

EVONE® – FCV® IN THE ICU – APPLICATION NOTE

! This information does not replace the Instructions for Use !

- FCV® allows safe and efficient ventilation of fully anesthetized patient
- Compatible with conventional adult endotracheal tubes
- Unique in controlling both inspiration and expiration
- Ventilation with constant and continuous flow between chosen Peak and End Expiratory Pressure (EEP)
- Linear increase and decrease of intratracheal pressure
- For applying FCV® effectively the airway needs to be sealed with a cuff

Evone is intended to be used by or under **direct and undivided supervision of an anesthesiologist or intensivist** in all settings.

Evone Control Unit

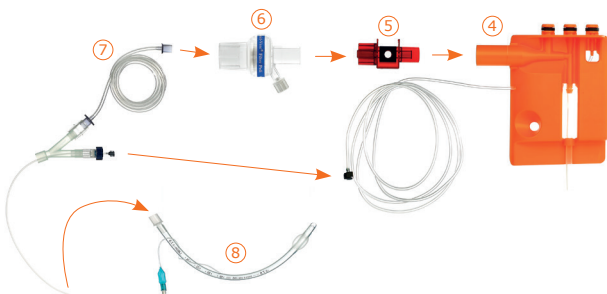


- 1 Touch screen
- 2 Area to place the Evone Cartridge
- 3 Release-button to release Evone Cartridge from control unit

Additional materials



- 4 Evone Cartridge – to be inserted into the control unit as depicted
- 5 Evone Airway Adapter
- 6 Humid-Vent Filter Pedi straight (HME Filter)
- 7 Evone Conventional Tube Adapter (CTA)
- 8 Conventional adult endotracheal tube (≥5 mm ID)



Assembly of the breathing circuit

For more details on ventilation of ARDS- / COVID-19 patient and optimization of FCV® based on compliance, see backside.

Installation and set up

- 1 Switch on Evone.
- 2 Perform Startup checks successfully.
- 3 Patient set up menu: select patient gender and fill out characteristics. Accept default settings or start with last used.
- 4 Check and if required adapt alarm limits.

Note that default ventilation settings are:

- FiO₂ 50%
- Inspiratory Flow 12 L/min
- I:E ratio 1:1.0
- Peak 15 mbar
- EEP 5 mbar

Ventilation with conventional tubes

- 1 Induce anesthesia (TIVA).
- 2 Intubate patient as usual with tube of choice.
- 3 Oxygenate patient as preferred to allow deepening of anesthesia.
- 4 Connect tube to CTA of Evone when anesthesia is optimized.
- 5 Start ventilation in FCV® mode. A triangular pressure curve appears on the screen (Fig. 3).



Fig. 3 FCV® mode active

- 6 If needed adapt ventilation settings:
 - FiO₂ as preferred
 - EEP as preferred
 - Peak to adjust Tidal Volume
 - Inspiratory Flow to adjust Minute Volume.

Sedation, relaxation, and weaning

Because of the small lumen (high resistance) of the breathing circuit, coughing may result in tube dislocation.

Note that spontaneous breathing is not possible when the CTA is connected to the conventional adult endotracheal tube.

In case of light anesthesia (indicated by e.g. irregular pressure curves, increased/decreased compliance, coughing, BIS>60, TOF>90%):

- Disconnect CTA.
- Use alternative means of oxygenation if preferred.
- Optimize anesthesia.
- Reconnect CTA when anesthesia is optimized and continue FCV® ventilation.

For weaning the patient:

- Set FiO₂ as preferred.
- Disconnect CTA from tube to allow weaning using preferred other mechanical ventilator.





IN CASE OF ARDS- / COVID-19 PATIENTS

