

They say
Death after a heart attack
is just the way it is.

We say
It Shouldn't Be Like That!



Cardiovascular disease (CVD) is a No.1 cause of death globally: more people die from CVD every year than from any other cause.



Approximately 100 people will die from CVD in the world while you are reading this brochure.

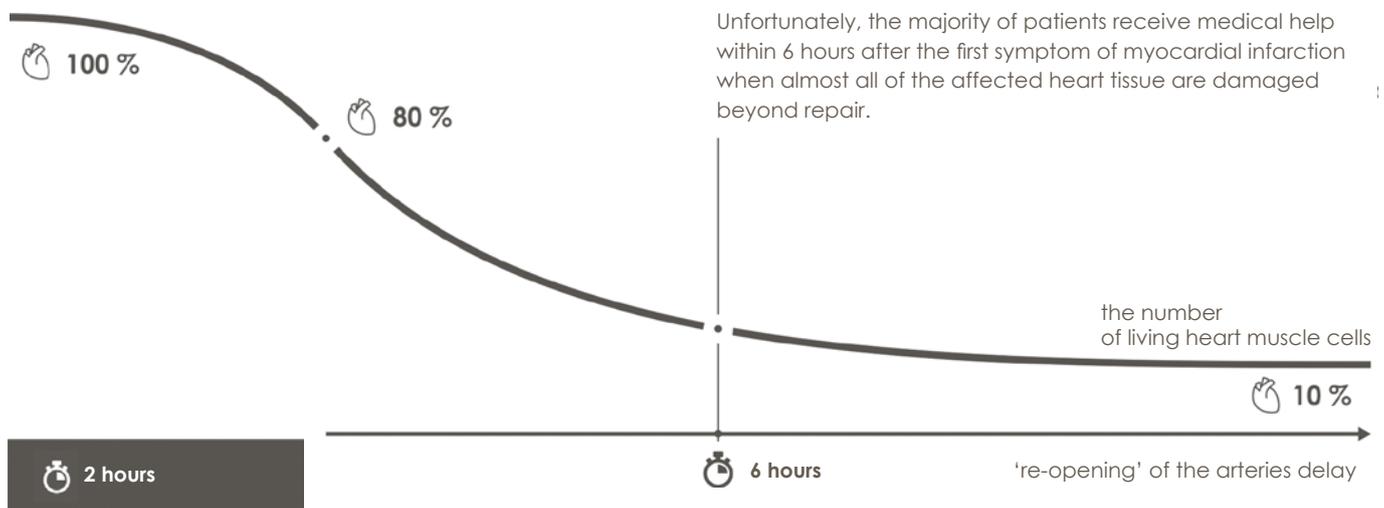


The number of people diagnosed with heart failure is projected to **increase by 46%** in 2030.



80% of heart attacks and strokes **are preventable**.¹

The first 2 hours after the symptoms of myocardial infarction appear are the most important; it is the time when most of the living myocardial cells can still be salvaged.



It would have seemed logical that the availability of modern technology for CVD treatment, more angiography systems, stents, clot-busted drugs and more ambulance cars should have solved the problem. **But why is the problem still so pressing?**

Unfortunately, health personnel of first contact with the patient often lack sufficient experience to interpret ECGs correctly, so the patient is taken to the nearest hospital to confirm the diagnosis. But these very first two hours from the onset of thrombosis are vital to salvage the myocardium!

The remoteness of a competent cardiologist and/or the patient is one of the main reasons for lack of efficacy of both emergency care and preventive medical management in cardiovascular disease.

Prevention and early diagnosis of CVD: critical conditions can be prevented!

CVD management includes two related problems, that is, increasing the efficacy and quality of emergency cardiac care and creating an effective system for early detection and prevention of CVD.

CVD mortality directly correlates with overall morbidity in the population. Therefore, it is important not only to improve the quality of emergency cardiac care, but also to develop an effective network of early detection and prevention of CVD.

One of the game-changing factors in the system of cardiac care is the widespread implementation of telemedical technologies.

UNET helps solve two important issues:



to provide a highly qualified on-site cardiac diagnosis as part of emergency care wherever the patient needs it.



to create an effective system for early diagnosis and prevention of cardiovascular disease.

UNET consists of two functional elements, a UCARD 100 portable electrocardiograph and a telemetry central station with automated document workflow and notifications.



UCARD 100

is a modern electrocardiograph with a built-in telemetry module.

- Simultaneous 12-lead acquisition.
- UCARD allows making voice calls and transmitting ECGs just like a smartphone.
- There is no need to purchase additional mobile phones or tablets.
- The time to transmit an ECG and an advisory feedback is less than one minute.
- A built-in screen and printer to view/print ECGs right at the patient's side.
- A built-in ECG interpretation system helps the paramedic make right decisions in critical situations.

The UNET telemetry central station

is a cardiologist's automated workplace.

- A package of useful software for reception, analysis and storage of ECG.
- Automated SMS and email notifications about new ECGs.
- The system integrates flexibly into any local hospital network.
- It simplifies the work of a cardiologist with an automated analysis of arrhythmias and myocardial infarction.
- It boosts the efficiency of cardiologist's work wherever he/she is with an option to analyze ECG on a smartphone or a tablet.

*Not all products or features are available in all markets.
Please, contact sales department or authorized representative in your region.*

Patient's health and safety should be a No.1 priority



UNET is a telemetry cardiac system based on a fully featured electrocardiograph. Only an electrocardiograph may ensure registration of diagnostic grade ECGs. This allows for a correct diagnosis and protects both the patient and the physician from the consequences of incorrect treatment. The compact ECG recorders often used in telemedicine are not electrocardiographs and cannot provide electrocardiograms of the required quality.



Before pressing the Transmit button, the doctor will need to see the ECG tracing to make sure its quality is adequate.

UNET will visualize the electrocardiogram on a display directly at the patient's side. The doctor should not rely on an ECG recorder without a display.



Cardiology telemedicine is not just a fact of ECG transmission; it is a fact of obtaining a remote consultation and a diagnostic conclusion, wherever the doctor is located.

UNET allows for transmission of cardiac diagnostic conclusions automatically and without the involvement of healthcare personnel by SMS or e-mail to your smartphones, tablets, and electrocardiographs.



There is no need to listen to the 'squeaks' on the phone line when transmitting an ECG with outdated systems; better give this time to the patient!



'Implementation of the UNET system in the Poltava region made thrombolytic therapy possible to be performed not only by the ambulance crews with a physician on board, but also by paramedic crews. This allowed offering this therapy to residents of remote and/or isolated provincial areas. The time from diagnosis to stent placement was cut in half.'

L.I. Tkach

The Head of the Telemetric Center for Emergency Medical Care.
Poltava, Ukraine



'Remote consultations using the UNET system help family practitioners diagnose CVD directly at primary healthcare centers and to perform preventive examinations on-site, identifying patients with CVD at early stages of the disease'

I.A. Dyachuk

Family medicine physician,
the Head of the Department
at the Primary Healthcare Center.
Kyiv, Ukraine