

Professional respiratory care with VS600S

VS600S is a specially designed invasive and non-invasive ventilator for premature infant, neonate and pediatric. For the delivery room, NICU and PICU, VS600S offers the comprehensive ventilation modalities in a single device, and provide high quality treatment options.

10.4" highly sensitive capacitive touchscreen

- Provides clear vision with comprehensive monitoring data.  
Easy to learn, Easy to operate
- User-friendly interface
  - No hidden menu
  - Immediately access and change ventilation modes and parameters



VS600S

Intuitive & convenient clinical tools



CE 0123

VS600S  
Premature, Neonatal & Pediatric Ventilator

Care the Future  
Carry the Hope



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The \* marked accessories/ functions are optional.

VS600S-2023.11



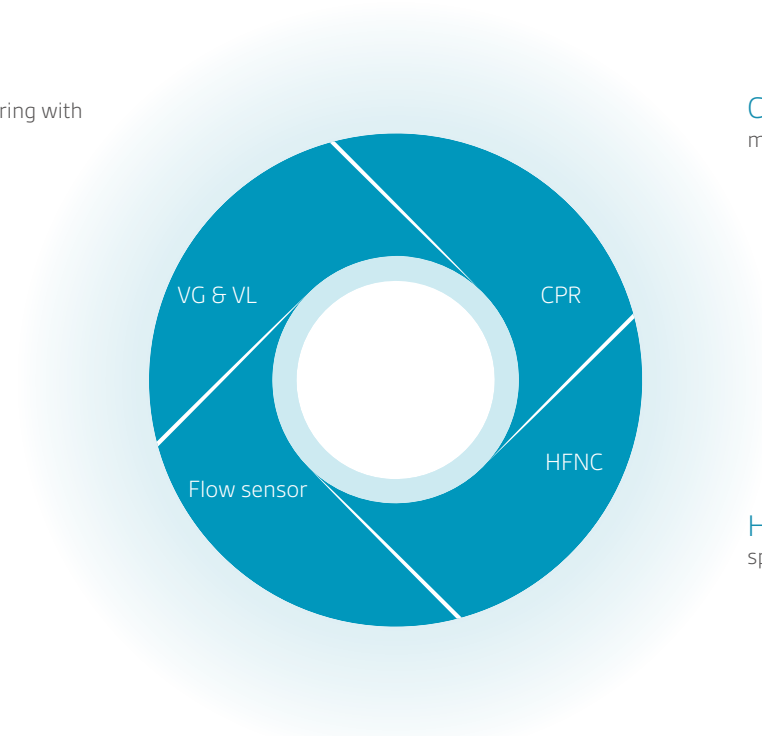




# Safety and effective neonatal ventilation technology

**VG & VL** -Provide VG and VL modes for ventilation control and monitoring with a minimum of 2ml, can reduce risk of volutrauma.

**Flow sensor**-Adopt proximal flow sensor, more precision more safer



**CPR** -Provide CPR cardiopulmonary resuscitation assisted ventilation function to meet the needs of emergency rescue.

**HFNC** -HFNC is to optimize spontaneous breathing through the reduction of dead space and the creation of positive distending airway pressure.

## Real-time monitoring assures patient safety

With SpO<sub>2</sub> module\*, VS600S has real-time monitoring including 3 waveforms, SpO<sub>2</sub>/FiO<sub>2</sub>\*, PI\* and OSI\* to give more reference for clinical decision to facilitate early diagnosis of Acute Lung Injury and Acute Respiratory Distress Syndrome.



• **Oxygen Saturation Index- (OSI) A noninvasive Tool for Monitoring Hypoxemic Respiratory Failure in Newborns**

OSI can be calculated readily and continuously at the bedside, without the need for invasive blood sampling, and may be useful in identifying infants with mild to moderate HRF and evaluating response to some interventions. [1]

Doreswamy et al. (2016)

• **SpO<sub>2</sub>/FiO<sub>2</sub>**

The SpO<sub>2</sub>/FiO<sub>2</sub> is an independent indicator of ARDS development among patients at risk. [2]

Festic et al. (2015)

• **Perfusion index (PI)**

Perfusion index (PI) is normally monitored with pulse oximeters. It is a good indicator of the reliability of the pulse oximeter reading, and can be used as a non-invasive tool to predict illness severity and mortality in pediatric ICU and emergency departments. [3], [4]

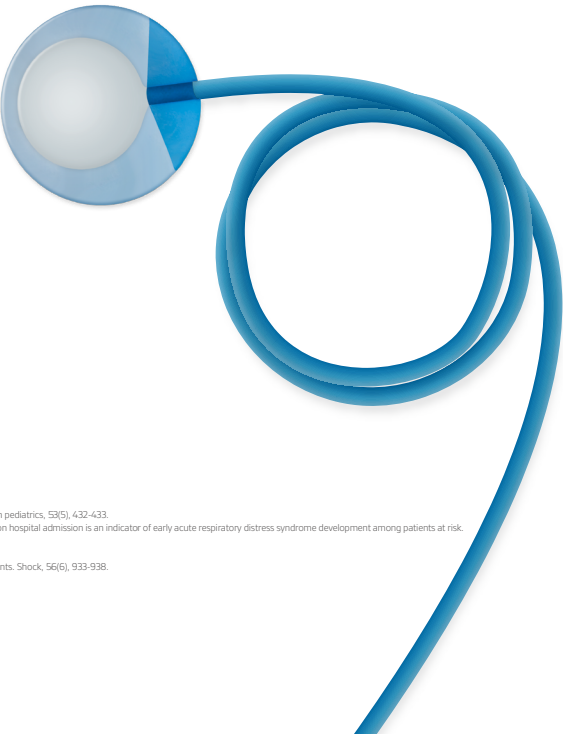
Bazaraa et al. (2021)

• **Waveforms: Pressure-T, Flow-T, SpO<sub>2</sub>-T**

Provide real-time information about patient-ventilator interaction and ventilator function. You can observe the change in a patient's condition from breath to breath, detect problems related to mechanical ventilation, evaluate the patient's response to interventions, and use this information to adjust therapy as needed. [5]

Lian, J. X. (2009)

According to the neonatal unique breathing pattern, abdominal respiratory sensor\* was adopted to prevent apnea and start apnea back up ventilation on time.



[1] Doreswamy, S. M., Chakkarapani, A. A., & Murthy, P. (2016). Oxygen saturation index, a noninvasive tool for monitoring hypoxemic respiratory failure in newborns. Indian pediatrics, 53(5), 432-433.  
[2] Festic, E., Bansal, V., Kor, D. J., Gajic, D., & US Critical Illness and Injury Trials Group: Lung Injury Prevention Study Investigators (USCITIG-LIPS). (2015). SpO<sub>2</sub>/FiO<sub>2</sub> ratio on hospital admission is an indicator of early acute respiratory distress syndrome development among patients at risk. Journal of intensive care medicine, 30(4), 219-216.  
[3] <https://www.ampersdirect.com/jsp/help/pulse-oximeter/-what-is-pi.html>  
[4] Bazaraa, H., Roby, S., Saleh, E., & Alghobary, H. (2021). Assessment of tissue perfusion using the peripheral perfusion index and lactate clearance in shock in pediatric patients. Shock, 56(6), 933-938.  
[5] Lian, J. X. (2009). Understanding ventilator waveforms—and how to use them in patient care. Nursing2020 Critical Care, 4(1), 43-55.