HEMODYNAMIC MONITORING improves outcomes when used as part of an ERAS pathway

The whole philosophy of GOAL-DIRECTED THERAPY IS

If one wants to improve hemodynamics, then give fluid whenever the patient is a responder to fluid.

When the patient is not a responder to fluid and if the arterial blood pressure is still low, consider vasopressors instead.

STROKE

VOLUME

LiDCO

FUN

Non Invasive

ERAS DECREASED RE-ADMISSION RATES

21.4% Vs

11.5%

27%

7%

NO ERAS Vs ERAS

LiDCO REDUCES MORTALITY

21.8% 15.5%


From the ER to the OR to the ICU and other High Care Departments. LiDCO has the flexibility to enable continuity of measurement across patient acuity levels.

Minimally Invasive
- Plug and play from existing vital signs monitor
- Arterial line input without needing to change your pressure transducer
- Validated PulseCO™ algorithm reliably tracks hemodynamic changes in the presence of inotropes and vasoactive drugs
- Beat-to-beat analysis and display of hemodynamic parameters

Ability to Calibrate
- Continuous real-time measurement with lower risk and high precision
- Calibrate using measured cardiac output value or ECHO
- Reduced infection risk with less invasive catheters

Non-Invasive
- Real-time continuous non-invasive blood pressure (CNAP™) and hemodynamic parameters
- Quick and easy to set-up
- Proven to be as effective as an arterial line to monitor fluids when used with the PulseCO™ algorithm
- Dual finger sensor with automatic finger switching for safer non-invasive use

Optional Depth of Anesthesia BIS Module. Can now monitor both hemodynamics and level of consciousness on a single screen.

One Disposable
- Switch hemodynamic monitoring seamlessly with one disposable Smartcard
- Smartcard carries key patient information between different LiDCO Monitors to ease set-up and monitoring

Non-Invasive Calibrated

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