OMNI® EXPRESS

THE COMPREHENSIVE CAPNOGRAPH







OMNI® EXPRESS



The **Omni[®] Express** is a new cost-effective approach to capnography measurement. The **Omni[®] Express** can be configured to measure any combination of: capnography (EtCO2), non-invasive blood pressure, SpO2, and ECG.

Weighing in at less than 5 LBS the portable **Omni® Express** is well suited for any patient care area by offering a multitude of vital sign combinations. The **Omni® Express** can be used as a basic capnograph for minor procedures or can offer more by adding blood pressure, pulse oximetry measurement or even 3-lead ECG. The **Omni® Express** is well suited for both bed side and procedure room use.

The **Omni® Express** simplifies clinician use by incorporating a touch screen with a simple user interface making the **Omni® Express** intuitive for any user. A long-life lithium Ion battery is standard and many mobile mounting solutions' are available for the **Omni® Express**.

MULTIPLE CARE AREAS

- Minor Procedure
- Dental Sedation
- Sleep Labs
- Pain Management
- n Respiratory Care
- Post Anesthesia Care

MULTIPLE CONFIGURATIONS

- Capnography
- Capnogrpahy+SpO2
- Capnogrpany+SpO2+BP
- Capnogrpany+SpO2
 +BP+ECG
- Rolling Stand Mounted
- Wall or Bedside Mounted

PROVEN TECHNOLOGY

- Masimo[®] Spo2
- SunTech[®] Advantage BP
- n Respironics[®] LoFLO EtCO2

The Upgradeable CAPNOGRAPH



The **Omni**[®] **Express** capnograph provides a cutting edge low flow End-tidal CO2 measuring system. The **Omni**[®] **Express** uses a 50/ml per minute sidestream method to deliver the most accurate EtCO2 readings. Low cost sample lines allows the **Omni**[®] **Express** to be the industry's lowest cost per patient Capnograph. The **Omni**[®] **Express** can be used on both intubated and non-intubated patients. The **Omni**[®] **Express** sample line connection system uses filter cells to eliminate the potential of cross contamination.

The **Omni® Express** Capnograph is beneficial in:



PAIN MANAGEMENT

Suppressed respiratory function can be caused by patient-controlled analgesia (PCA). Opiates may suppress the respiration of patient receiving pain management. The use of Capnography to measure End-Tidal CO2 (EtCO2) can quickly alert clinicians to the symptoms of a patient's respiratory depression which can lead to avoidance of coma or cardiac arrest.



MINOR PROCEDURE SEDATION

The American Society of Anesthesiologists (ASA) States, "During moderate to deep sedation the Adequacy of Ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide." End-Tidal CO2 (EtCO2) is the earliest indictor of respiratory complications during medical procedures.



SEDATION DENTISTRY

The American Association of Oral and Maxillofacial Surgeons (AAOMS) states, "During moderate or deep sedation and general anesthesia, the adequacy of ventilation shall be evaluated by the continual observation or qualitative clinical signs and monitoring of exhaled carbon dioxide."

OMNI EXPRESS TECHNICAL SPECIFICATIONS:

PEFORMANCE SPECIFICATIONS		Overpressure Protection:	Adult Mode	280(mmHg)	EtC02	
Display:	7" color TET		Neonatal Mode	150 (mmHg)	Mode of Sam	oling: Sidestream or Mainstream
Besolution:	1024×860	Alarm Limit:	SYS 50~240 mi	mHg	Principle of Oper	ation: Non-dispersive infrared (NDIB) single
Trace:	2 or 3 waveforms		DIA 15~180 mn	nHg		beam ontics, dual wavelength.
Waveforms	ECG (I II III aVB aVI aVE V1-V6)	TEMPERATURE (Included with ECG option only)			no moving parts	
Waveronnis	PLETH. RESP. ETCO2			ption only)	CO2 Measurement R	ange: 0 to 150 mmHg (0 to 19.7%, 0 to 20 kPa)
Indicator:	Alarm indicator	Range:	25~50 (°C)		CO2 Calculation Me	thod: BTPS (Body Temperature Pressure
	Power indicator	Accuracy:	± 0.2 °C (25.0~	34.9 °C)		Saturated)
	QRS beep and alarm sound		± 0.1 °C (35.0~	39.9 °C)	CO2 Resolu	ition: 0.1mmHg (0-69mmHg),
Trend time:	From 30 minutes to 72 hours		± 0.2 °C (40.0~	44.9 °C)		0.25mmHg (70-150mmHg)
			± 0.3 °C (45.0~	50.0 °C)	CO2 Accu	racy: $0 \sim 40 \text{ mmHg} \pm 2 \text{ mmHg}$
ECG		Display Resolution:	0.1 °C			41~70 mmHg \pm 5% of reading
Input-	5 lead or 3 lead ECG cable and standard	Alarm Upper-lower Limit:	Upper limit 0~50	0°C		71~100 mmHg \pm 8% of reading
input.	AAMI line for connection		Lower limit 0~50	℃		$101 \sim 150 \text{ mmHg} \pm 10\% \text{ of reading}$
Load Choice:		Channel:	1 channels			Above 80 breath per minute \pm 12% of reading
Cain Choice:	$\sqrt{10}$	Alarm Limit:	10~50 (°C)		Sampling	Rate: 100Hz
CMBB (common mode	~0.0, ~1.0, ~2.0			_	Respiration	Rate: 2~150 bpm
rejection ratio):	>100 dB at 50 Hz or 60 Hz	Masimo SET Pulse Oxi	metry (standa	rd)	Respiration Rate Accu	racy: ±1 breath
Frequency Characteristic:	0.67~40 Hz (+3dB attenuation)				Response	ime: <3 seconds - includes transport time
ECG Waveforms:	7 channels	SpU2				and rise time
Sweep Speed:	12.5, 25 and 50 mm/s	Measurement range:	0% to 100%		Inspired	C02
HR Display Range:	30~300bpm	Resolution:	1%		Measurement Ra	inge: 3~50 mmHg
Accuracy:	± 1 bpm or ± 1 %, whichever is greater	Accuracy:	70% to 100%,	+/-2%, Adult/		
Alarm Limit Range	Upper limit: 80~400bpm		Pediatric, Non-	-motion conditions	POWER	
-	Lower limit: 20~150bpm		70% to 100%,	+/-3%, Neonate, Non-	So	urce: External AC power and internal battery
			motion conditi	ons	AC Pr	wer: 100~240VAC 50/60Hz 150VA
RESPIRATION			70% to 100%,	+/-3%, Adult/	Ba	tterv: Bechargeable Lead-Acid
Massura Mathad			Pediatric/Infan	t/Neonate, Motion	Du	Type: FB 1223 12v-2.3Ah
Range:	0120 rpm		conditions			Operating time under normal
Accuracy:	+2 rpm		70% to 100%,	+/-2%, Adult/		condition: 3 hour
Alarm Unner-lower Limit:	Linner limit: 6-120 rnm		Pediatric/Infan	it/Neonate, Low		Operating time after the first alarm of
Alarm opper-lower Linnt.	Lower limit: 3~120 rpm		perfusion cond	ditions		low battery: 10 minutes
Sween Sneed	12.5 and 25mm/s	Averaging time:	2~4 sec, 4~6 s	sec, 8 sec, 10 sec, 12		Manufacturer: Pilot Battery Co.,Ltd.
011000 00000			sec, 14 sec, 16	6 sec (user selectable)	Charge -	lime: 4 hours
NIBP		Sensitivity settings:	Normal, Maxin	num, APOD	Operating	lime: 3+ hour
Maaaurine Taabaalamu			(user selectabl	le)		
weasuring recimology:	Automatic Usefiliating intersurement	Dulos Data			ENVIRONMENTAL	SPECIFICATIONS
Guil IIIIauiiy. Moscuring Poriod:		Puise kate			Tempera	ture: Operating: 5~40 °C
Modo:	AVL<405 Manual Auto STAT	Measurement range:	25 to 240 bpm		Tompore	Storage: -20~60 °C
Moscuring Interval in	Mariual, Auto, STAT	Accuracy:	+/-3 bpm, Adu	lt/Pediatric/Infant/	Humidity B	inge: Operating: <80 %
Measuring Interval In ALITO Mode	$2 \min_{\sim} 4 hrs$		Neonate, Non-	motion conditions		Storage: <80 %
Pulse Rate Ranne:	2 mm~4 m3		5 bpm, Adult/P	Pediatric/Infant/		
Measuring Range:	Adult/Pediatric Mode		Neonate, moti	on conditions	RECORDER (OPTI	DN)
	SYS 40~250 (mmHa)	Resolution:	1 bpm	1 bpm	Becowd M	lidth: 19 (mm)
	DIA 15/200 (mmHg)				Record W	1001: 46 (1111)
	Neonatal Mode	Pertusion Index (PI)			rapel of Drint	Data: 2 waysforms with patient info
	SYS 40!135 (mmHa)	Measurement range:	0.02 - 20%		FIIII	and digital values
	DIA 15!100 (mmHg)	-	~			
Resolution:	1mmHg	Any other Sp02 (option	nal)		FUSE T	3.0A
Pressure Accuracy:	Maximum Mean error: ±5mmHg					
	Maximum Standard deviation: 8mmHg					

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