galindo-Filho, V.C. et al. Radioaerosol Pulmonary Deposition Using Mesh and Jet Nebulizers During Noninvasive Ventilation in Healthy Subjects. *Respir. Care* 2015, 60(9):1238-124
43. Fink J, et al. Reducing Aerosol-Related Risk of Transmission in the Era of COVID-19: An Interim Guidance Endorsed by the International Society of Aerosols in Medicine. *J Aerosol Med Pulm Drug Deliv* 2020; :jamp.2020.1615.
44. Di Mussi R et al. High-flow nasal cannula oxygen therapy decreases postextubation neuroventilatory drive and work of breathing in patients with chronic obstructive pulmonary disease *Critical Care* (2018) 22:180
45. N Neumann-Klimasińska, T A Merritt, J Beck et al Effects of heliox and non-invasive neurally adjusted ventilatory assist (NIV-NAVA) in preterm infants. *Nature Scientific reports* (2021) 11:15778



Getinge is a global provider of innovative solutions for operating rooms, intensive care units, sterilization departments and for life science companies and institutions. Based on our firsthand experience and close partnerships with clinical experts, healthcare professionals and medtech specialists, we are improving the everyday life for people, today and tomorrow.

This document is intended to provide information to an international audience outside of the US. Servo-n may be pending regulatory approvals to be marketed in your country. Contact your Getinge representative for more information.

Theviews, opinions and assertions expressed in the brochure are strictly those of the interviewed and do not necessarily reflect or represent the views of Getinge or Maquet Critical Care AB.

Manufacturer · Maquet Critical Care AB · Röntgenvägen 2 SE-171 54 Solna · Sweden · +46 (0)10 335 73 00

[www.getinge.com](http://www.getinge.com)