LiDCO hemodynamic monitoring reduces mortality in Sepsis

“Universal fluid admin in Sepsis carries considerable risk”

Only 50% respond to fluids

No fluid?

Yes fluid?

FLUID?

It is likely that aggressive fluid therapy increases morbidity and mortality in sepsis


40% NO CENTRAL monitoring
28% CVC monitoring
26% PAC monitoring
16% mortality rate LiDCO

We recommend using dynamic over static variables to predict fluid responsiveness

CONSENSUS RECOMMEND

“Stoke Volume

Volume

LiDCO

CNAP

Non Invasive

LiDCO Reduces Mortality

A rational approach to fluid therapy in sepsis.
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

**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

**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

**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

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