



PHILIPS

Hospital
respiratory care

Respironics BiPAP
V30 Auto

Auto-titrating airway management
confident care

Noninvasive airway management for **low-acuity patients**

22% of adults presenting for inpatient surgery screened as high risk for obstructive sleep apnea (OSA).¹ Patients with OSA present workflow and clinical challenges on low-acuity wards, which may lack a frequent respiratory therapist presence, and where caregivers may be unfamiliar with respiratory devices.

The Philips Respironics BiPAP V30 Auto airway management system was designed specifically for these situations. A noninvasive (NIV) system that provides auto-titrating CPAP and BiPAP, autoSV, and AVAPS AE modes, the V30 Auto allows cost-effective treatment of OSA patients hospitalized on low-acuity wards. It also effectively serves OSA patients in interventional suites or PACU and respiratory-insufficiency patients.

Auto-titration limits guesswork

Because 85-90% of OSA cases are undiagnosed, many patients with OSA will arrive at your facility without ever having completed a sleep study, and thus be unaware of their treatment needs.² Patients with diagnosed OSA may have new pressure requirements due to surgery and other procedures, as well as the health issues that necessitated their hospital stays.

The V30 Auto helps take the guesswork out of titration by using Philips proprietary technology to automatically titrate pressure to each patient's needs. The features of adaptive servo ventilation (ASV) include the application of auto EPAP to maintain upper airway stability during sleep, inspiratory support for patients with unstable and fluctuating tidal volumes or breathing patterns, and a backup breath rate for patients who experience central apnea at night. These three features together, applied in the right pattern, smooth out the fluctuations in nighttime breathing, decreasing the patient's overall Apnea-Hypopnea Index (AHI), and improving sleep efficiency for patients with complicated breathing patterns.

Versatile and effective airway management throughout your hospital

The V30 Auto is an excellent choice for NIV applications where minimal or no oxygen supplementation is needed, such as:

- OSA patients on low-acuity wards
- PACU and interventional areas, during and after procedures, for patients with potential OSA and those with diagnosed OSA who may have new pressure needs because of the effect of analgesics or sedatives
- Patients with compromised control and regulation of breathing



Advanced technology, accessible design

Like other members of our NIV family, the V30 Auto uses Auto-Trak, our proprietary algorithm that improves patient-system synchrony by automatically adapting to changing breathing patterns and dynamic leaks so that you don't need to manually adjust trigger and cycling sensitivity.

V30 Auto provides an optional remote alarm that sounds in locations away from the bedside, so you can monitor patient breathing, even when you're not in the room.

Small and non-imposing, the V30 Auto features convenient battery operation and a roll stand that makes it easy to position the device for patient comfort and convenience. Patient comfort elements, such as easily adjustable exhalation relief settings and ramp, as well as the familiarity gained from using the system in the hospital, may help patients transition easily to home CPAP or BiPAP therapy.



A practical solution to NIV system inventory management

The increase in patients with OSA has strained the resources of many respiratory therapy departments. The V30 Auto provides noninvasive airway management for low-acuity patients at a lower price point than NIV devices for high-acuity patients, and its versatility means it can serve many care areas.

In addition, the V30 Auto uses the same NIV accessories as high-acuity devices, reducing the need for dedicated inventory. This includes bacteria filters, external humidifiers, NIV circuits, and masks. Because the V30 Auto uses terminology that is identical to the Philips Respironics Trilogy 202 and V60 ventilators, caregivers who are familiar with one can easily use the others, reducing the training time.

Nine therapy modes for enhanced flexibility

CPAP modes	Example patient types*
CPAP	For OSA patients
Auto CPAP	For OSA patients
Bi-level modes	
Auto Bi-level (with Bi-Flex)	For OSA and CPAP rescue patients
S (with AVAPS)	For OSA patients
S/T (with AVAPS)	For COPD, obesity hypoventilation, and neuromuscular disorder patients
autoSV (with Bi-Flex)	For complex patients with central or mixed apneas and periodic breathing
T (with AVAPS)	For COPD and neuromuscular disorder patients
PC (with AVAPS)	For neuromuscular disorder patients (ALS)
AVAPS-AE mode	
AVAPS-AE (found in Trilogy series ventilators)	For respiratory-insufficiency patients (COPD, OHS, and NMD)

*Examples serve as a reference and should be used only in conjunction with the instruction and/or protocols set forth by the physician and institution in which the device is used. See manual for intended use.

Streamlined design and easy operation



Seven-hour battery life provides peace of mind for overnight ventilator support in the general ward

Simple controls allow users to easily set auto-titrating modes and minimize clinician/ventilator interactions

Screen saver can be set to dim the light and minimize patient disturbance overnight

Hospital grade patient alarms

Patient alarms

Disconnect alarm	Off, 15, 60 seconds
Apnea alarm	Off, 10, 20, 30 seconds
Low minute ventilation alarm	Off, 1-99 l/min
High respiratory rate alarm	Off, 4-60 BPM
Low tidal volume alarm	AVAPS required – settable

1. Lockhart, EM, Willingham MD, Abdallah AB, Bedair BA, Thomas J, Avidan MS. Obstructive sleep apnea screening and postoperative mortality in a large surgical cohort. Sleep Med. May 2013;14(5):407-15.
2. Young, T., et al. The Occurrence of Sleep-Disordered Breathing among Middle-Aged Adults. The New England Journal of Medicine. 1993;328:1230-1235.

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