

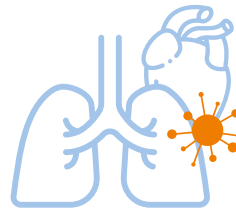
How Can Mobile Suction Systems Help You and Your Patients?



What have we learned?

20% of COVID-19 patients require **hospitalisation**
5% of COVID-19 patients require **critical care support**

Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. JAMA. 2020;323(13):1239–1242. doi:10.1001/jama.2020.2648



Why critical care?

Acute respiratory distress syndrome and respiratory failure, sepsis, acute cardiac injury, and heart failure are the most common critical complications linked to COVID-19.

<https://www.bmj.com/content/368/bmj.m1091>

Ventilation and suction in the intensive care unit

Most severely ill COVID-19 patients will require **ventilation** in first 24 hours of intensive care.

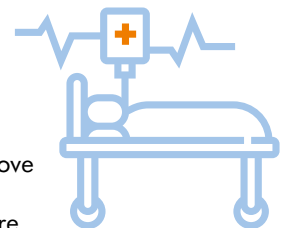
A mobile suction source is recommended for every treatment space to cover multiple patient management processes.



Report on 196 patients critically ill with COVID-19. ICNARC, 20 March 2020. <https://www.icnarc.org/About/Latest-News/2020/03/22/Report-On-196-Patients-Critically-Ill-With-Covid-19>
 Surge Capacity Logistics, Care of the Critically Ill and Injured During Pandemics and Disasters: CHEST Consensus Statement, Sharon Einav; John L. Hick; Dan Hanfling; Brian L. Erstad; Eric S. Toner; Richard D. Branson; Robert K. Kanter; Niranjan Kissoon; Jeffrey R. Dichter; Asha V. Devereaux; and Michael D. Christian; on behalf of the Task Force for Mass Critical Care

The airway has to be kept clear

- ▶ The endotracheal tube used to facilitate mechanical ventilation must be kept patent
- ▶ Endotracheal suctioning must be available for all mechanically ventilated patients in order to remove secretions
- ▶ Self-ventilating patients may require help to expectorate secretions
- ▶ Patients treated with an artificial airway require regular suctioning



Reduce risk of cross-contamination

For infectious disease units, it is recommended to use portable or mobile suction systems that can help to reduce risk of cross-contamination from COVID-19 infected patients.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0131-Design-note_COVID-19-ward-for-intubated-patients_1-April-MR2.pdf

What to use?

Mobile medical suction solutions support you in your fight against COVID-19 – now and in the future

COVID-19 patients receiving mechanical ventilation need regular suctioning to remove lung secretions generated from the inflammatory process of the virus. Therefore, it is recommended to equip each critical care ventilation bed with a vacuum source.

Mobile Medical Vacuum support you now and in the future to care for your patients by expanding your capacities to be prepared and ready in the event of resurgence. Furthermore, it ensures more flexibility and mobility in your facility.

Meet the needs of your patients with Vario 18, Dominant Flex and Basic now and optimise readiness and patient care in the future

- ▶ Mobile and independent from central (piped) vacuum systems
- ▶ All pumps can be equipped with disposable virus filters, effective to prevent cross-contamination with SARS-CoV-2
- ▶ Fast and easy set-up, hence ideal to enhance ICU capacities



NHS: Novel coronavirus (COVID19) standard operating procedure. Design note: COVID-19 ward for intubated patients. 22 March 2020 <https://www.medelahealthcare.com/insights/knowledge-journal/how-to-avoid-virus-cross-contamination-of-medical-vacuum-suction-pumps-with-virus-and-bacteria-filters>
<https://covid19.medelahealthcare.com>