

Mode form	Mode name	Mode	Adult/Ped	Neonatal
Volume-targeted modes,	APVcmv / (S)CMV+	Breaths are volume targeted and mandatory.	✓	✓
adaptive pressure controlled	APVsimv / SIMV+	Volume-targeted mandatory breaths can be alternated with pressure-supported spontaneous breaths.	✓	✓
Pressure-controlled modes	PCV+	All breaths, whether triggered by the patient or the ventilator, are pressure- controlled and mandatory.	✓	✓
	PSIMV+	Mandatory breaths are pressure controlled. Mandatory breaths can be alternated with pressure-supported spontaneous breaths.	✓	✓
	DuoPAP	Mandatory breaths are pressure controlled. Spontaneous breaths can be triggered at both pressure levels.	0	0
	APRV	Spontaneous breaths can be continuously triggered. The pressure release between the levels contributes to ventilation.	0	0
	SPONT	Every breath is spontaneous, with or without pressure-supported spontaneous breaths.	✓	✓
Intelligent ventilation	ASV	Operator sets %MinVol, PEEP, and Oxygen. Frequency, tidal volume, pressure, and I:E ratio are based on physiological input from the patient.	✓	
Noninvasive modes	NIV	Every breath is spontaneous.	0	0
	NIV-ST	Every breath is spontaneous as long as the patient is breathing above the set Rate. A backup Rate can be set for mandatory breaths.	0	0
	nCPAP	Demand flow nasal continuous positive airway pressure.		0
	nCPAP-PC	Breaths are pressure controlled and mandatory.		0

Ventilation modes

Standard: ✓ Option: O Not applicable: --



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Standard configuration and options (in alphabetical order)

Standard: ✓ Option: O Not applicable: --

unctions	Adult/Ped	Neonatal
apnography, mainstream (volumetric) and sidestream	0	0
ommunication board:	0	0
O2, CO2/Nurse Call/COM1, CO2/SpO2/COM1 ¹ , CO2/SpO2/Humidifier & COM1 ^{1, 2}		
ommunication protocols. For details, see the <i>Connectivity</i> brochure	0	0
PR ventilation	✓	✓
ynamic Lung	✓	
vent log (up to 10,000 events with date and time stamp)	✓	✓
ow trigger	✓	✓
amilton Connect Module (connectivity)	0	0
AMILTON-H900 humidifier integration	0	0
igh flow oxygen therapy (HiFlowO2)	0	0
telliTrig (leak compensation)	✓	✓
anguages	✓	✓
nglish, US English, Chinese, Croatian, Czech, Danish, Dutch, Finnish, French, German, Greek, Hungarian, Indonesian, Italian,		
panese, Korean, Norwegian, Polish, Portuguese, Romanian, Russian, Serbian, Slovak, Spanish, Swedish, Turkish, Ukrainian)		
lanual breath/prolonged inspiration	√	√
lounting options (trolley, carrying case, and a variety of wall, bed, ceiling, and shelf mounts)	0	0
BC filter compatibility (only for HAMILTON-T1 MIL)	0	0
ebulization, pneumatic	✓	
ight vision compatibility (NVG)	0	0
2 enrichment	✓	✓
n-screen help	✓	✓
atient group	✓	0
int screen	✓	✓
l-45 Ethernet port ³	✓	✓
creen lock	✓	✓
econd battery	0	0
peak valve compatibility	0	
oO2 monitoring	0	0
andby with timer	✓	·····✓
uctioning tool	✓	
rends/Loops	0	0
SB port	\checkmark	✓

¹ Applies only to devices with serial number > 3000 ² Only available with the HAMILTON-H900 Y-cable ³ Only available for use if the Hamilton Connect module is activated.

Technical performance

Description	Specification	
Automatic expiratory base flow	Adult/Ped: Fixed at 3 I/min	
	Neonatal: Fixed at 4 l/min	
Inspiratory pressure	0 to 60 cmH2O	
Maximum limited pressure	60 cmH2O	
Maximum working pressure	Adult/Ped: 60 cmH2O (total inspiratory pressure); ensured through	
	pressure limiting	
	Neonatal: 45 cmH2O (limitation depending on frequency)	
Maximum inspiratory flow	260 l/min (120 l/min with 100% O2)	
Means of inspiratory triggering	Flow trigger control	
Minimum expiratory time	20% of cycle time; 0.2 to 0.8 seconds	
Minute volume capability	Up to 60 l/min	
Oxygen mixer accuracy	\pm (volume fraction of 2.5% + 2.5% of actual reading)	
Tidal volume	Adult/Ped: 20 to 2000 ml	
	Neonatal: 2 to 300 ml	
Preoperational checks	Leak test, flow sensor/circuit/O2 sensor calibration, CO2 sensor zero calibration ⁴	
Display device	Display of settings, alarms, and monitored data	
	Type: Color TFT	
	Size: 640 x 480 pixels, 8.4 in (214 mm) diagonal	
Brightness setting for display	The range is 10% to 100% brightness. By default, Day = 80%; Night = 40%.	
Brightness with NVG option	The range is 1 to 10. The default is 5.	
Alarm volume (loudness) ⁵	The range is 1 to 10. The default setting is 5.	
Sound power level ⁶	51 dB(A) ± 3dB(A)	
Sound pressure level ⁶	43 dB(A) ± 3dB(A)	

⁴ CO2 option required.
⁵ Volume at 1 meter distance from ventilator. A setting of 1 = 62 dB(A), 5 = 76 dB(A), and 10 = 85 dB(A), with accuracy of ±3 dB(A).
⁶ Per ISO 80601-2-12.

Electromagnetic compatibility

Safety class

Pneumatic performance		
High-pressure oxygen inlet	Pressure:	2.8 to 6 bar / 41 to 87 psi
	Flow:	Maximum of 200 l/min
	Connector:	DISS (CGA 1240) or NIST
Low-pressure oxygen inlet	Pressure:	Maximum 6 bar / 87 psi
	Flow:	≤ 15 l/min
	Connector:	Quick-coupling system, compatible with Colder Products
		Company (CPC) PMC series
Air supply	Integrated blower	
Gas mixing system	Delivered flow:	 > 260 l/min ±10% against ambient pressure (at sea level)
		• > 200 l/min with 100% oxygen
	Delivered pressure:	Adult/Ped: 0 to 60 cmH2O
		Neonatal: 0 to 45 cmH2O
	Flow accuracy:	±10% or ±300 ml/min (whichever is greater)
Inspiratory outlet (<i>To patient</i> port)	Connector:	ISO ID15/OD22 conical
Expiratory outlet (From patient port)	Connector (on expiratory valve):	ISO ID15/OD22 conical

Directive 93/42/EEC, Annex I.

According to IEC 60601-1-2:2014



Article 3 certified quality management system. The ventilator meets the Essential Requirements of Council

Class II, Type BF applied part (ventilator breathing system, VBS, CO2 sensor including CO2 module connector,

and SpO2 sensor including adapter), continuous operation according to IEC 60601-1

80601-2-12:2011 + Cor.:2011, ISO 80601-2-55:2018, , EN 13718-1:2014, EN 1789:2007 + A1:2010, MIL-STD-461F,

with pertinent international standards and FDA guidelines. 13485 and EN ISO 9001, Council Directive 93/42/EEC, Annex II,

Electrical specifications

Input power	100 to 240 VAC, 50/60 Hz			
	12 to 28 VDC (total range 10.2 to 30.3 VDC)			
Power consumption	50 VA typical, 150 VA maximum			
Battery	Hamilton Medical provides a high-capacity battery ⁷ . An optional second battery is available.			
	Electrical specifications:	10.8 VDC, 6.7 Ah, 72 Wh, 50 W typical, 150 W maximum		
	Type:	Lithium-ion, supplied by Hamilton Medical only		
	Recharge time:	While the ventilator is connected to primary power, approximately 3.25 h to fully recharge one battery, approximately 6.25 h to fully recharge two batteries.		
	Storage:	-20°C to 60°C, \leq 85% relative humidity. The storage location should be free from vibration, dust, direct sunlight, moisture, and corrosive gases, and with a recommended temperature range $<$ 21°C.		
		Extended exposure to temperatures above 45°C can degrade battery performance and life.		
	Normal operating time:	Typically 4 hours with one battery, 8 hours with two batteries.		
		Operating times are measured with one or two fully charged batteries, the blower in use, without communication board, and with the following settings: Mode = PCV+, Rate = 10 b/min, $ \Delta P control = 10 \ cmH2O, I:E = 1:4, PEEP = 5 \ cmH2O, \\ Flow trigger = 5 l/min, FiO2 = 40%. $		
		Approximate operating times under these conditions are as follows:		
		• One battery, display brightness = 80%: 4 h		
		• One battery, display brightness = 20%: 4.5 h		
		• Two batteries, display brightness = 80%: 8 h		
		• Two batteries, display brightness = 20%: 9.25 h		
		This operating time applies to new, fully charged Li-ion batteries that have not been exposed to extreme temperatures. The actual operating time depends on battery age and on how the battery is used and recharged.		

⁷ PN 369108, revision 4 and later.

Graphical patient data

Graphic type/tab name	Options
Waveforms	Pressure, Volume, Flow, PCO2 ⁸ , FCO2 ⁸ , Plethysmogram ⁹
Intelligent panels	Dynamic Lung ¹⁰ , Vent Status, ASV Graph ¹¹
Trends	1-, 6-, 12-, 24-, or 72-h trend data for a selected parameter or combination of parameters
Loops	Pressure/Volume, Pressure/Flow, Volume/Flow, Volume/PCO2 ⁸ , Volume/FCO2 ⁸

Alarms

Priority	Alarm
High priority	Apnea, Apnea time, ExpMinVol high/low, Oxygen high/low, Minute volume high/low, Pressure high/low, High Pressure during Sigh, Pressure not released Flow sensor calibration needed (during ventilation), Check flow sensor tubing, Check flow sensor, Check patient interface, External flow sensor failed, Replace O2 sensor, Oxygen supply failed, Buzzer defective, Loudspeaker defective Disconnection on patient/ventilator side, Exhalation obstructed, Obstruction Options not found, Self test failed, Blower fault, Device temperature high, Vent outlet temperature high Battery low, Battery power loss, Battery totally discharged, Battery temperature high, Battery communication error, Battery defective SpO2:12 SpO2 low
Medium priority	High Flow, fTotal high/low, Frequency high/low, Vt high/low, Inspiratory volume limitation, High PEEP, Loss of PEEP, Pressure limitation Wrong expiratory valve, Circuit calibration needed, Flow sensor calibration needed, Flip the flow sensor, Check flow sensor for water (Neonatal) Check for blockage, Fan failure, Function key not operational, Performance limited by high altitude, Real-time clock failure, Battery low CO2: ¹³ PetCO2 high/low SpO2: ¹² SpO2: Adapter missing, SpO2: Light interference, SpO2: Low perfusion index, SpO2: Poor signal, SpO2: Probe missing, SpO2: Patient disconnected, SpO2: Sensor error, PI low/high, PVI low/high, Pulse low/high, SpO2 low
Low priority	Check Plimit, ASV: Cannot meet the target, Maximum leak compensation, Pressure limit has changed, CPR ON, SpeakValve ON/OFF, Suctioning maneuver, Apnea ventilation/Apnea ventilation ended Flow sensor calibration needed, Preventive maintenance required, Replace HEPA filter, Blower service required, Loss of external power, IRV (inverse ratio ventilation), Release valve defective, Touch not functional, Check settings Battery calibration required, Battery replacement required, Wrong battery, Battery low O2 sensor calibration needed, O2 sensor defective, O2 sensor missing, O2 sensor not system compatible External connections disabled ¹⁴ , JTAG not working, Invalid communication board CO2: ¹³ CO2 calibration needed, CO2 sensor defect, CO2 sensor disconnected, CO2 sensor over temperature, CO2 sensor warmup, Check CO2 sampling line, Check CO2 airway adapter, CO2: Poor signal SpO2: ¹² SpO2 high

⁸ CO2 option required.
⁹ SpO2 option required.
¹⁰ Only for adult/pediatric patients.
¹¹ Only in ASV mode.
¹² If the SpO2 option is installed and enabled.
¹³ If the CO2 option is installed and enabled.
¹⁴ If the Hamilton Connect module is installed and enabled.

 $^{^{\}rm 15}$ Parameter settings and ranges can vary depending on the selected mode.

		Range Neonatal ¹⁵
- WAD - 6 / E	SOUIPMENT	
COLT.	AODOS	On, Off
A 40. 01	VOBUS -	5 to 80
FIOW (I/ITIIII)	Z (U OU	2 to 15
I:E ¹⁸	1:9 to 4:1	1:9 to 4:1
IBW (kg) <i>(calculated)</i>	3 to 139	
Oxygen (%)	21 to 100	21 to 100
P high (cmH2O) (in APRV)	0 to 60	0 to 45
P high (cmH2O) (in DuoPAP)	0 to 60	3 to 45
P low (cmH2O) (in APRV)	0 to 35	0 to 25
Pat. height		
(cm)	30 to 250	
(in)	12 to 98	
PEEP/CPAP (cmH2O)	0 to 35	3 to 25
Plimit (cmH2O)	5 to 60	5 to 60
P-ramp (ms) ¹⁹	0 to 2000	0 to 600
	ASV, NIV, NIV-ST, SPONT, VS: max = 200	NIV, NIV-ST, SPONT, nCPAP-PC, VS: max = 200
Rate (b/min) ²⁰	1 to 80	1 to 80
	APVcmv, PCV+: 4 to 80	<i>PSIMV</i> +: 5 to 80
	PSIMV+, NIV-ST: 5 to 80	APVcmv, PCV+, PSIMV+PSync, nCPAP-PC, NIV-ST,
		APVsimv + Apnea backup: 10 to 80
Set temp (°C)	INV: 35 to 41	INV: 35 to 41
	NIV: 30 to 35	NIV: 30 to 35
	HiFlowO2: 33 to 37	HiFlowO2: 33 to 37
Sex	Male, Female	
Sigh	On, Off	
SpeakValve	On, Off	
T gradient (°C)	-2 to 3	-2 to 3
T high (s) (in APRV and DuoPAP) ²⁰	0.1 to 40.0	0.1 to 40.0
T low (s) (in APRV)	0.2 to 40.0	0.2 to 40.0
TI (s) ^{18,20}	0.1 to 12.0	0.1 to 12.0
TI max (s)	0.5 to 3.0	0.25 to 3.0

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²⁰ Startup setting derived from IBW (adult/pediatric), body weight setting (neonatal). Does not apply in ASV mode.

¹⁸ In PCV+, (S)CMV, and APVcmv modes, mandatory breath timing can be controlled by using a combination of inspiratory time (TI) and Rate, or by the I:E ratio; set the method in Configuration. All other modes are controlled by using a combination of inspiratory time (TI) and Rate.

¹⁹ P-ramp is limited to one-third (1/3) of TI time. Adjustment of TI time can override the P-ramp setting.

¹⁶ Only in ASV mode. 17 Only for high flow oxygen therapy.

Parameter (units)	Range Adult/Ped ¹⁵	Range Neonatal ¹⁵
Trigger, flow (l/min) ²¹	0.5 to 20.0	0.1 to 5.0
	APVcmv, PCV+: 0.5 to 20.0 / Off	APVcmv, PCV+: 0.1 to 5.0 / Off
Vt (ml)	20 to 2000	2 to 300
Vt/IBW	5 to 12	5 to 12
Vt/Weight (ml/kg) ²²		
Weight (kg)		0.2 to 30.0
ΔPcontrol (cmH2O) ²³	5 to 60	3 to 45
		nCPAP-PC: 0 to 45
ΔPinsp (cmH2O) ²³	3 to 60	3 to 45
ΔPsupport (cmH2O) ²³	0 to 60	0 to 45

Monitoring parameters

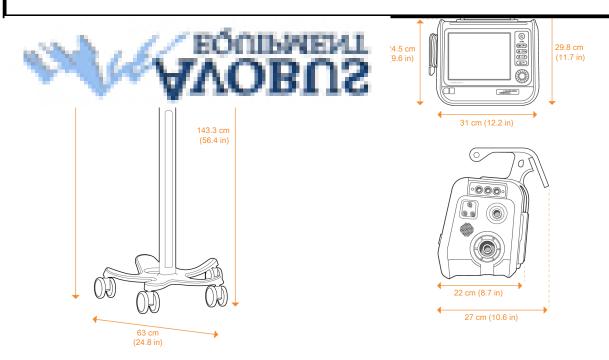
)
)
y weight

²¹ Flow trigger is leak compensated.
²² IBW is calculated using height and sex, for adult and pediatric patients. Actual body weight is used for neonates.
²³ Δ*Pcontrol*: Control pressure, added to PEEP/CPAP. Δ*Pinsp*: Inspiratory pressure, added to PEEP/CPAP. Δ*Psupport*: Pressure support, added to PEEP/CPAP.

Parameter (units)	Description
Time	CPR timer	MMP during CPR ventilation showing duration of CPR ventilation
	I:E	Ratio of the patient's inspiratory time to expiratory time for every breath cycle
	fControl (b/min)	Mandatory breath frequency
	fSpont (b/min)	Spontaneous breathing frequency
	fTotal (b/min)	Total breathing frequency
	TI (s)	Inspiratory time
	TE (s)	Expiratory time
Lung mechanics	Cstat (ml/cmH2O)	Static compliance
	P0.1 (cmH2O)	Airway occlusion pressure
	PTP (cmH2O*s)	Pressure time product
	RCexp (s)	Expiratory time constant
	Rinsp (cmH2O / (l/s))	Inspiratory flow resistance
	RSB (1 / (I*min))	Rapid shallow breathing index
CO2	FetCO2 (%)	Fractional end-tidal CO2 concentration
	PetCO2 (mmHg)	End-tidal CO2 pressure
	slopeCO2 (%CO2/l)	Slope of the alveolar plateau in the PetCO2 curve, indicating the volume/flow status of the lung
	V'alv (l/min)	Alveolar minute ventilation
	Vtalv (ml)	Alveolar tidal ventilation
	V'CO2 (ml/min)	CO2 elimination
	VDaw (ml)	Airway dead space
	VDaw/VTE (%)	Airway dead space fraction at the airway opening
	VeCO2 (ml)	Exhaled CO2 volume
	ViCO2 (ml)	Inspired CO2 volume
SpO2	SpO2 (%)	Oxygen saturation
	Pulse (1/min)	Pulse
	SpO2/FiO2 (%)	The SpO2/FiO2 ratio (%) is an approximation of the PaO2/FiO2 ratio, which, in contrast to PaO2/FiO2, can be calculated noninvasively and continuously
	OSI	Oxygen saturation index
	PI (%)	Perfusion index
	PVI (%)	Pleth variability index
Humidifier ²⁴	T Y-piece (°C)	Measured temperature at the Y-piece
	T humidifier (°C)	Measured temperature at water chamber exit

²⁴ If HAMILTON-H900 humidifier integration is enabled, and a humidifier is connected and turned on.

Weight	6.5 kg (14.3 lb)
	18.5 kg (40.8 lb) with trolley
	The trolley can accommodate a maximum safe working load ²⁵ of 44 kg (97 lb).
Dimensions	See graphic above
Monitor	Type: Color TFT
	Size: 640 x 480 pixels, 8.4 in (214 mm) diagonal
Trolley accessories	HAMILTON-H900 mounting kit, optional O2 bottle holding system, optional tubing support arm,
	water bottle holder, basket



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²⁵ The maximum safe working load applies to a stationary, properly load-balanced trolley.



For devices manufactured in Switzerland



Manufacturer

Hamilton Medical AG Via Crusch 8, 7402 Bonaduz, Switzerland **2** +41 (0) 58 610 10 20 info@hamilton-medical.com www.hamilton-medical.com

EC REP medin Medical Innovations GmbH Adam-Geisler-Straße 1 DE-82140 Olching Germany

For devices manufactured and sold in the USA

Printed in the USA

Manufactured for

Hamilton Medical AG Via Crusch 8, 7402 Bonaduz, Switzerland **2** +41 (0)58 610 10 20 info@hamilton-medical.com www.hamilton-medical.com

Distributor in USA

Hamilton Medical, Inc. 4655 Aircenter Circle, Reno, NV 89502 🕿 (800) 426-6331 (toll free), (775) 858-3200 info@hamiltonmedical.net

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