CLINIQON HC LEADING INNOVATIONS





PATIENT WARMING UNIT LEBENSTHERM HT 1300

PATIENT WARMING UNIT

LEBENSTHERM HT 1300

Safe, Adjustable, Effective, and User-friendly

FORCED-AIR PATIENT WARMING UNIT is a tailor-made & cost-effective solution to prevent peri-operative *Inadvertent Hypothermia* (*IHP*) and reduce discomfort caused by cold.

Features

- * Heating mode: Inflatable convection heating
- * Display parameters : Set temperature, real-time temperature, heating time, wind speed and fault information
- * Safety features: Power on self-test, fault category display, over temperature alarm and automatic cut-off of heating and air supply
- * Disposable blanket: special double-layer non-woven material, less allergic reaction, anti-puncture, anti-crack, water-proof, aseptic packaging
- * Blower: built in high-efficiency air filter

* Noise: low

Technical Parameter

Input power: a.c.220V/230V, 50Hz/60Hz, 1400VA

Fuse: 2xT8L/250V

Temperature setting value : RT (room temperature), 33 °C, 36 °C, 38 °C, 41 °C, 43 °C.

Temperature accuracy: ±1°C

Over temperature power-off protection: 45°C Software/ hardware dual independent protections

Preheating time : ≤ 2min

Air supply volume: high speed: 42cfm (20 l/s) 46dBA

low speed: 36cfm (17 l/s) 43dBA

Operating mode: Continuous
Heating power rated: 1200W

Type of protection against electric shock: Class I

Application part: Anti defibrillation BF application part

Moisture protection level: IPX2

Dimension: (L*W*H) 495*335*465mm

Weight: 7.5 kg



CLINICAL FEATURES

Inadvertent Hypothermia (IHP) is considered to be a grave adverse event for the peri-operative patients. While causing the patient discomfort, hypothermia can contribute to complication risks, including morbid cardiac events, surgical site infection, and slow recovering, and eventually results in a prolonged hospital stay.

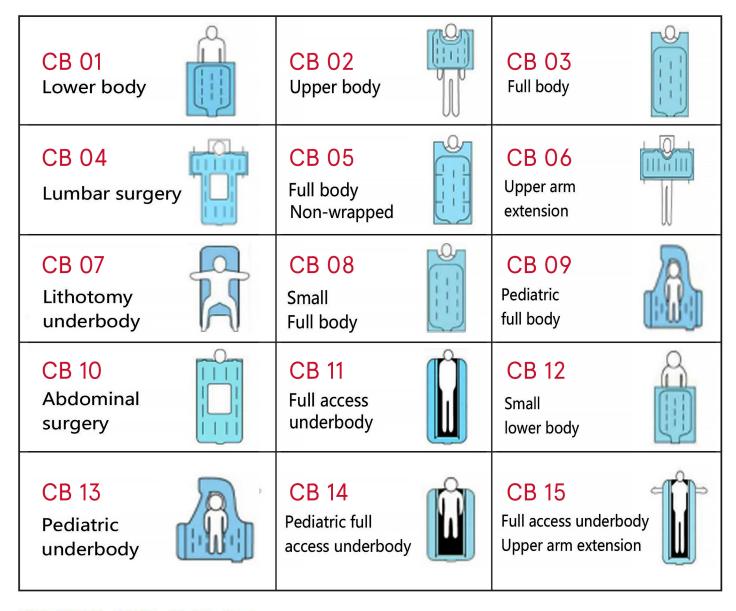
	Surgical Wound Infection (N=200)	Ventricular Tachycardia (N=300)	Hospital Stay (N=200)	Recovery Duration (N=150)	Vecuronium Duration (N=20)	Atracurium Duration (N=6)
Hypothermic	19%	8%	14.7 days	94min	62min	68min
Normothermic	6%	2%	12.1 days	53min	28min	44min

*DANIEL I. SESSLE, Perioperative thermoregulation and heat balance, The Lancet, 2016



- All patients who are having anaesthesia for longer than 30 minutes should be warmed intraoperatively from induction of anaesthesia using a forced air warming device.
- •Patients undergoing a procedure with an anticipated anesthesia time greater than 30 minutes and/or who are hypothermic preoperatively, and/or patients at risk for hypothermia or at increased risk for suffering its complications, forced air warming should be implemented.
- Normothermia should be a goal during emergence and recovery. When available, forced air warming systems should be used for treating hypothermia.
- During the intraoperative period—that is, from induction to the end of anesthesia—all patients who are scheduled to receive anesthesia for longer than 30 minutes should be actively warmed.
- Use of active warming devices is highly recommended in all cases lasting more than 30 min and this can be achieved by using different warming devices (forced air warming systems, circulating water garments or warmed i.v. solutions).
- In all phases of perioperative care, the perioperative RN should develop an individualized plan of care and implement the interventions chosen for prevention of unplanned hypothermia.





*OPTIONAL PART: Mobile Cart











