

Request for Information – Feedback Summary Sheet

Request made by:	Gillian Leaver	Responses to be sent back to:	Lyn Bennett
Date request made:	11/11/2020	Date sent out:	12/11/2020
Details of Request:	We have received some of the VG70 ventilators, has anyone in your Networks already used them?		
No.	Response Received From:	Details of Response:	
1	COTTON, Karen (CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST) <karencotton@nhs.net>	<p>We have used the VG70, we have put them on two very stable patients. They are a little clunky when it comes to changing settings on the screen. Both the patients have done well on the ventilators.</p> <p>We have had to create our own i:e ratio guide as the ratio on the ventilator is off slightly off- which we can share.</p> <p>There is a rep and there is online training and video's. Do you have these details?</p>	
2	Petty, Samantha <samantha.petty@addenbrookes.nhs.uk>	<p>We are using the VG70 at CUH, Cambridge.</p> <p>We have started to roll them out alongside our existing Servo flrrt.</p> <p>They are ok</p> <p>The main issues to be aware of are:</p> <p>If you occlude the ventilator tubing (as if the patient has blocked tube) the machine is incredibly slow to recognise that there is a problem (regardless of how tight the alarm settings have been set). It alarms once as a low minute ventilation alarm, which is quickly superseded by a high expiratory tidal volume alarm – this is not correct, obviously. The numbers however are accurate – the mixed message is not!! It also autoscales all of the waveforms which is unhelpful especially for the new/cat A and B staff, as the waveforms can</p>	

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	<p>appear as if the patient is ventilating from a distance away. The expiratory block can cause issues. If not fully clicked in but almost in the PEEP registers high (and mimics a wet filter), if slightly further out PEEP is low and if further out than that it is more obvious as very noisy and an arrow replaces the numerical data on the Vti (if you have it on the screen)</p> <p>Each of the numerical values on the main waveform page when in operation are interchangeable. We are swapping out MV for Vti in patients we are concerned may gas trap or if we are wanting to monitor a potential leak</p> <p>The main issue which needs to be mitigated for is the indirectly set I:E. I've created an excel for our ICU/NCCU here which is laminated and hangs off each machine. It allows our nursing team to plot the I:E if the patient is in SIMV (as the I:E does not appear on the screen unless in pure mandatory modes). This can be an issue as if anyone changes the RR but forgets to change the inspiratory time they inadvertently change I:e – you may use an indirectly set vent as your main frontline vent anyway so this may not be an issue. I've attached it just in case it would help</p> <p>Only other things are than the PS needs to be set in SIMV. In PSV the PEEP and FiO2 appear on the bottom bar, but you need to press additional settings to get to the PS detail. This is a bit of a pain as sometimes people change the PS when the bedside nurse is on break. They need to be extra vigilant all of the time which is yet another ask. Oh, and it doesn't slave to our computerised system which is creating extra workload for an already tired workforce.</p> <p>If you want any extra info please feel free to drop me a line</p>
3	Key Kim - Modern Matron <kim.key@uhl-tr.nhs.uk>
4	There is some good information on e-learning for health, I can't get a direct link, but



	HILL, Chris (ROYAL FREE LONDON NHS FOUNDATION TRUST) <chris.hill@nhs.net>	<p>if you go for:</p> <p>https://portal.e-lfh.org.uk/ and then search for AeonMed VG70 you should find it,</p> <p>Or go to: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016&programmId=45016</p> <p>And navigate through to equipment guides,</p>
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