Customizable to Patient Needs - Available to Everyone

- VOCSN V+Pro provides invasive, non-invasive, and mouthpiece ventilation

- Equipped with High Flow Therapy delivering a continuous, set flow of gas

- Delivers a comprehensive set of modes and settings including pressure and volume control, as well as advanced leak compensation

- The V+Pro ventilator is coded and billed as E0465 or E0466, depending on how the device is being used.*

- VOCSN is certified for use in hospital, institutional, transport, and home environments for adult and pediatric patients greater than 5 kg

*   See next page for important reimbursement information

VOCSN Overview

ISO ISO Critical Care Ventilator	Made in the USA	Easily Transportable
Invasive and Non-invasive	Up to 9 hours of battery life	Record, Trend and Monitor
Hospital to Home	Pediatric to Adult	

Contact your Ventec representative or call 844-MYVOCSN now for more details.

VentecLife.com

MKT-00050, Rev C

VOCSN V+Pro Technical Specification Overview

Visit VentecLife.com/techspecs for complete specifications

Controls

9 Modes of Ventilation

- Spontaneous
- Bi-Level
  (with functionality similar to S/T, Timed, and BiPAP ventilation)
- Assist/Control-Pressure
- Assist/Control-Volume
- SIMV-Pressure (including CPAP)
- SIMV-Volume
- Vol. Targeted-PS
  (with functionality similar to AVAPS® and iVAPS®)
- Vol. Targeted-PC
  (with functionality similar to PRVC)
- Vol. Targeted-SIMV
  (with functionality similar to SIMV+PRVC)

Apnea Rate

- 4 to 60 BPM

Breath Rate

- 0 to 60 BPM

Circuit Compensation

- Automatic circuit compensation

Customizable Ventilation Therapy Presets

- 3 presets, each with customizable names and settings

EPAP/PEEP

- Active circuit: 0 to 25 cmH2O
- Passive circuit: 4 to 25 cmH2O

FiO2

- 21 to 100%

Flow

- 15 to 60 L/min when the Patient Type control is set to Adult
- 4 to 25 L/min when the Patient Type control is set to Pediatric

Flow Cycle

- 10 to 90%

Flow Trigger

- Active or Passive Circuit: 0.5 to 9.0 L/min
- Mouthpiece circuit: 0.5 to 3.0 L/min (breaths triggered by patient effort or by placing your mouth on the mouthpiece)

High Flow

- On, Off

Inspiratory Hold

- Reports Plateau Pressure, Static Compliance, and Pressure Waveform
- 6 seconds maximum

Inspiratory Positive Airway Pressure (IPAP)

- 4 to 40 cmH2O above ambient

Inspiratory Time

- 0.3 to 5.0 seconds

Leak Compensation

- On/Off
- Automatic Leak+ compensation up to 175 L/min at 20 cmH2O

Pres. Adj. Rate

- Slow, Fast

Pres. Minimum

- 1 to [40-PEEP] cmH2O

Pressure Control

- 1 to 50 cmH2O above PEEP (PEEP compensated)

Pressure Control Flow Termination

- On/Off

Pressure Support

- 0 to 40 cmH2O above PEEP (PEEP compensated)

Rise Time

- 1 (100 ms) to 6 (600 ms) to target 67% of set pressure

Sigh

- On/Off
- 150% of the prescribed volume is delivered once every 100 breaths

Tidal Volume

- 50 to 1500 mL

Time Cycle

- 0.3 to 3.0 seconds

Monitors

Airway Pressure Manometer

- 0 to 80 cmH2O

Breath Rate

- 0 to 100 BPM

Calculated FiO2

- 21 to 100%
- The calculated FiO2 monitor calculates the delivered FiO2 during pulse dose oxygen

Exhaled Tidal Volume

- 0 to 2000 mL

FiO2 Monitor

- 15 to 95%, >95%

Graphic Waveforms

- Pressure (-16 to 80 cmH2O)
- Flow (±120 L/min)
- Volume (0 to 2000 mL)

I:E Ratio

- 9.9:1 to 1:9.9

Leak

- 0 to 200 L/min

Mean Airway Pressure

- 0 to 50 cmH2O

Minute Volume

- 0 to 60 L

Positive End Expiratory Pressure (PEEP)

- 0 to 45 cmH2O

Peak Inspiratory Pressure (PIP)

- 0 to 85 cmH2O

Plateau Pressure

- 0 to 85 cmH2O

Static Compliance

- <10, 10 to 100, >100 mL/cmH2O

Important reimbursement information.

*The PDAC has verified VOCSN V+Pro coding and has added VOCSN V+Pro to the PDAC DMECS Product Classification List (PCL).

Disclaimer: This information is provided for general educational purposes and should not be considered either legal or reimbursement advice. Ventec Life Systems makes no representation, promise or guarantee that the information is comprehensive, will remain timely, will be appropriate for services provided, or will result in reimbursement. It is the provider's or supplier's sole responsibility to select and submit appropriate codes and modifiers for the services rendered in consultation with applicable third-party payors. Payors may have their own coverage, coding and billing requirements and these should be verified before filing any claims.