Version 2.0 software for the SLE6000

SLE

When the smallest thing matters

SLE6000: New Software Modules

Major Update

The SLE6000 is SLE's most successful ventilator ever, and our customers have been delighted with its versatility.

Version 2.0 software for the SLE6000 is the biggest update we've ever made to a ventilator with new modes, new features and new ways of helping you to manage your patients.

Additional Languages

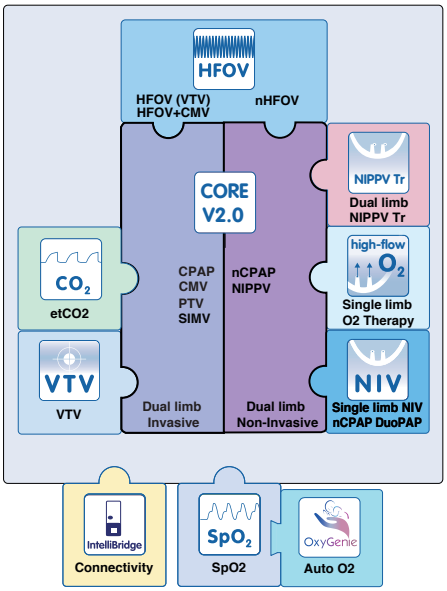
The new software brings additional language support to the SLE6000. It now supports 15 languages including Russian and Chinese.

Modularity

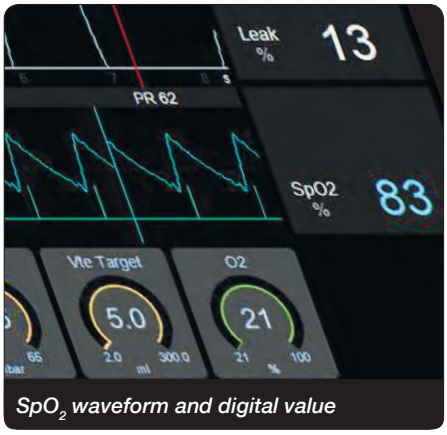
The modular design of the SLE6000's software makes it easy to upgrade.

SLE offers a range of software packages that can be installed via a USB memory stick. All seven of the new module options available with version 2.0 software are shown alongside.

Please note, some upgrades require additional hardware (such as sensors or interface devices) which can be supplied by SLE.



3 new modes, including HFOV with VTV



SpO_2 waveform and digital value

HFOV (with VTV)

High Frequency Oscillation Ventilation is now a standalone module. It includes VTV (Volume Targeted Ventilation) as standard.

The addition of volume targeting in HFOV can contribute to maintaining more stable $PaCO_2$, responding to changes in lung mechanics.[1]

In HFOV+VTV, the SLE6000 automatically adjusts the ΔP, in order to achieve the target Vte, set by the user.

NIPPV Tr

Non-invasive Positive Pressure Ventilation (Triggered)

In addition to the existing NIPPV mode, users have now an option to allow the patient to trigger the SLE6000's mechanical inflations.

Successful triggering can lead to reduced work of breathing compared with nCPAP.[2]

DuoPAP

The new DuoPAP mode can be used with single limb CPAP generators. DuoPAP is associated with better CO_2 clearance than nCPAP and can contribute to a reduction in re-intubations.[3]

SpO_2 with Masimo SET

The SpO_2 software module uses Masimo™ SET (Signal Extraction Technology) to allow the SLE6000 ventilator to monitor SpO_2.

Having all of the data on a single screen allows the caregiver to focus on the patient's ventilation.

During therapy the caregiver can call up simultaneous trends of SpO_2 and compare it with other parameters (such as pressure or delivered oxygen) allowing easier interpretation of linked events and better visualisation of the patient's condition.

The SpO_2 module is a prerequisite for adding OxyGenie.

SLE6000: Ventilate with Confidence

$EtCO_2$ waveform and digital value

OxyGenie working in Auto mode

SLE6000 data on Philips IntelliVue monitor

$EtCO_2$

SLE has developed an optional CO_2 software module for use with the SLE6000 ventilator.

The system uses Oridion Microstream™ and MicroPod™ technology to minimise dead space and uses a sample size of only 50 ml/min.

This allows you to see the capnograph waveform and a digital value for the end-tidal CO_2 on the ventilator screen.

Switching to trend display allows you to compare the CO_2 trend with other parameters such as ΔP.

OxyGenie®

OxyGenie® controls the FiO_2 using a sophisticated algorithm to maintain the SpO_2 within a defined target range, saving staff time, effort and reducing hypoxaemic and hyperoxaemic events.

Fully integrated into the SLE6000 ventilator, OxyGenie uses the SpO_2 signal from a Masimo™ sensor connected to the SLE6000's SpO_2 module to give an accurate and responsive value.

To add OxyGenie capabilities to an SLE6000 requires the OxyGenie software module plus the SpO_2 module.

IntelliBridge™

The IntelliBridge™ software module allows the SLE6000 to send data to a Philips EC10 Interface Module and then display it on a Philips IntelliVue™ patient monitor.

Data can be forwarded to the central surveillance system for further processing. This can include alarm forwarding to a paging system for NICU nurses or uploading the data into an electronic patient record.

The SLE6000 System

Even without these new modules, the SLE6000 is a generous mix of features and modes. Using specially developed standard patient circuits, the SLE6000 can work in both single and dual limb modes with a variety of patient interfaces.

The unique Lunar™ interface is easy-to-learn and easy-to-use, and its sharp, compact screen is designed to minimise glare and light overspill into the NICU environment.

Standard invasive modes include:
CPAP, CMV, PTV, PSV, SIMV (all dual limb).

Standard Non-invasive modes include:
nCPAP, NIPPV (both dual limb)

Features include:

Mains and 24V battery operation.

Long internal battery life (over 3 hours in typical use).

Multiple communications ports (USB, RS232, Nurse call, video out and Ethernet).

References

[1] High-Frequency Oscillatory Ventilation Combined with Volume Guarantee in a Neonatal Animal Model of Respiratory Distress Syndrome

Manuel Sánchez Luna, Martín Santos González, and Francisco Tendillo Cortijo

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[2] Synchronized Nasal Intermittent Positive Pressure Ventilation (SNIPPV) Decreases Work of Breathing (WOB) in Premature Infants With Respiratory Distress Syndrome (RDS) Compared to Nasal Continuous Positive Airway Pressure (NCPAP)

Zubair H. Aghai, Judy G. Saslow, Tarek Nakhla, Barry Milcarek, James Hart, Robyn Lawrysh-Plunkett, Gary Stahl, Robert H. Habib, and Kee H. Pyon,

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[3] Early nasal intermittent positive pressure ventilation (NIPPV) versus early nasal continuous positive airway pressure (NCPAP) for preterm infants.

Lemyre B, Laughon M, Bose C, and Davis PG.

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Materials

Please visit our website at: www.sle.co.uk to download PDF brochures on the products below.

SLE6000 brochure (various languages)

OxyGenie brochure

SpO_2 brochure

$EtCO_2$ brochure

Modularity brochure

SLE Miniflow brochure

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