



UM 300-S Patient Monitors

TO MEET YOUR NEEDS IN ANESTHESIOLOGY

Expanded set of channels and functions

- ◆ Automated Anesthesia Record with PDF report generation and export
- ◆ Event log with timestamps for anesthesia protocol
- ◆ Depth of anesthesia monitoring (BIS™ index)
- ◆ Gas monitoring (CO₂, AAg, O₂) side- and mainstream
- ◆ Measurement of neuromuscular transmission (NMT)
- ◆ Dose, ventilation and oxygenation calculators
- ◆ Effective visualization on two displays

A New Take On Modular Monitors

Confident decisions in every clinical case

With the UM 300-S patient monitors, you get advanced functionality for monitoring in anesthesiology: during surgery, resuscitation or intensive care.

Even the basic configuration of the UM 300-S patient monitors includes all channels required by the Standards at Harvard Medical School for anesthesiology.¹

Yet the UM 300-S is a new type of modular monitor. The basic set can be easily expanded with a wide range of measuring modules with the universal UniPort™ connectors. Additional modules are connected without unhandy consoles and are recognized and visualized automatically when connected.

Save money by only purchasing the modules you need. Create optimal configuration each clinical case.



Key monitoring channels and functions for anesthesiology

- Basic: SpO2, NIBP, ECG, HR, Resp, Temp
- Depth of anesthesia (BIS™ index)
- Neuromuscular transmission (NMT)
- Multigas (AAG+O2) main- or sidestream
- Capnography main- or sidestream
- Automated anesthesia record
- Drug calculator
- Ventilation and Oxygenation calculation

Effective visualization on two displays

With UniScreen™ technology, you can effectively set up monitoring data on the main screen and the additional 22" HD display.

The additional display does not duplicate information; instead, it helps you visualize parameters in the most convenient format. It's easy to customize and group the data for each clinical situation.

Therefore, you can keep track of the vital data on the additional display and control settings, events, and trends, or even work with the anesthesia record on the main screen.



Automated Anesthesia Record

Better care through better records

The more relevant information, the more likely that care will be tailored to patient's individual needs. Well, as several published reports have shown, automated anesthesia records are more accurate than manual ones.^{2,3,4}

Exact automated anesthesia record allows clinician to catalog actual events in the operating room (OR), drugs administration, and the patient's events (bleeding, bronchospasm, desaturation, etc.). With simultaneous vital data tending: blood pressure, HR, temperature, gases, BIS™ index, NMT, etc.



Better ergonomics for the anesthesiologist

In the OR anesthesiologists need not only to assimilate multiple information inputs, but also to prioritize these to respond appropriately. Record keeping often represents a significant distraction from more immediate patient care needs.

In such circumstances the anesthesia record should be “delegated” to the patient monitor. This will allow clinician to pay more attention to the patient status.

There is an agreement that anesthesiologists are better able to organize their intraoperative activities when automated record keeping is utilized.⁵

Generate PDF reports fast and easy

Patient monitoring data can be easily exported and stored in PDF form on USB drive, or sent to any available network printer directly from the patient monitor.

- Use it for detailed analysis.
- Optimize document flow in a clinic.
- Save reliable patient data in printed format.
- Send it easily for consultations with colleagues.
- Customizable letterhead and report form for print out.



1. John H. Eichhorn, MD. Standards for Patient Monitoring During Anesthesia at Harvard Medical School/ John H. Eichhorn, MD; Jeffrey B. Cooper, PhD; David J. Cullen, MD. – 1986.

2. Cook RI, McDonald JS, Nunziata E. Differences between handwritten and automatic blood pressure records. Anesthesiology. 71;385,1989.

3. Lerot JGC, Dirksen R, van Daele M, et al. Automated charting of physiologic variables in anesthesia: a quantitative comparison of automated versus handwritten anesthesia records. J Clin Monit. 4;37,1988.

4. Thrush DN. Are automated anesthesia records better? J Clin Anesth. 4; 386, 1992.

5. Weinger MB, Herndon OW, Gaba DM. The effect of electronic record keeping and transesophageal echocardiography on task distribution, workload, and vigilance during cardiac anesthesia. Anesthesiology. 87;144-55,1997.



Service and support

Be attentive to the state of equipment is important as caring for patients.

We provide a full range of services from installation to updating and maintenance for functionality of your medical equipment.

At the customer site, the equipment is serviced by both UTAS specialists and certified engineers from our authorized partners' network in more than 30 countries around the world.



We are close to you

Address your question to UTAS and communicate directly with the specialist you need. At your disposal are service engineers, technical experts, product managers, sales & marketing team.

After delivery and setup of the equipment, our specialists provide professional training and all the necessary support.



U can save the life[®]

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