SERVO-U
The new power of you

Protective ventilation
SERVO-U® delivers many effective options for protective ventilation. All of them more accessible, understandable and easy to implement. Which means more patients in all phases of ventilation – controlled, supported, non-invasive and during spontaneous breathing trials – can benefit from advanced lung protective strategies. Welcome to the new power of you.

- Support for protective ventilation strategies, with the help of target guided ventilation and personalized ventilation
- Context-based guidance, therapeutic workflows and intuitive user interaction for all functions
- Upgradeable platform that grows with your needs

Inspired by you
SERVO development has always been based on collaboration with intensive care users from around the world. SERVO-U took this tradition even further – never before have so many users been involved to such a high degree at all stages of development. The quantity and quality of feedback at every stage has had a significant impact on development of the user-friendly advantages of SERVO-U, inspiring a design that makes it possible for more clinical staff to access and use advanced lung protective strategies.
The significance of protective tidal volumes is well documented.\textsuperscript{1,2,3} SERVO-U automatically calculates the tidal volume per kilogram of predicted body weight (VT/PBW). It acts as a dynamic guide to the user when delivering on protective ventilation strategies, such as according to the ARDSNet protocol.\textsuperscript{4}

This time-saving new core value is continuously measured and trended, facilitating adjustment of ventilation parameters in all modes, and for easy onscreen follow-up of your ventilation targets.
With Neurally Adjusted Ventilatory Assist (NAVA®) the patient controls ventilation delivery. It is the only ventilation mode where variation is conducted by the patient’s electrical activity of the diaphragm (Edi), linking the ventilator to the patient’s respiratory centers. This makes the ventilation delivery proportional in time and effort, which reduces regional lung overdistension and inflammatory activity. This enables you to personalize ventilation treatment to each patient without the need to constantly change ventilator parameters.

Apart from driving the ventilation in NAVA, the Edi signal is also displayed on screen, presenting you with the vital sign of respiration. It helps track spontaneous breathing efforts and supports sedation management in all ventilation modes as well as in standby. This accurate onscreen information allows appropriate and timely response to changing breathing conditions throughout the entire treatment, even when the patient isn’t mechanically ventilated.

Learn more about NAVA
Explore a list of more than 140 publications on NAVA at criticalcarenews.com

Personalized ventilation

The Edi signal links the respiratory centers to the ventilator, presenting you with the vital sign of respiration. This allows for the ventilation to be personalized with NAVA.
SERVO-U makes ventilation easier and more accessible

The intuitive touch screen with context-based guidance provides dynamic images and visual feedback that enhance user confidence in being able to tailor treatments to the individual patient condition.

The SAFETY SCALE™ tool to set ventilation parameters helps in tailoring settings in a quick, intuitive and safe way. With SERVO-U, you have easy access to support tools such as context-based views, recommendations and prompts, with shortcuts to make the interaction more direct and time saving.

NAVA therapeutic workflow

To make the use of NAVA even easier, SERVO-U introduces the NAVA therapeutic workflow, which helps the clinician during all stages of NAVA therapy. It includes support for choice of Edi catheter, calculation of insertion length, catheter positioning and NAVA preview, and dynamic images and information texts to facilitate adjustment of NAVA mode settings.

“You can rely on the fact it does what you have set”
– Intensive Care Nurse

“NAVA therapeutic workflow

“It is really easy to find the settings of what you want to do and it is clearly displayed – that is an advantage”
– Intensive Care Physician

“NAVA therapeutic workflow
Alarm management that makes sense

SERVO-U provides intuitive overview and setting of alarm limits, including Autoset in controlled modes, to help minimize stress due to unnecessary alarms. When an alarm activates, the value is highlighted and the light frame on the user interface makes it easy to spot from a distance with 360° visibility. The highlighted value is a shortcut to changing the alarm limit. Onscreen checklists help you in management of each active alarm.

“Very self-explanatory even gives suggestions of how and what to troubleshoot.”

– Respiratory Therapist

72 hours of respiratory history

SERVO-U gives you full freedom to organize trend values for evaluating the patient’s condition. This means you can analyze changes between spontaneous and controlled ventilation, the weaning progress and other clinical improvements throughout treatment. The state-of-the-art media library allows you to record actual events in detail as they are happening, with a 15 second capture pre- and post initiation of recording, as well as storing full-screen screenshots. Library content can be reviewed at bedside or elsewhere when exported by USB, providing the clinical team unique opportunities for review, discussion, education or research.
Have it your way

**Views and configurability**
With SERVO-U, you choose the view that suits the workflow best: views with basic waveforms and values, advanced views with a comprehensive set of measured values, waveforms and loops and the new distance and family views. The distance view is useful for monitoring outside the immediate patient environment, e.g. from outside an isolation room, and the family view may help to dispel focus on the ventilator during patient visits. The presentation can be further customized to make the information more accessible to you.

**Interchangeable functionality**
Interchangeable hardware modules and components mean the same feature can be used at different times on mixed SERVO ventilator fleets, lowering overall costs.

**As flexible as you need it to be**
The ergonomic design means the system can be placed to the left or right of the bed, providing 360 degree access in the patient environment. It can also be mounted on a ceiling supply unit (boom), trolley or shelves. And if your patient needs to move outside of the ICU, SERVO-U easily goes along thanks to its compact size, low weight, gasholder design and accessory details.

**Connected to the work environment**
Connectivity is essential to drive efficiency and outcomes in healthcare. SERVO-U connects to a number of PDMS systems and patient monitors. SERVO-U can also use MSync (optional) as HL7 converter, which makes the system conform to IHE technical framework.

“The unit is lightweight and mobile”
– Respiratory Therapist
Secure your investment

Solid foundation for the future

The SERVO-U is designed to grow with you. Because it is a modular system, you can configure the features that best serve your patients now. When those needs change, or as future functionality becomes available, you can upgrade easily and cost-effectively.

**MCare Services**

MCare scalable services adds value from day one and ensures that your system operates at peak performance throughout its lifecycle, so that your staff can take advantage of all its features in the best possible way.

Extended information and support from MCare Remote Services and MCare Portal help you monitor and access information on your fleet in an easy way.

You will have ongoing access to the Maquet full line of original consumables and parts, designed to keep your SERVO-U performing at its best.

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**Streamlined staff education and training**

SERVO-U has been developed with involvement from hundreds of ICU staff, to ensure user-friendliness. The intuitive screen and help menus, recommendations and prompts will facilitate quick learning and adaptation from ICU physicians, respiratory therapists, nurses and biomedics. Training can easily be accommodated at bedside as well as through VGA cable for large screen presentations for groups. Trends and values are easily transported by USB for off-site educational opportunities.

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“This new ventilator can make me more confident in my caregiving … when needed I feel I can use more advanced features without advanced training, for example during on-call hours”

— Pediatric Intensive Care Physician

“For me, this is a secure investment – a solid product to build on, based on a solid foundation”

— Intensive Care Physician and Researcher
Maquet
The Gold Standard

**Leading the way:** Maquet is a premier international provider of medical technology. Focused on the OR and ICU, we are committed to developing solutions that improve patient care. Maquet draws on many years’ experience in supplying state-of-the-art ventilator systems. Since the introduction of the first SERVO ventilator in 1971, we have delivered more than 140,000 units and SERVO has become one of the world’s most recognized ventilation brands.

SERVO-U is the next step forward in the evolution of protective ventilatory care. Its new future-proof platform is designed to grow with your needs, combining the best of the SERVO heritage with significant advantages in user-friendliness. SERVO-U is designed to ensure that clinicians can access its full range of effective tools, and implement them across a wide patient spectrum as easily as possible. It is the latest example of how Maquet is leading the way in protective ventilation.
Getinge Group is a leading global provider of products and systems that contribute to quality enhancement and cost efficiency within healthcare and life sciences. We operate under the three brands of ArjoHuntleigh, Getinge and Maquet. ArjoHuntleigh focuses on patient mobility and wound management solutions. Getinge provides solutions for infection control within healthcare and contamination prevention within life sciences. Maquet specializes in solutions, therapies and products for surgical interventions, interventional cardiology and intensive care.