

## MD 200B Non-Invasive Vital Signs Monitoring System

Compact leading-edge, portable battery or AC operated, micro-computer controlled Physiological Monitor for Systemic Non-Invasive Blood Pressure Determination (NIBP), Pulse Oximetry (SpO2) Determination, Pulse Rate Determination (PR) and Plethysmogram (PS) waveform display.

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1. The MD 200B Non-Invasive Vital Signs Monitor is simple to set up and use. Startup parameters can be easily customized to your specific policies and procedures.

3. Unparallel documentation of all measured parameters utilizing an on board database to store 72 hours of patient data for up to 99 individual patients makes this instrument ideal for utilization as a mutable patient vital signs monitor.

5. Real Time Monitoring of measured parameters immediately alerts staff of critical situations with a unique High Priority Alarm. In addition the monitoring alarm function can be set to automatically document the time and alarmed parameter(s) using the MD-200B recorder (optional).

7. All parameters stored in the database, up to 72 hours, can be reviewed on the large easy to read graphical color screen or documented on the MD-200B recorder <sup>(optional)</sup>.
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9. The ability to Trend SPO2 for up to 72 hours equips you with a significant tool for diagnosing potential sleep apnea of patients, post-operative, in long term care, nursing homes or assisted living.

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11. The Plethysmogram waveform is an indispensable tool in determining actual blood flow resulting from heart contraction for quick assessment of irregular pulse due to arrhythmias such as Atrial Fibrillation.

13. The MD-200D provides you with an unparallel leading-edge high performance monitoring system for a fraction of the cost of competitive devices. The MD-200D has FDA-510(k) clearance for sale to health care facilities in the United States.

15. The MD-200D utilizes Technicuff's Blood Pressure Cuff Transducers, eliminating the goldilocks syndrome of never having the correct size cuff in addition to elimination of brachial artery indexing errors.