nGenuity™ 8100E Series Vital Signs Monitor Service Manual

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Warranty

Workmanship & Materials

Criticare Systems, Inc. (CSI) warranties new equipment to be free from defects in workmanship and materials for a period of two (2) years from date of shipment under normal use and service. The following exceptions apply to this statement and the warranty period as indicated:

Internal Batteries: one (1) year O2 Cells and CO2 Absorbers: six (6) months 940 Series Multi-Site and Y style SpO2 sensors: six (6) months

CSI's obligation under this warranty is limited to repairing or replacing, at CSI's option, any part which upon CSI's examination proves defective.

EXCEPT AS DESCRIBED IN THE PARAGRAPH ABOVE, CSI MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Exemptions

CSI's obligation or liability under this warranty does not include any transportation or other charges or liability for direct, indirect or consequential damages or delay resulting from the improper use or application of the product or the substitution upon it of parts or accessories not approved by CSI or repair by anyone other than a CSI authorized representative.

This warranty shall not extend to any instrument which has been subjected to misuse, negligence or accident; any instrument from which CSI's original serial number tag or product identification markings have been altered or removed; or any product of any other manufacturer.

Safety, Reliability & Performance

Criticare Systems, Inc., is not responsible for the effects on safety, reliability and performance of the 8100E Series Patient Monitor if: assembly operations, extensions, readjustments, modifications or repairs are carried out by persons other than those authorized by Criticare Systems, Inc., or

the 8100E Series Patient Monitor is not used in accordance with the instructions for use, or

the electrical installation of the relevant room does not comply with NFPA 70: National Electric Code or NFPA 99: Standard for Health Care Facilities (Outside the United States, the relevant room must comply with all electrical installation regulations mandated by the local and regional bodies of government).

In Case of Emergency Contact



CRITICARE SYSTEMS, INC. 20925 Crossroads Circle Waukesha, WI 53186 USA

Telephone: (262) 798-8282 Tech Support: (800) 458-2697 Orders: (800) 458-4615 Fax: (262) 798-8290

Internet: www.csiusa.com

Service Return Policy

Return Procedure

In the event that it becomes necessary to return a unit to Criticare Systems, Inc., the following procedure should be followed:

Obtain return authorization. Contact the CSI Service Department at 800-458-2697 to obtain a Customer Service Authorization (CSA) number. (Outside the US, call 001-262-798-8282.) The CSA number must appear on the outside of the shipping container. Return shipments will not be accepted if the CSA number is not clearly visible. Please provide the model number, serial number, and a brief description of the reason for return.

Freight policy. The customer is responsible for freight charges when equipment is shipped to CSI for service (this includes customs charges).

Loaner service. In the U.S. If it is necessary to provide a loaner unit to any U.S. customer, CSI will ship the unit within one (1) working day, if available, by secure transport means.

For units under warranty, a loaner unit (if required) will be made available upon request.

For units out of warranty, in the event of a loaner unit being required after the product warranty has expired and no extended service contract is in place, a charge will be applied to the customer's account.

Loaner units must be returned to CSI at the customer's expense within one (1) week after receipt of the repaired goods. If the unit is not returned to CSI within that time, the customer will be invoiced for the full purchase price of the equipment.

Outside the U.S. No loaners are available from CSI internationally. Contact your local CSI representative.

EC Declaration of Conformity

nGenuity 8100E Series Patient Monitor

To view the Declaration of Conformity, visit the Criticare website at www.csiusa.com. A copy of the Declaration can also be faxed. Contact Criticare's customer service department at (262) 798-8282 to obtain a faxed copy of the Declaration.

Representative in the European Union

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For the Attention of: Ref. 45 (or) Mr L. A. Heizler

Section 1 — Introduction

Description

The nGenuity 8100E Series monitor interprets and displays real time physiological data including waveforms and numerical data. The monitor is designed for multi-parameter measurements, including ECG, NIBP, SpO₂, temperature, and respiration. Optional CO₂ monitoring is also available. For all these vital parameters, the 8100E Series monitor has limit alarms and alerts. The monitor also prints strip chart recordings and stores tabular trends for review.

Intended Use

The 8100E Series monitor is intended to monitor physiological parameters of patients within clinical care settings. It is intended that the user is a professional health care provider. Physiological data, system alarms, and patient data analysis are available to the care provider from the monitor.

The user is responsible for the interpretation of the monitored data that is made available. Physiological data should be reviewed by a qualified clinical personnel prior to any medical intervention.

The monitor is designed to be used with only one patient at a time. The monitor (including accessories) is capable of monitoring a full range of patients from neonate to adult.

nGenuity 8100E Series Options

The nGenuity 8100E Series monitor comes standard with 5-Lead ECG, ComfortCuff[™] NIBP, DOX[™] SpO₂, and one temperature channel for monitoring. Options include internal printer and CO₂ monitoring. A color TFT screen with a six waveform display is standard on all nGenuity 8100E Series models.

The nGenuity 8100E Series monitor is also available with ST and Arrhythmia analysis as an option.

Catalog Number	<u>Printer</u>	Additional Features
8100E	No	Standard
8100E-ST	No	ST Arrhythmia
8100E1	No	CO ₂
8100E1-ST	No	CO ₂ , ST Arrhythmia
8100EP	Yes	Standard
8100EP-ST	Yes	ST Arrhythmia
8100EP1	Yes	CO ₂
8100EP1-ST	Yes	CO ₂ , Arrhythmia

Pulse Oximetry Measurement (SpO₂)

The monitor uses Digital Oximetry (DOX) technology to measure blood oxygen saturation (SpO₂).

Definition

Hemoglobin exists in the blood in several forms:

- Oxygenated (Oxyhemoglobin)
- Reduced (Deoxyhemoglobin)
- Dyshemoglobins (carboxyhemoglobin and methemoglobin.)

In the monitor, SpO₂ (pulse arterial oxygen saturation) is the ratio of oxygenated hemoglobin to the sum of oxygenated hemoglobin plus hemoglobin which is available for binding to oxygen, as expressed in the following formula:

per cent oxygen saturation =
$$\frac{\text{oxyhemoglobin}}{\text{oxyhemoglobin} + \text{deoxyhemoglobin}} \times 100$$

Dyshemoglobins, such as carboxyhemoglobin and methemoglobin, are not directly measured and therefore are not factored into the measurement.

DOX™ Digital Oximetry

The monitor does not use analog circuitry for signal processing. Digital signal processing in the microprocessor results in lower noise from circuitry components, resulting in a cleaner signal and better performance under low perfusion conditions. There is also improved rejection of noise from the patient and environment, due to the availability of the "true," unfiltered sensor signal for digital signal processing.

Method

The digital pulse oximeter measures oxygen saturation and pulse rate using the principles of spectrophotometry and plethysmography. The sensor is completely non-invasive, and there is no heat source that could burn the patient.

The pulse oximeter sensor contains two types of LEDs. Each type emits a specific wavelength of light. Since oxygenated hemoglobin and deoxygenated hemoglobin absorb light selectively and predictably, the amounts of these two compounds can be determined by measuring the intensity of each wavelength that passes through the measuring site.

The light from the LEDs shines into a pulsating vascular bed. A photodetector located opposite or alongside the LEDs measures the intensity of each wavelength transmitted through the monitoring site. The light intensity is converted to an electrical signal, which is input to the monitor. The effects of skin pigmentation, venous blood, and other tissue constituents are eliminated by separating out the pulsating absorption data.

SpO₂ is calculated with every pulse and averaged with the results from previous pulses to arrive at the current numeric display value. The display is updated at least once per second with the numeric values that were calculated during the intervening period.

The plethysmographic pulse wave is not auto-gained. The amplitude display of the plethysmographic pulse wave is proportional to the pulse volume changes occurring in the tissue illuminated by the SpO₂ sensor.

SpO₂ Clinical Testing and Accuracy

All Criticare oximeters (DOX[™] compatible) have SpO₂ calibration tables which were originally generated by monitoring desaturated human patients or volunteers and matching their displayed SpO₂ value to the value determined by sampling arterial blood and measuring functional SaO₂ with a clinical laboratory grade multi wavelength optical oximeter (i.e. CO-oximeter). The final SpO₂ calibration curve was then generated based upon numerous patients' data over the range of 40 to 99% SaO₂. All accepted data were taken from patients with dyshemoglobin (i.e., carboxyhemoglobin, methemoglobin) concentrations near zero.

This oximeter is a two-wavelength device, which is calibrated to measure functional SpO_2 only when dyshemoglobin concentrations are near zero. The accuracy specifications of this device will not be met with high concentrations of dyshemoglobins. Significant concentrations of carboxyhemoglobin results in a higher displayed SpO_2 value than is actually present in the patient.

 ${\rm SpO_2}$ clinical accuracy validation to CO-oximeter ${\rm SaO_2}$ readings was performed for this sensor using a DOX-compatible monitor.

The personal demographics of the study participants for the SpO_2 clinical accuracy validation include a mix of adult males and females from 18–45 years of age. All were healthy during the course of the study. Physical characteristics and skin tone were by chance with a mix from slight to stout and light to dark.

Heart Rate

The heart rate is determined primarily from the ECG waveform data. A beat detection algorithm is used to identify QRS beats.

The monitor has a user selectable smart heart rate function. It automatically uses alternate sources to determine heart rate, if the primary source becomes unmeasurable. The plethysmograph (SpO_2 waveform) is used if the ECG heart rate is unavailable. In the absence of SpO_2 and ECG data, the NIBP oscillometric data is the final default source for a heart rate measurement.

Response times for the ECG heart rate meter change from 80 BPM to 40 BPM and from 80 BPM to 120 BPM is less than or equal to 10 seconds. The alarm for tachycardia is less than or equal to 10 seconds per EC-13.

The pulse rate accuracy for SpO₂ is the root-mean-square (rms) difference between paired pulse rate data recorded with the pulse oximeter and a reference method.

NOTE: The accuracy of the heart rate depends upon the source. The range of the measurable NIBP based heart rate does not extend as far as the range available in other modules used by the smart heart rate feature.

NOTE: The NIBP based heart rate is not a continuous measurement and is only current during an NIBP measurement.

ECG Measurement

The electrocardiogram (ECG or EKG) records the changing potential generated by electrical activity of the heart.

Method

To obtain an overall view of the heart's electrical activity, three or five electrodes attached to lead wires detect electrical impulses from the patient's heart to the skin. The monitor calculates the difference in electrical force between two electrode sites. Electrode polarity (positive, negative, or ground) depends on the cable receptacle the lead wire is attached to and the lead selected on the monitor screen.

The ECG design uses the standard (conventional bipolar limb leads) leads I, II, III using 3-lead or 5-lead cable accessory. With the 5-Lead cable accessory, leads aVR, aVF, and V lead may also be viewed.

The monitor has user selectable automatic lead switching capability when using the 5-lead settings. If a lead becomes detached or is unmeasurable, the monitor can automatically display an alternate lead view using the remaining leads.

Stability of Accuracy

The monitor is equipped with pacemaker detection and user selectable pacer rejection. There are no known safety hazards due to the operation of a cardiac pacemaker or other electrical stimulators when used with this vital signs monitor.

The accuracy of the monitor is not affected by arrhythmia or other physiological conditions where the electrocardiogram amplitude and heart rate are within the detectable limits specified for the monitor. The monitor has user selectable signal filtering in the 60 Hz and 50 Hz bands that reduce electrical interference from the AC (mains) power sources. User selectable filters are also available.

The accuracy of the ECG analog output bandwidth is equal to the frequency response specified in the ECG specifications. The variable gain control is x200, x400, or x800 (according to the ECG Sensitivity setting). The propagation delay is 1000 milliseconds.

The accuracy of the synchronizing pulse amplitude is equal to 500 times that of leadview II. The pulse shape and duration match those of leadview II. The output impedance is 1000 ohms and propagation delay is less than 6.6 milliseconds.

Pacemaker Pulse Rejection

With the pacemaker detector turned ON in the 8100E(P) Series, the system detects and rejects pacemaker pulses ranging from ± 2 to ± 700 mV amplitude and 0.1 to 2.0 ms duration. Heart rates properly display over this range of pacemaker operation. Pacer pulse markers are present if pace detect is on and appear in the ECG analog output as narrow positive spikes at the point of pace detection.

⚠CAUTION ⚠

 Ambient noise sources may induce artifactual triggers of the pacemaker pulse detector and display.

Respiration

Respiration is measured via the ECG electrodes. The ECG uses the impedance measurement based off of lead II.

When determining respiration from the ECG, the monitor measures patient respiration by impedance pneumography. As the patient's chest changes size and shape during inspiration and expiration, the resistance between two chest (or abdomen) ECG electrodes changes. Respiration rate is calculated from this change in resistance.

The user may select ECG which uses the impedance measurement based off the lead I or the CO_2 respiration that is based off the capnogram. There is also a selectable smart respiration function that can automatically switch sources, if there is an interruption of waveform data. The CO_2 data is the primary source for the smart respiration function and it defaults to the CO_2 source if it is available.

Non-Invasive Blood Pressure (NIBP)

The monitor uses ComfortCuff technology to determine non-invasive blood pressure by means of oscillometry. The oscillometric method detects volume displacements within the artery and senses pressure variations within the blood pressure cuff during inflation. The monitor uses cuffs ranging in size from neonate cuffs to thigh cuffs.

Comfort Cuff™ Technology

ComfortCuff technology measures NIBP while the cuff inflates. Consequently, a measurement is obtained more quickly and with less discomfort than with monitors, which measure NIBP during cuff deflation.

Description of NIBP Measurement

The NIBP cuff begins to inflate at the beginning of the NIBP measurement cycle. As the cuff pressure approaches the diastolic pressure of the patient, the cuff pressure waveform begins to indicate the pulse waveform. The cuff pressure at this point is equal to the patient's diastolic pressure, which is stored by the monitor.

As cuff pressure continues to increase, the pulse waveform (as measured from BP cuff pressure fluctuation) becomes stronger, reaching its maximum at the patient's mean arterial pressure (i.e., when cuff pressure = mean BP). The monitor stores this value as mean pressure.

As cuff pressure increases further, it approaches the patient's systolic pressure, and the cuffs pulse waveform decreases in amplitude. The cuff pulse waveform disappears at the point where cuff pressure is equal to the patient's systolic pressure.

When the monitor determines that the cuff waveform has decreased to zero amplitude, it stores the cuff pressure value as the systolic pressure, and releases the pressure from the cuff. This typically occurs at about 10 mmHg over the patient's systolic pressure. The cuff then rapidly deflates.

Dynamic Measurement Ranges

	Systolic (mmHg)	Diastolic (mmHg)	MAP (mmHg)
Adult	50-280	30-225	35-245
Pediatric	50-280	30-225	35-245
Neonate	50-135	20-100	30-120

NIBP Clinical Testing and Accuracy

This device was clinically tested per the requirements of EN 1060 and AAMI SP-10. The NIBP module as installed in the 8100E Series monitor has been tested to meet the performance specifications listed in this manual.

Cuff Inflation and Pressure Protection

The maximum cuff inflation rate is 15 mmHg/sec. The software limits inflation to 300 mmHg adult, 300 mmHg pediatric, or 150 neonate. A secondary circuit limits maximum possible cuff pressure to 330 mmHg in adult/pediatric mode and 165 mmHg in neonatal mode. Cuff pressure is allowed to remain above 30 mmHg for a maximum of two minutes.

The monitor automatically deflates the cuff if the time limit is violated. The monitor contains hardware protection for overpressure conditions, pressure transducer failures, or microprocessor and pump control circuit failures.

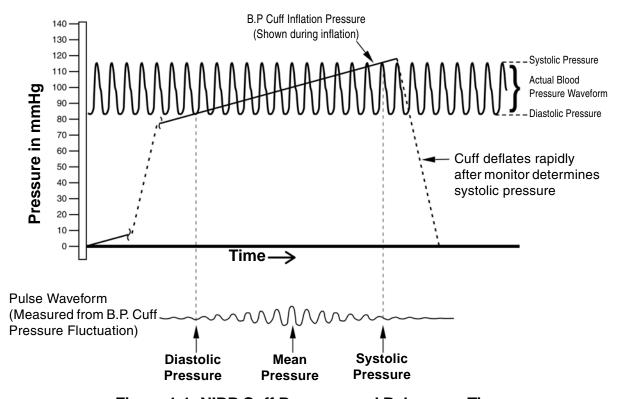


Figure 1-1: NIBP Cuff Pressure and Pulse over Time

Capnography (Measurement of CO₂)

The 8100E Series monitor uses the sidestream method of measuring $\rm CO_2$. Gas is aspirated through a nasal cannula or a ventilation circuit adapter. The gas sample enters from a sampling tube into a water trap, which removes water vapor and particulate matter from the gas sample. The gas then enters the $\rm CO_2$ detector where it is analyzed.

The monitor measures CO_2 concentrations and displays them in a continuous waveform. The monitor also detects end-tidal and fraction Inspired CO_2 levels, displaying them numerically. End-tidal CO_2 (ETCO₂) is defined as the maximum CO_2 concentration at the end of expiration. The monitor measures and displays this numerical value of CO_2 concentration. The ETCO₂ value is updated continuously with each breath cycle. The amount of CO_2 in the gas mixture inhaled in by the patient is the fractional Inspired CO_2 (FICO₂).

Method of Measurement

The monitor measures CO_2 using the principles of infrared absorption spectrometry. An unknown concentration of gas (CO_2) is calculated by comparing its absorption of infrared light to that of a known standard. The absorption of light is directly related to the concentration of gas. As infrared light passes through the sample gas chamber, the light transmitted is converted to a voltage signal. The monitor converts the voltage to CO_2 concentration and expresses it as mmHg, percent (%), kPa (user selectable), or Torr.

Infrared analysis of the gas samples is done using Beer's Law.

The formula for Beer's Law:

$$I = I_0 e^{-\varepsilon(\lambda)cd}$$

I Infrared value of measured sample.

 I_0 Infrared value of light source.

e Exponential function.

 $\mathcal{E}(\lambda)$ Extinction coefficient.

c Concentration of the gas sample

d Distance measured through the sample

The Beer's Law calculation is performed by the monitor's software.

Conditions of Use

The 8100E Series monitor has been calculated with dry NIST-traceable calibration gases at room temperature and pressure (~ 21C, 740mmHg). Given the small effect of water vapor upon the CO₂ measurement and the unit's built-in temperature and pressure measurements and compensations, this monitor's method of gas analysis is best described as ATPS (Ambient Temperature and Pressure, Saturated; 21C 750mmHg, 100% Humidity Saturated).

The monitor is suitable for sustained pressure (breathing circuit) monitoring environments and has been tested per clause 51.101 (Measurement Accuracy) of EN 21647: 2004.

Stability of Accuracy

The monitor has an internal barometer and thermistor that allow compensation for changes over a range of temperature and atmospheric pressures. The monitor complies with EN 21647 standards for cyclical pressure and testing found negligible drift of accuracy. The module as installed in the 8100E Series monitor has been clinically tested for performance with a variety of patients.

N₂O Compensation

The monitor has a manual N_2O compensation feature for a fixed N_2O value is 60%. The user may select N_2O compensation when 40-80% N_2O is in use.

Temperature Measurement

Body temperature is measured by the monitor using a thermistor (temperature sensing elements in the temperature probe). The thermistor can sense change in body temperature by changing electrical resistance.

- Unusual, fast artificial variations in temperature readings may occur with accompanying applications of an electrocautery system.
- Electrical leakage current of the cable when used with the monitor and sensor comply with IEC 601-1/EN 60601-1

The monitor is compatible with any YSI-400 or YSI-700 series temperature probe.

Specifications ECG

Connectors: 3 or 5 Lead, Standard AAMI

Lead Selection: 3-Lead; I, II, III

5-Lead; I, II, III, aVR, aVL, aVF, V

Gain Selection: 0.5, 1.0, 2.0, 4.0

ECG Sensitivity Low 0.5, Medium 1.0, High 2.0, Auto Frequency Response: Diagnostic; 0.05 - 100 Hz (-3db)

Monitor; 0.50 - 40 Hz (-3db)

Electrosurgery Protection: Yes
HF Equipment Protection: Yes
Defibrillator Protection: Yes
Pacer Detection/Rejection: Yes

Heart Rate

Source: Smart Switching;

ECG(primary), Pleth, NIBP

Range: 20-300 bpm (ECG, Pleth)

30-240 bpm (NIBP)

Accuracy: ± 1 bpm or 1% ECG, whichever is greater

(±3 bpm maximum)

Pulse Tone: Selectable, On/Off

Respiration

Source: ECG, CO₂ (primary)

Rate Range: 6 to 150 breaths/minute (ECG)

0 to 120 breaths/minute (CO₂)

Resolution: 1 breath/minute

Accuracy: ±1% or ±1 breath/minute, whichever is

greater

SpO₂

Range: 1-99%

Resolution: 1%

Accuracy: 70-99% range; ± 2%;

50-69% range; ± 3% <50%; unspecified;

Statistical, represents one st. dev. (~66%)

of clinical samples.

Indications Plethysmograph, Numerical, Audible

(pulse tone pitch varies with SpO₂)

Method: Dual wavelength LED Modes: Adult/Pediatric/Neonate

Operation: Continuous Use

Sensor Wavelength: 660nm/905nm

Sensor Power: <80mW

NIBP

Technique: Oscillometric measure upon inflation

Measurement Time: <40 seconds average; standard adult cuff

Automatic Measurement Cycles: 2, 3, 5, 10, 15, 30 min; 1, 2, 4 hrs

Inflation Pressure Range: Adult; 0 to 300 mmHg

Pediatric; 0 to 300 mmHg Neonatal; 0 to 150 mmHg

Resolution: 1 mmHg

Transducer Accuracy: ± 2 mmHg or 2% of reading, whichever is

greater

STAT mode: 5 min of consecutive readings

Capnometry (CO₂)

Units: mmHg; Percent; kPa; Torr

Display: Inspired CO₂, Expired CO₂ (End-Tidal) Numerical values, capnogram, and

breath by breath ETCO₂ bar graph.

Method: Non-dispersive Infrared, Auto-calibrating

Calibration: Auto-calibrating, Manual Calibration

Waveform Scale: Selectable, percent only

0 to 3.13, 6.25, 12.5 or 25%

Range: 0 to 99 mmHg, 0 to 12.5% 0 to 12.5 kPa, 0 to 99 Torr

Resolution: 1 mmHg, 0.1%, 0.1 kPa, 0.1 Torr

Accuracy: ±2 mmHg, ±0.3 vol%, ±0.3 kPa, ±2 Torr

@ 200 ml/min & RR <= 120 Br/min

N₂O: Manual (On/Off)

Flow Rate: 200 ml/min

Flow Tolerance: 200 ml/min, ±10% (20 ml)

System Response Time: 1.25 seconds @ 200 ml/min

using an 8 ft sample line

Rise Time: 170 milliseconds @ 200 ml/min (10-90%)

Delay Time: 1.08 seconds

Time from cold start: 15 sec. (including auto-calibration) to first

reading; 1 min. to full accuracy

Pneumatic Sound Pressure: 35 dBa maximum @ 1 meter

Temperature

Channels: 1

Range: 68° - 113°F, 20° - 45°C Accuracy: ± 0.1°C over entire range

Display Resolution: ± 0.1°C

Probe Type: YSI-400 or YSI-700

Alarms

Characteristics: EN 475, Adjustable Indication: Audible; Visual

Levels: High, Medium, Low, Informational Settings: User Defaults, Hospital Defaults,

Factory Defaults

Alarm Modes: Adult/Pediatric/Neonate,

High and low limit settings for each mode.

Volume: User Adjustable (1-10)
Silence: Yes; 2 minutes or permanent

Trend Reports

Types: Tabular and Graphical

Trend memory: 24 hours

Tabular Intervals: 30 sec., 1, 2, 5, 10, 15, 30 min., 1, 2, 4

hrs., NIBP (user selectable)

Graphical Span: 2, 4, 8, 12, or 24 hours

Data Types: BPM, HR, SpO₂, Temp., Resp., NIBP (Systolic, Diastolic, Mean)

Printer (Optional)

Recorder Type: Internal thermal line printer

Data Formats: Single or dual waveform; Tabular

Paper Speed: 12.5 or 25mm/sec continuous.

(Snapshot at 50mm/sec)

Controls

Screen: 10.4" active color TFT
Resolution: 640 x 480 pixels
Waveforms: 6, maximum

Waveform Display Gain: 0.5x, 1x, 2x, 4x user selectable

Waveform Sweep Speed: 6.25, 12.5, 25 or 50 mm/sec, selectable

Keys: 9; membrane-activated

Rotary knob: Push and rotate; 24 steps/turn

Languages: English, French, German, Portuguese,

Spanish, Italian, Russian

System Outputs

Com Ports: RS 232-compatible; digital DB9 (COM 1);

mini-DIN8 (COM 2)

Nurse Call: Contact switch; audio jack 1/8 inch,

24V @ 100 ma maximum switching

Defibrillation Sync: BNC connector

Video Port: Serial VGA Compatible

Mechanical/Electrical

Weight: 13.2 lb; 6 kg (no CO2)

14 lb; 6.4kg (with CO2)

Size: 11.0" (H) x 13.0" (W) x 10.3" (D)

28.0cm (H) x 33.1 cm (W) x 26.2cm (D)

Mechanical Shock: No affect when tested to IEC 60068-2-27

standards

Vibration: No affect when tested to IEC 60068-2-64

standards

Power Requirements: 35W, typical

Voltage: 100 - 240 VAC; 50/60 Hz

Number of Batteries: 1 sealed lead acid batteries

Battery Life: 3 hr, typical w/o CO₂; 2.5 hr, typical w/CO₂

Recharge time: 4.5 hours

Environmental

Operating Temperature: 59° - 95°F, 15° - 35°C

Storage Temperature: 23° - 122°F, -5° - 50°C

Operating and Storage Humidity: 15% to 90%; non-condensing

Medical Device: Class II Equipment (IIb EU)

Electrical Protection: Class I Equipment

Degree of Protection: Type CF, Defibrillator-Proof

Protection against ingress: IPX1

Altitude: -1,000 - 10,000 feet

All specifications are subject to change without notice.

Specifications related to the ST and Arrhythmia option are found in the Arrhythmia and ST Analysis appendix in the 8100E operator's manual.

Symbols

Symbol	Definition
<u> </u>	Refer to Operator's Manual for Information
Ŕ	Shock Hazard
\Diamond	Equipotential Terminal
C € ₀₄₁₃	European Community Mark
C UNITED US	Electrical Testing Laboratories (ETL) Mark
	Do not dispose of in municipal waste. Wheeled bin symbol indicates separate collection for electrical and electronic equipment. (WEEE Directive 2002/96/EEC)
4 * F	Type CF Equipment, defib proof
IPX1	Identifies the degree of protection against fluid as drip-proof.
€ >	Input/Output port
\rightarrow	Output only port
$\nabla \mathcal{I}$	Alarm port (Nurse call)
•••	External display port

Symbol	Definition
	Fuse
	Gas Scavenging
\Box	Air Intake
\sim	Alternating Current (AC)
	Technical Support Phone Number
SN	Serial Number
REF	Part Reference Number
ф	Placement of cuff over the brachial artery. (Blood Pressure Cuff)
2	Single use device only. Do not reuse.
	Recyclable cardboard/paper packaging.

Safety

Definitions Definitions for Warning and Caution symbols:

⚠WARNING ⚠

Designates a possible dangerous situation. Non-observance may lead to death or the most severe injuries.

⚠CAUTION ⚠

Designates a possible dangerous situation. Non-observance may lead to minor injuries or damage to the product.

Warnings

<u>M</u>WARNING <u>M</u>

- Read this manual entirely before attempting clinical use of the monitor.
- Inspect For Damage! User should inspect the system for signs of damage. Do not use the system if failure is evident or suspected.
- Possible explosion hazard! Do not use the monitor in the presence of gas mixtures which may be flammable.
- Do not use this device in conjunction with flammable anesthetics such as cyclopropane and ether. The monitor can sample from pure oxygen environments, but the monitor itself should never be placed inside an oxygen rich environment, such as an oxygen tent or gas containment apparatus. When not in operation, this device is not intended to be connected to any pressurized source containing an enriched oxygen environment.
- All cords must have hospital grade plugs and be plugged into hospital grade outlets. (The electrical installation of the relevant room must comply with NFPA 70: National Electric Code or NFPA 99: Standard for Health Care Facilities. Outside the United States, the relevant room must comply with all electrical installation regulations mandated by the local and regional bodies of government).
- Cables, cords, and leadwires may present a risk of entanglement or strangulation! Verify safe and proper positioning of these items after patient application.
- Leakage currents may increase if other equipment is interconnected to the patient. The increased leakage currents may present a hazard to the patient.

↑ WARNING **↑**

- High Frequency (HF) surgical equipment may affect ECG operation. The ECG waveform will return to normal momentarily after the HF source is removed. Ensure that electrodes and sensors are not placed near the HF source.
- Unapproved modifications to the monitor may cause unexpected results and present a hazard to the patient. Unapproved use of the accessories can also result present a hazard to the patient or affect monitor performance.
- Do not re-use accessories labeled as single use. Risk of patient contamination may occur.
- Improper disposal of batteries may result in explosion, leakage, or personal injury. Do not open batteries. Do not dispose of batteries in a fire. Follow all local regulations concerning the disposal of spent Lead-acid batteries or contact Criticare for assistance.
- Risk of electrical shock! Do not remove cover. Refer servicing to qualified personnel.
- U.S. Federal law restricts this device to sale by or on the order of a physician.

Cautions

↑CAUTION **↑**

- Use the monitor only with recommended accessories! Use of unapproved accessories may cause inaccurate readings.
- Equipment accuracy may be affected at extreme temperatures.
- Do not store equipment at extreme temperature. Temperatures exceeding specified storage temperatures could damage the system.
- A possible explosion hazard exists! Do not use the monitor in the presence of flammable anesthetics.
- Do not press on the keys with surgical instruments or other tools. Sharp or hard objects could damage the keys. Use only your fingertips to press on the keys.
- Do not allow the conductive parts of the patient electrodes to contact other conductive parts, including ground (earth).
- Changes or modifications not expressly approved by Criticare Systems, Inc., may void the user's authority to operate the equipment and may also void the warranty.
- Always monitor patients with a pacemaker very closely, since the 8100E may count at the pacemaker rate during cardiac arrest or some arrhythmias.

Leakage Current

The monitor complies with leakage current limits required by medical safety standards for patient-connected devices. A hazard caused by the summation of leakage currents is possible, when several pieces of equipment are interconnected.

Connecting any external equipment to signal input, signal output, or other connectors forms a system and this new system must comply with the requirements of IEC 60601-1-1. If in doubt, contact qualified technician or local representative.

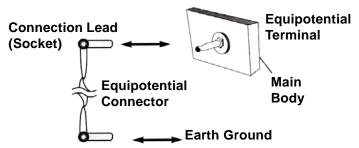
Voltage Fluctuations

When operated in the line voltage range specified in this manual any fluctuation will have a negligible effect. Very low line voltage will cause the monitor to revert to battery power. Very high line voltage may cause damage to the charger circuits. The monitor is designed with circuitry that turns the unit off before spurious readings can be caused by a low battery condition.

Equipotential Ground

Health care providers and patients are subject to dangerous, uncontrollable compensating currents for electrical equipment. These currents are due to the potential differences between connected equipment and touchable conducting parts as found in medical rooms.

The safety solution to the problem is accomplished with consistent equipotential bonding. The monitor is fitted with a connecting lead made up with angled sockets to the equipotential bonding network in medical rooms.



Software Error Related Hazard Mediation

Criticare Systems, Inc., has quality control practices and procedures in place to review potential hazards as they relate to software. The monitor is Year 2000 Compliant and utilizes a 4 digit year for all date, time, and leap year calculations.

Potential Interference

This device has been successfully tested to IEC 601-1-2 specified levels for emissions of and resistance to electromagnetic energy fields. External disturbances which exceed these levels may cause operational issues with this device. Other devices which are sensitive to a lower level of emissions than those allowed by IEC 601-1-2 may experience operational issues when used in proximity to this device.

MAGNETIC FIELDS

Use of the monitor in an MRI environment may interfere with MRI image quality. Use of MRI may interfere with the monitor.

The 8100E Series patient monitor is not intended for use in MRI environments.

RADIO FREQUENCY INTERFERENCE

The monitor conforms with IEC 1000-4-3 for radio frequency interference, and will operate with negligible adverse effects.

CONDUCTED TRANSIENTS

The monitor conforms with IEC 61000-4-4, and IEC 61000-4-5 for conducted transients, and will operate with negligible adverse effects.

X-RAY

The monitor will operate with negligible adverse effects in an X-ray environment. However, the monitor should not be placed directly in the X-ray beam, which could damage the internal electronics of the monitor.

OTHER INTERFERENCE

There is a negligible adverse effect to the monitor from electrocautery and electrosurgery, infrared energy, and defibrillation.

Biocompatibility

All patient-contact or user-contact materials in this monitor and it's accessories have passed ISO 10993-5, -10, & -11 biocompatibility tests or have been in use in clinical environments in large numbers over an extended period of time predating these standards.

Latex Content

All Criticare Systems, Inc., products, including patient monitors and accessories, are free from latex in any location that may result in patient contact.

DEHP Content

All Criticare Systems, Inc., products currently shipping are free of DBP and DEHP in any areas that would be intended for patient contact with blood, mucous membranes, or continuous skin/tissue contact.

Section 2 — Service Windows

Service Mode Window

The monitor has a *Service Mode* window that is accessible through the *CONFIG* window of the monitor.

♠WARNING ♠

- · Never service a monitor while it is attached to a patient.
- · Never enter the service menu while monitoring a patient.

Service Mode Window

To access the Service Mode located in the CONFIG window:

- 1. Press the ON/OFF button on the front panel to turn on the power to the monitor.
- 2. Rotate the menu knob to highlight *CONFIG* in the main menu and press the knob once to select it. The *CONFIG* window appears.

```
EXIT
Date Format
                            MM-DD-YYYY
              DAY 11
Date
                            MONTH JUN
                                                YEAR 2007
                            17:47
Time
Freeze timeout
                            2 minutes
Alarm tone warning
                            ON
Language
                            ENGLISH
Line Frequency
                            60
Restore Factory Defaults NO
Enter Service Mode
Enter Simulation Mode
                            NO
                            NO
Patient size
                            Adult
```

Figure 2-1: CONFIG (Configuration) Window

3. Rotate the menu knob to highlight *Enter Service Mode* and press to select. The value *NO* is highlighted.

```
EXIT
                         MM-DD-YYYY
Date Format
             DAY 11
Date
                         MONTH JUN
                                            YEAR 2007
Time
                         17:47
Freeze timeout
                          2 minutes
Alarm tone warning
Language
                         ENGLISH
Line Frequency
                         60
Restore Factory Defaults NO
Enter Service Mode
                         NO
Enter Simulation Mode
                         NΩ
Patient size
                         Adult
```

Figure 2-2: Enter Service Mode Highlighted

4. Rotate the menu knob to highlight *YES* and press to select. The *Enter Service Mode* dialog box appears.

```
Enter Service Mode :

>>>CAUTION<<<
All monitoring
will be stopped.

Enter password
```

Figure 2-3: Password Window for Service Mode

- 5. To enter the service mode enter the password PIA418 by doing the following:
 - · Rotate the menu knob to select a character.
 - Press the menu knob to enter each character.
 - If a mistake is made, advance to the end of the password and start over.

When you enter the correct password, the *Service Mode* window appears. (See the next step.)

If you entered an invalid password, the window below appears. Check the validity or spelling of the password you entered and repeat the password entry.

```
Enter Service Mode :

>>>CAUTION<<<
All monitoring
will be stopped.

Enter password
Linvalid password
```

Figure 2-4: Invalid Password Window

6. When you enter a valid password the *Service Mode* window appears:

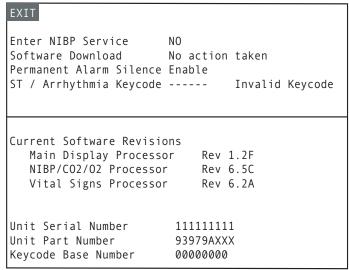


Figure 2-5: Service Mode Window

From this point, you can access all service mode functions and calibrations, set operation values, and perform tests. All the following functions are accessed from the *Service Mode* window shown above:

- NIBP Service Mode
- Processor Software Download
- · Permanent Alarm Silence
- Arrhythmia and ST Analysis

NOTE: Monitors with CO₂ monitoring will have additional items in the Service Mode window. See "Appendix A – CO₂ Service" for CO₂ service screens.

NOTE: After you perform each service mode function, you must turn off power to the monitor. Press the ON/OFF button on the front panel of the monitor.

NIBP Service Mode From the Service Mode window, do the following:

NOTE: To service the NIBP module you need specified equipment. See "Section 6: Service Testing and Calibration" for details.

- 1. To run a high time or pressure test for adults or infants, or to run an inflate/deflate speed test, with the menu knob highlight Enter NIBP Service and press to select. The value NO is highlighted.
- 2. Rotate the menu knob to highlight YES and press to select. The NIBP Service Mode Parameters window to service NIBP appears.

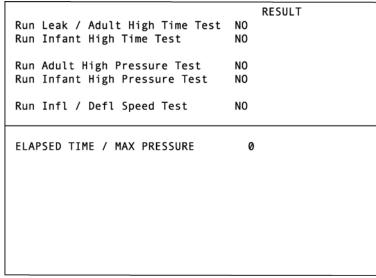


Figure 2-6: NIBP Service Mode Parameters Window

- 3. Rotate the menu knob to highlight the test you want to run and press to enter. The test value NO is highlighted.
- 4. Rotate the menu knob to highlight YES and press to begin the test. When the test is executing, the following message appears on the bottom of the NIBP service window:

Test in progress, select NO to cancel

5. Press the ON/OFF button to exit the NIBP Service Mode Parameters window.

NOTE: Pressing the ON/OFF button will turn off the monitor. Press the ON/OFF button again to restart the monitor.

Processor Software Download

The *Software Download* parameter in the *Service Mode* window is used to download software for the following processors:

- NIBP/CO₂ Processor
- · Vital Signs Processor
- Main Display Processor

From the Service Mode window:

- 1. Rotate the menu knob to *Software Download* and press to select.
- 2. Rotate the knob to choose the processor you wish to download and press to select. The value *NO* is highlighted.

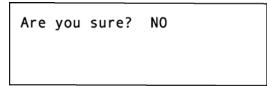


Figure 2-7: Initial Software Download Dialog Box

3. Rotate the menu knob to highlight *YES* and press to select. The following window appears:

Are you sure? YES
Run PC Download Application

Figure 2-8: Software Download Response Message

If you choose not to select *YES*, allow *NO* to remain selected, and then press the menu knob to return to the *Service Mode* window. The following message then appears next to the *Software Download* parameter:

No action taken

4. Press the ON/OFF button on the front panel of the monitor to turn off the power to the monitor.

Permanent Alarm Silence

From the Service Mode window:

- 1. To disable the permanent alarm silence feature, with the menu knob highlight *Permanent Alarm Silence* and press to select. *Enable* is highlighted.
- 2. Rotate the menu knob to highlight *Disable* and press to select.
- 3. Press the ON/OFF button on the front panel of the monitor to turn off the power to the monitor.

NOTE: Read about the override capability of the *Permanent Alarm Silence* function over the *Alarm Tone Warning* function in "Alarm Tone Warning" on page 2-8.

↑CAUTION **↑**

 Before you disable this safety feature, contact your local distributor because the Permanent Alarm Silence tone is required in certain countries.

Arrhythmia and ST Analysis

The Arrhythmia and ST Analysis software extension has the capability to measure ST segment deviations and generate arrhythmia alerts for common ventricle arrhythmia conditions.

The arrhythmia and ST features are available through keycode activation on all nGenuity 8100E Series monitors. The feature can be purchased from Criticare Systems, Inc.

NOTE: Unless instructed, DO NOT enter a keycode. In case of accidentally selecting the keycode, simply turn off the monitor without completing the keycode entry. The keycode will not be over written unless you enter the complete keycode.

8100E Series models that do not include the arrhythmia and ST analysis feature will have the message *Invalid Keycode* appearing next to the setting.

Service Settings

Several settings on the *CONFIG* window are password protected. You should not change these functions during use and only biomed technicians or supervisory personnel should adjust the settings. These functions include:

- Alarm Tone Warning
- Line Frequency
- Enter Service Mode
- Enter Simulation Mode

To set the functions listed above, do the following:

 Rotate the menu knob to highlight CONFIG in the Main menu and then press the knob once to select it. The CONFIG window appears.

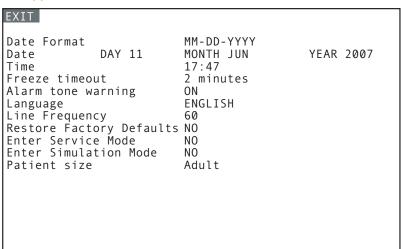


Figure 2-9: CONFIG Parameters window

2. Rotate the menu knob to highlight the service function that you want and press to select.

Service Password

To enter the service mode enter the password PIA418 by doing the following:

- 1. Rotate the menu knob to select a character.
- 2. Press the menu knob to enter each character.
- 3. If a mistake is made, advance to the end of the password and start over.

Alarm Tone Warning

Set the *Alarm Tone Warning* value to *ON* to allow the monitor to produce a low-pitched double beep every 2 minutes after a new alarm activates.

Set the *Alarm Tone Warning* value to *OFF* to allow the monitor to suspend any audible alarm (remain silent) after a new alarm activates. Thus you can silence alarms with a "long" push (held in for 2 seconds) on the monitor's SILENCE key.

NOTE: As a safeguard measure, the *Permanent Alarm Silence* function (*Service Mode* window) can override the *Alarm Tone Warning* function. The *Disable* value of the *Permanent Alarm Silence* function can prevent the ability of the *Alarm Tone Warning* function's *OFF* value to suspend audible alarms. In this case, pushing the Silence button has no effect; the monitor's full audio alarm would continue. Set this safeguard according to your facility protocols and according to local safety regulations for medical devices.

Override from the Service Mode Window: Permanent Alarm Silence	Configuration Window: Alarm Tone Warning	
	ON	OFF
ENABLE	double beep	always silent
DISABLE	full audio alarms	full audio alarms

Line Frequency

In the *CONFIG* menu the frequency which is rejected is either 50 Hz or 60 Hz. Set the frequency to the local AC (mains) power which is 60 Hz in the U.S. and 50 Hz in most of Europe. Contact your local distributor for more information. The password to change the frequency is PIA418.

Simulation Mode

Simulation software is only used for demonstrations and not intended for servicing the monitor. The service password is required to activate this demonstration function. The words *SIMULATION MODE* appear in large letters on the monitor screen when in use.

In the sample window shown below, all function parameters are active and reflected in the waveforms and numerical values that could be useful for a demonstration or training session. The screen only displays functions that are available on the unit.

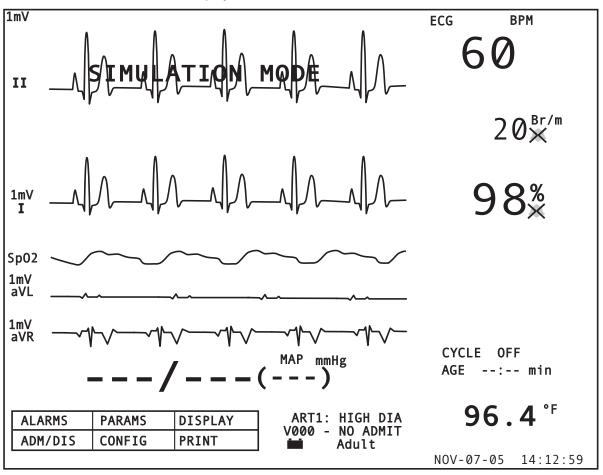


Figure 2-10: Example of the Window in Simulation Mode

NOTE: Simulation Mode can only be exited by pressing the ON/OFF button and turning off the monitor.

NOTE: To exit the menu, navigate to *EXIT* and press *SELECT*.

Custom Profiles

The monitor has a set of default settings that you can configure to the needs of the facility. These default settings are password protected.

Setting Patient Size

The monitor is designed to look at the patient size information selected in the *ADM/DIS* or *ALARMS* windows and determine whether the monitor should use one of the following alarm settings while monitoring:

- Adult
- Pediatric
- Neonatal

When you change the patient size in the *ADM/DIS* window or the *ALARMS* window, the monitor determines which window appears when you select the *ALARMS* window. When the user changes patient size the user effectively changes all the alarm limits for all of the following:

- SpO₂
- ECG
- NIBP
- Temperature
- Respiration
- · Maximum NIBP pressure limit.

To enter patient size, do the following:

- Rotate the menu knob to highlight ADM/DIS or ALARMS and press to select.
- 2. Rotate the menu knob to highlight *Update*, select *YES*, and press to select. You can now select the patient data field.
- Rotate the menu knob to highlight Patient Size and press to select.
- 4. Rotate the menu knob to highlight *Adult*, *Pediatric*, or *Neonate* as required.

Optional: Enter a value for unit label only if you use central station communication.

- 5. Select EXIT to return to the Main window.
- 6. Exit the ADM/DIS or ALARMS window.

Creating Custom Profiles

The default mode you last completed is the default patient size for custom defaults. If you want a different default size mode, change the order in which the monitor saves alarm limits.

In the example below, the first patient size setting created is *NEONATE*. Update the custom default alarm limits for the pediatric and adult modes by repeating the steps in this procedure, two more times, once for *PEDIATRIC* and once for *ADULT* as the patient size setting.

ACCESSING THE DEFAULTS DIALOG BOX

After setting the patient size (e.g., *NEONATE*), start from the main window to access and set the defaults for your facility's custom profile:

 Press and hold the DEFAULT button on the front panel for approximately two seconds. The Set Unit Defaults dialog box appears.

NOTE: If the *Set Unit Defaults* dialog box that prompts you to enter a password did *not* appear, you did not hold the button in properly. In this case, with the menu knob highlight and select *CANCEL* or you could lose the settings you just created.

- 2. Enter the password LIA608 by doing the following:
 - · Rotate the menu knob to select a character.
 - Press the menu knob to enter each character.
 - If you make a mistake, advance to the end of the password and start over.
 - After you press the menu knob for the last character of the password, the monitor indicates acceptance of the password by displaying the Set Unit Defaults window.
 - When the Set Unit Defaults window displays, both SELECT and CUSTOM DEFAULTS are highlighted.

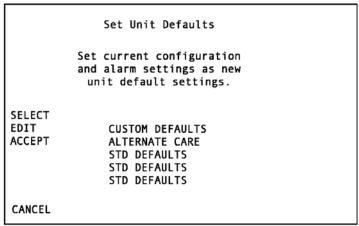


Figure 2-11: Set Profile Before Modifications

ENTERING THE NEW PROFILE TITLE

- With both SELECT and CUSTOM DEFAULTS highlighted in the Set Unit Defaults window, rotate the menu knob to highlight EDIT and press to select.
 - As you rotate the menu knob, CUSTOM DEFAULTS remains highlighted.
 - The first letter of CUSTOM DEFAULTS is highlighted.
- 2. Change the label CUSTOM DEFAULTS (for example, to the title FACILITY DEFAULTS) by doing the following:
 - With the letter C highlighted (the first letter of CUSTOM DEFAULTS), rotate the menu knob to highlight the letter F (the first letter of the example FACILITY DEFAULTS) and press to select. The next letter automatically highlights.
 - · Continue for the remaining letters of the new title.
 - After completing the last letter in the title (in this example, it
 would be the letter S), press the menu knob until the entire
 label name highlights. This indicates that the entry is
 complete but not accepted.

ACCEPTING THE NEW PROFILE TITLE

 To accept the new label name, rotate the menu knob to highlight ACCEPT and press to select. The message Action Completed appears.

```
Set Unit Defaults

Set current configuration and alarm settings as new unit default settings.

SELECT EDIT FACILITY DEFAULTS ACCEPT ALTERNATE CARE STD DEFAULTS STD DEFAULTS STD DEFAULTS STD DEFAULTS STD DEFAULTS
```

Figure 2-12: Set Profile After Modifications

- 2. Press the menu knob. Your set of defaults are saved in memory.
- 3. Press the ON/OFF button on the front panel of the monitor to turn off the power to the monitor.

Section 3 — Theory of Operation

Power Module

The 8100E Series patient monitor employs a universal switching power supply for international use.

In order to monitor the status of the line power, and condition of the battery pack, the internal power supply circuitry drives several status lines available to the main module. The power management/ watchdog circuit provides a low battery level detection mechanism and a hardware-based check on software operation (watchdog timer).

Main CPU and System

The microprocessor circuitry handles the Main Board computational functions and provides integrated I/O functions, including timers, I/O pins, serial interfaces, and analog I/O.

CONM Module

The CONM module contains a microprocessor and associated circuitry for NIBP. No electrical connection is made with the patient from the monitor for NIBP. The vital signs parameters are passed to the main module using a serial channel.

Vital Signs Module

The vital signs module is a single printed circuit board with connectors to the Main Board, the ECG input leads, the SPO₂ connector, and the temperature sensor. The vital signs module contains a microprocessor, and associated circuitry for pulse oximetry, temperature, ECG signals, and TTI respiration. ECG signals can be either 3-lead single channel, or 5-lead triple channel. Patient isolation for galvanic contact is required for the temperature and ECG functions. Patient isolation for non-galvanic contact is required for the pulse oximetry sensor. A CAN bus passes the vital signs parameters to the main module.

The main module sends the vital signs module control information and the vital signs module sends the main module waveforms and hardware status. The communication cycle is 20 Hz for the vital signs information from the VS module, twice a second for the status of the VS module, and as needed for the control information from the main module.

Speaker Driver

The speaker drive circuit is a DAC controlling speaker volume and an output pin to control frequency. A software-controlled timer generates a square-wave signal that drives the speaker. Hence, any drive frequency has harmonic components, and generates no "pure tones." Applicable standards recommend against the use of pure tones in alarm situations to reduce the risk of an individual with a "notch" hearing deficit missing an alarm.

ECG Module

The ECG module monitors from either three-lead or five-lead surface electrode configuration, providing one or three concurrent ECG leadviews, respectively. The ECG module processing includes heart rate, ECG lost, pacer pulse, and leadoff detection. The main software is able to control lead, gain/scale, and filter selection, as well as pacer mode operation. Shielding, both on the PCB and external to it, reduces the impact of ESU noise on signal quality and heart rate calculation. The following issues were important in the design of the ECG module:

- · Diagnostic-quality signal bandwidth;
- reliable beat detection and heart rate calculation;
- · ESU noise rejection;
- · pacemaker pulse detect; and
- · artifact rejection

The ECG module uses a differential amplifier to extract surface ECG activity from a pair of electrodes. Input to the amplifier is protected against damage from excessive voltages. Passive filtering reduces high power RF interference from electrosurgical devices. Hardware under software control performs filtering for monitor vs. diagnostic modes, lead selection, lead off detection, and pacer pulse detection. Software performs gain control, notch filtering to remove line frequency interference, pacer artifact handling, noise detection, beat detection, heart rate calculation, and serial (CAN bus) communications.

Impedance Respiration

The TTI respiration circuit uses a transformer to generate a low current, high frequency stimulus through the Lead I electrodes. The resulting voltage variations reflect impedance variations across the thorax, which in turn reflect respiration activity (as well as other phenomena including cardiogenic artifact and motion artifact).

The TTI respiration software performs low pass filtering, high pass filtering, breath detection, and calculates breath rate.

Pulse Oximeter Module (SpO₂)

The pulse oximeter is based upon the principle of dual-wavelength photoplethysmography. Red and infrared LEDs are alternately driven to illuminate some (relatively well-perfused) tissue site, and a photo detector receives either the transmitted or reflected light, resulting in a current flow. This input signal is demultiplexed with sampling in the monitor to separate the red and infrared components. The wavelengths are chosen to permit discrimination of oxygenated and deoxygenated hemoglobin, based on the difference in their absorbance spectra.

In a "pulse" oximeter, a high-passed AC component is extracted from each of the red and infrared signals, and digitally processed to detect the pulsations corresponding to blood flow in the illuminated tissue. The AC and DC components in red and infrared, measured near the time of pulsation, are combined in a relatively simple ratiometric formula (obtained, with many assumptions, by solving Beer's law equations with empirically derived coefficients) to yield a figure proportional to SpO₂. The pulse rate is also calculated from the pulse intervals detected.

Temperature

The temperature module measures probe resistance and uses an internal data table for looking up temperature conversions. Depending on the user's selected settings the monitor calculates the temperature in Fahrenheit or Celsius. The conversion value displays on the video screen.

Communications

The monitor provides two patient-isolated external RS-232 serial data ports (TX, RX, and ground):

- The DB-9 COM1 port is configured for compatibility with ASCII printer applications.
- The DIN-8 COM2 port is custom-configured with one pin reserved for analog output.

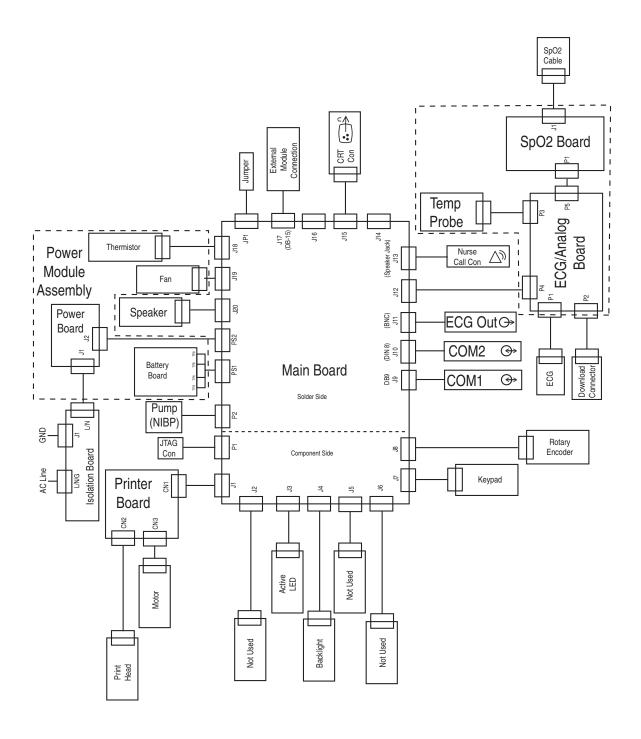
The main module drives a patient-isolated external analog output. It provides a 0 to 1 v output capable of driving a high-level input, such as a defibrillator or chart recorder.

Printer

The Main Board powers and controls the optional printer module. The Main Board processes error messages from the Printer Board and displays them on the screen. The internal printer module is a Sieko LTP1245-type mechanism.

Block Diagram

The following block diagram aids in tracing communication and data routes within the system. Connection numbers are given to show the relationship between the boards. The diagram is keyed to the theory of operations found on the previous pages.



Section 4 — Cleaning and Disinfecting

Cleaning and Disinfecting

♠WARNING ♠

- Shock Hazard! Before cleaning a monitor and sensor, turn the power off and disconnect the AC power cable.
- Shock Hazard! Never immerse the monitor because the monitor has an internal power source that is active even when the unit is unplugged.

Do not use abrasive cleaners on the monitor or on any sensors or probes. Abrasive cleaners damage the monitor, sensors, and probes.

With the exception of the display screen, wipe clean the exterior surface of the monitor with alcohol. Dry it with a soft, dry cloth. Because paper towels or tissues can scratch the surface of the display, use a cotton cloth to clean the monitor.

Do not use full-strength alcohol on the display screen. Repeated use of strong cleaners damages the screen. Clean the display window by wiping it clean with a soft, lint-free cloth sprayed with common glass cleaner, however, do not spray glass cleaner directly on the display.

Pulse Oximeter Sensors

• Do not immerse any Criticare pulse oximeter sensor connector in any liquid because it damages the connector.

The SpO_2 sensor can be wiped clean with alcohol. Disinfect the SpO_2 sensor by placing the paddles and cable in a 2% glutaraldehyde solution. Only the sensor paddles and cable are placed in the solution.

Blood Pressure Cuffs

You can clean the reusable blood pressure cuff by wiping it with a damp cloth or sponge. If necessary, disinfect the cuff by wiping it with 70% alcohol, mild bleach solution, or other disinfectant.

Disposable blood pressure cuffs are for single patient use and are not intended to be disinfected.

You can sterilize the cloth cuff and neoprene bag with commercially available disinfectants such as ethylene oxide (EtO). Rinse thoroughly to remove residual disinfectants. Do not allow liquids to enter the neoprene bag. The cloth cuff can also be sterilized in an autoclave.

If the cuffs become grossly soiled with blood or other body fluids, you should launder the cloth cuffs by hand or machine. You can launder or sterilize the dacron cloth cuff by first removing the neoprene inflation bag. Feed the inflation tube back through the hole and then pull out the cloth flap.



Figure 4-1: Remove Inflation Bag from Cuff

Roll up the inflation bag and slide it out the open slot in the cloth cuff. The following laundering precautions apply only to non-disposable cuffs. You should not launder disposable cuffs and neoprene inserts.

- Remove the inflatable bag from the cuff before laundering or sterilizing the cuff.
- Close the Velcro® fastener before you launder the cuff.
- · Strong bleach solutions damage the cuff.
- Temperatures over 275° F (135° C) damage the cuff.
- Soaking the cuff in dark-colored solutions may stain or discolor the cuff.

Hand laundering (as opposed to machine laundering) prolongs the life of the cuff. Wash the cuff in warm, soapy water. Rinse the cuff thoroughly. After you clean the cuff, allow the cuff to air dry, then insert the inflation bag in the cuff.

ECG Cable

You can clean the ECG cable and leads with alcohol. Do not immerse the connections.

Temperature Cable

Clean the cable according to the hospital protocol for cleaning of reusable equipment cables.

Typically this protocol consists of the following steps:

- 1. Disconnect the cable from the monitor and temperature sensor.
- 2. Wipe the cable with a nonabrasive cloth moistened with a mild detergent and warm water or a disinfectant.
- 3. Dry thoroughly.
- 4. Do not use alcohol or solvents to clean the cable.
- 5. Do not allow the cable connectors and contact points to come in contact with liquids.
- 6. Do not fully immerse the cable in liquids.
- 7. Do not autoclave or EtO sterilize the cable.

Accidental Wetting

<u>MARNING</u>

 Shock Hazard! Because a monitor is an AC-powered device, an immersed monitor presents a danger to anyone who attempts to handle the device.

Immediately perform the following steps following an accidental wetting of equipment:

- Turn the power off. Disconnect the AC power cord from the monitor.
- 2. If the monitor is monitoring a patient, transfer the patient to another monitor as quickly as possible.
- 3. Use a clean, dry towel or cloth to remove the liquid from the monitor housing.
- 4. A service technician should inspect the monitor as soon as possible.
- 5. If the internal mechanism is saturated, allow the liquid to drain out for 24 hours before shipping.
- If liquid has entered the monitor, it must be dried and cleaned internally. Full testing is required before you can use the monitor. Contact the CSI service department as soon as possible.

Time is critical. The longer any liquid remains in the monitor, the more damage it can do. It is important to service the monitor immediately after any liquid is spilled into it.

Section 5 — Preventative Maintenance

Incoming Inspection

You must inspect monitors coming back from service for shipping damage before you place them into operation just like newly purchased monitors. The monitor should be free from dents, cracks, or other physical damage. The quality inspection seal of the monitor should be unbroken, indicating that the monitor has been tested according to manufacturer's specifications.

If further incoming inspection or testing is required, the manufacturer recommends that you use the Alarms Verification (located in this section) as an incoming inspection test. You can perform additional electrical safety testing in this section as part of an incoming inspection in accordance with the policies of the health care provider.

Maintenance Schedule

Every Patient	 Clean and disinfect the sensor cables and sensor. Inspect the accessories and cables for damage.
Every Day	Charge the monitor's battery.
Every 3 Months	Clean the exterior of the unit (or clean as needed).
Every Year	Perform the annual safety tests provided in this section.

NOTE: For additional maintenance of the CO_2 module, see "Appendix A – CO_2 Service."

Monitor Safety Testing

You can perform the following tests as part of a periodic safety check. The following safety tests are designed so that the monitor's warranty seal does not have to be broken. If the monitor fails any portion of these tests, contact the CSI service department.

The contents of this section, "Preventative Maintenance," include the following verifications and safety tests:

- Withstanding Voltage (Hi-Pot)
- Electrical Leakage
- Ground Continuity
- Interface Inspection
- Manual Controls Check
- Alarm Verification
- Vital Sign Modules Verification
 - ECG
 - SpO₂
 - NIBP
 - Temperature
- · Internal Printer
- Communications
- · Battery and Power

Criticare recommends that you run a serviced monitor for 24 hours before you perform the tests listed above and place the monitor back into service.

Repaired modules could require more extensive testing than what is shown in this list.



Always follow ESD precautions when performing a procedure discussed in this section.

NWARNING N

- Because test procedures require working with exposed electrical circuits, only experienced electrical or biomedical technicians should perform the procedures.
- After a monitor is altered through repair or hardware adjustment, you must fully test it before use.

Equipment and Tools

The following procedures assume that the technician has an ESD safe workbench, a set of electronic hand tools, and a digital multimeter with a 10 amp setting. At the beginning of each test, special equipment can be listed. A variety of customized cables, clips, and test fixtures are also needed to complete the tests. For more information, contact the CSI Service Department.

Accessory Testing

Check patient cables (e.g., temperature cables, printer cables) monthly for damage, loose wires/connections, loose connectors, cracked housing, etc.

Check the electrical safety of the power cord as part of the monitor safety testing.

Check the cuffs for leakage as part of the NIBP verification.

Fuse Removal/ Replacement

There are two (2) AC power fuses located at the rear of the monitor directly below the AC power entry socket.

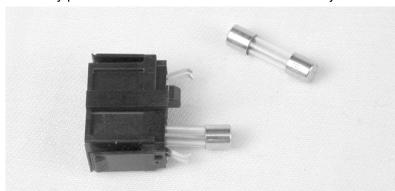
- United States monitors use 1A 250V Time Lag fuses.
- International monitors used in 220-240 volt environments use 1A 250V Time Lag fuses.
- 1. Remove power cord.
- 2. Press in the side clips (at the same time) with a tool and lift out the access cover. The two (2) fuse sockets are visible

Clips

Figure 5-2: Remove the Fuse Cover



Figure 5-3: Fuses Exposed



3. Gently pull the fuses out of the fuse cover assembly.

Figure 5-4: Fuses Pulled

4. Reassemble in reverse order.

For more information about troubleshooting power problems, refer to "Troubleshooting" in Section 8.

Long-Term Monitor and Battery Storage

No special preparation is necessary for long term storage of the monitor. Although you do not have to remove the battery from the monitor for long term storage, the battery drains to an unrecoverable state after 3 months without periodic charging.

Monitor and Accessories Disposal

At the end of its useful life, you can dispose of the monitor and its accessories according to your institution's policies and procedures for disposal of patient-contact medical waste.

Alternately, you can return the monitor and its accessories to Criticare Systems, Inc., for safe disposal. The shipping address is:

Criticare Systems, Inc. 20925 Crossroads Circle, Suite 100 Waukesha, WI 53186

Electrical Safety Testing

Perform this test each time you open the monitor housing and before you use the monitor on patients.

⚠WARNING ⚠



• Shock Hazard! Because dangerous and lethal voltages are present during the withstanding voltage, leakage, and ground continuity test, all leakage and voltage testing must be done with the monitor housing in place. For complete information about the proper operating and safety procedures, refer to the nGenuity 8100E Series Patient Monitor Operator's Manual.

Equipment Needed

The following are needed to complete this procedure:

 Kikusui TOS 8750 Withstanding Voltage Tester (or equivalent Hi-Pot tester)

Withstanding Voltage (Hi-Pot) Test Equipment and Setup

The following test and set-up is for the Kikusui TOS 8750 Withstanding Voltage Tester. If you use an equivalent tester, use the factory recommended test for that tester.

- 1. Test the Withstanding Voltage Tester by connecting the red and black lead together. Set the voltage to 1000 VAC.
- 2. Set timer for 1 second and cutoff current for 1 milliamp.
- 3. Press the **Test** button. The NG light should come on.

• If the NG light does not come on, do not continue with this test. You must repair or replace the withstanding voltage tester.

Withstanding Voltage (Hi-Pot) Test Procedure

Withstanding Voltage NOTE: For the following tests set the Hi-Pot unit as follows:

	Memory #20	Memory #21
Arc Fail	OFF	OFF
Arc Sense	5	5
Ramp-HI	OFF	OFF
Charge LO	0.0 μΑ	0.0 μΑ
Dwell Time	1.0 sec.	1.0 sec.
Ramp Time	1.0 sec.	1.0 sec.
LO-Limit	0.0 μΑ	0.0 μΑ
HI-Limit	1000 μΑ	1000 μΑ
Voltage	2.500 KV	4.242 KV

- Connect the red lead of the Hi-Pot to Hot/Neutral and the black lead to Chassis Ground (EPT). Set up the Hi-Pot per table above to Memory #20. Verify Hi-Pot is now set to a Trip Current of 1mA and test @2500VDC for 1 second.
- Connect the red lead of the Hi-Pot to Hot/Neutral and the black lead to ECG. Set up the Hi-Pot per table above to Memory #21. Verify Hi-Pot is now set to a Trip Current of 1mA and test @4242VDC for 1 second.
- Connect the red lead of the Hi-Pot to Hot/Neutral and the black lead to Temperature. Set up the Hi-Pot per table above to Memory #21. Verify Hi-Pot is now set to a Trip Current of 1mA and test @4242VDC for 1 second.
- 4. Connect the red lead of the Hi-Pot to Hot/Neutral and the black lead to SpO₂. Set up the Hi-Pot per table above to Memory #21. Verify Hi-Pot is now set to a Trip Current of 1mA and test @4242VDC for 1 second.
- Connect the red lead of the Hi-Pot to Hot/Neutral and the black lead to BNC. Set up the Hi-Pot per table above to Memory #21. Verify Hi-Pot is now set to a Trip Current of 1mA and test @2500VDC for 1 second
- Connect the red lead of the Hi-Pot to Hot/Neutral and the black lead to Nurse Call. Set up the Hi-Pot per table above to Memory #21. Verify Hi-Pot is now set to a Trip Current of 1mA and test @2500VDC for 1 second.

Leakage Test Equipment and Setup

Perform all testing with the cover on. The following test requires a Dynatech 232D leakage tester or equivalent.

 Perform a self-test, if applicable, on the DYNATECH 232D by plugging it into 110 VAC outlet. Turn on the leakage tester. Set the mode switch to self test. Display should read 1000 ±20 and the CURRENT SOURCE ACTIVE lamp should be on.

⚠CAUTION ⚠

- If these conditions are not met, do not continue with this test.
- Set the mode switch on the Dynatech 232 to L1-L2 (line voltage). The display should read the line voltage ±10%. Set the mode switch to L1-GND. The display should read no more than 5% of L1-L2 on a grounded power system. Set the mode switch to L2-GND.

NOTE: This should read about the same as the **L1-L2** reading for a grounded system.

Leakage Test Procedure

The monitor must be powered up during all of the isolation tests.

- 1. Set the mode switch on the Dynatech 232 to L1-L2. The display should read the line voltage ±10%. Set the mode switch to L1-GND. The display should read no more than 5% of L1-L2 (line voltage) on a grounded power system. Set the mode switch to L2-GND. This should read about the same as the L1-L2 reading for a grounded system.
- 2. Turn the mode switch to CASE LEAKAGE GROUND CONDUCTOR. Connect the AC cord from the Dynatech 232D to the 8100E(P) and turn on the unit. With the POLARITY switch in the NORMAL position, Press OPEN GROUND and monitor the readout for less than 500 $\mu A.$

Verify that the green AC LED lights up on the front membrane.

NOTE: The 8100E Series monitor must be powered up during all of the isolation tests.

- 3. Change the polarity switch to the REVERSE position, press OPEN GROUND and monitor the meter for less than 500 μ A.
- 4. With the POLARITY switch in the NORMAL position, press OPEN NEUTRAL and OPEN GROUND switches and monitor the meter for less than 1 mA.
- 5. Change the POLARITY switch to the REVERSE position and press the OPEN NEUTRAL and OPEN GROUND switches and monitor the meter for less than 1 mA.

- 6. Connect a Dynatech 232 or equivalent to the 8100E Series monitor using the 5 lead ECG cable marked Cat 1075/S. Change the MODE switch to ECG. For the rest of the Leakage test insure that the leads are dressed away from the ground planes and the AC power cords and the chassis. Set the LEADS selector switch to ALL TO GND. Set the POLARITY switch to NORMAL. Monitor the meter for less than 5 μA.
- 7. Set the POLARITY switch to REVERSE and monitor the meter for less than 5 µA.
- 8. Set the POLARITY switch to NORMAL and press the OPEN NEUTRAL switch and monitor the meter for less than 10 μ A.
- 9. Set the POLARITY switch to REVERSE and press the OPEN NEUTRAL switch and monitor the meter for less than 10 μ A.
- 10.Set the POLARITY switch to NORMAL and press the OPEN GROUND switch and monitor the meter for less than 10 μ A. For inline voltages of 264V, meter for less than 20 μ A.
- 11.Set the POLARITY switch to REVERSE and press the OPEN GROUND switch and monitor the meter for less than 10 μ A. For inline voltages of 264V, meter for less than 20 μ A.
- 12.Turn the LEADS selector switch to the ISO Position. Turn the POLARITY switch to NORMAL, press the ISO TEST button, and monitor the meter for less than 20 μ A. For inline voltages of 264V, meter for less than 50 μ A.
- 13.Keep the power cord plugged into the unit under test and the Dynatech. Unplug the 8100E Series ECG cable from the 8100E Series monitor. Unplug the ECG test leads from the Dynatech. Connect the SpO $_2$ cable end to any of the BROWN ECG test terminals on the Dynatech. Connect the other end to the SPO $_2$ connector on the monitor under test. MODE switch should be on ECG. Change the LEADS switch to ISO. Set the POLARITY switch to NORMAL. Press the ISO button and monitor the meter for less than 20 μ A. For inline voltages of 264V, meter for less than 50 μ A.
- 14.Keep the power cord plugged into the monitor under test and the Dynatech. Unplug the SpO₂ cable from the 8100E Series monitor. Unplug the test leads from the Dynatech. Connect the Temp cable end to any of the BROWN ECG test terminals on the Dynatech. Connect the other end to the TEMP connector of the monitor under test. MODE switch should be on ECG. Change the LEADS switch to ISO. Set the POLARITY switch to NORMAL. Press the ISO button and monitor the meter for less than 20 μA. For inline voltages of 264V, meter for less than 50μA.
- 15. Verify the green AC LED lights up on the front membrane.

Ground Continuity Test

This portion of the test requires a ROD-L Model 25 Ground Continuity Tester, or equivalent.

Do the following before turning on the ground tester:

- 1. Set the ground continuity tester to the resistance trip point setting of 0.1 ohms.
- 2. Set test time of 6 seconds. Set the tester to ground test only. Set the test current to 25 AMP's.
- 3. Turn on the ground tester.
- 4. Plug in the AC cord from the ground continuity tester to the monitor being tested.
- 5. Connect the ground cable to the chassis ground on the rear of the monitor.
- 6. Press the **Reset** button on the tester. Press the **Start** button.
- 7. The monitor passes if the Fail Light does not come on or if the resistance does not exceed 0.1 ohms during the test.

Functional Testing

Interface Inspection

This procedure is for the monitor's TFT active display.

- 1. Verify that a readable screen displays. For a guide to proper screen layout, refer to the nGenuity 8100E Series Patient Monitor Operator's Manual for sample screens.
- 2. Verify that the screen display is clear and bright when you directly face the monitor.

Manual Controls Check

- 1. Verify that rotating the menu knob moves the cursor through the menu items. Verify that when you press the menu knob on a highlighted menu item the monitor displays a sub-menu.
- 2. Use the menu knob to enter the *CONFIG* window and set the date and time for the real time clock.
- 3. Press the FREEZE key. Verify that you get an audible response from the speaker. Press the FREEZE key again to unlock the waveforms.
- 4. Press the TREND key. Verify that you get an audible response from the speaker. A *Trend* window appears on the display. Press the TREND key again to close the *Trend* window. (Or optionally, press and hold the TREND key to open the *TYPE/INTERVAL/SCREEN* menu that you close by selecting *EXIT*.)
- Press the STANDBY key. Verify that you get an audible response from the speaker. A standby confirmation menu should appear. Highlight NO and press menu knob to exit.
- Press the DEFAULT key. Verify that you get an audible response from the speaker. The Custom Default menu appears. Select CANCEL and then press menu knob when No action taken is highlighted to exit.

Alarms Verification

To verify the alarm circuitry for SpO_{2,} perform the following procedure.

- In the PARAMS window turn off all monitoring modules except for SpO₂. Set the display to show a plethysmograph waveform.
- 2. In the *PARAMS* window set the *SpO2 Low Limit Alarm* setting to *HIGH*. This sets the alarm priority for only this alarm parameter.
- Use an SpO₂ simulator to set the monitor to display the plethysmograph waveform. Confirm the heart rate and saturation reading.
- 4. In the *ALARMS* window adjust the SpO₂ low alarm level above the saturation reading to cause an alarm condition.
- 5. Verify that the message *LOW SPO2* appears at the top of the waveform channel in red letters.
- Verify that you get an audible response. The alarm should be a high priority alarm tone consisting of 3 beeps followed shortly by two beeps.
- 7. In the *PARAMS* softkey window, change the *SpO2 Low Limit Alarm* setting to *MEDIUM*.
- 8. Verify that the message *LOW SPO2* appears at the top of the waveform channel in yellow letters.
- 9. Verify that you get an audible response. The alarm should be a medium priority alarm tone consisting of 3 beeps.

ALARM VOLUME TEST

- From the ALARMS window, vary the ALARM VOLUME through the ranges, from OFF to 10. Verify that the speaker volume changes according to the setting of the ALARM VOLUME.
- 2. Press the alarm SILENCE key once. Verify that the low heart rate alarm stops for 2 minutes and that the 2-minute *Alarm Silence* icon appears in the system status area of the screen.
- Press and hold the alarm SILENCE key for at least 2 seconds.
 Verify that the low heart rate alarm stops and the *Alarm* Suspend icon appears in the system status area of the screen.

Printer Check

The printer only prints if the green battery light is ON or the AC (mains) cord is plugged in.

- 1. Lift the paper feed lever up and insert paper. Close the lever and the paper should automatically feed.
- 2. In the *PRINT* window, set the *Print Type* to "Tabular." Press the PRINT key on the front of the monitor.
- 3. Verify that the correct date and time print.

Module Verification

ECG Verification

This test requires a Dynatech Nevada Model 300 simulator, or equivalent.

- 1. Select the menu to set up for ECG PARAMS to 5-Lead, ECG ON, Filters: MONITOR, SENSITIVITY to HIGH.
- Insert a shorted ECG cable into the ECG connector. Use the menu knob to enter the *DISPLAY* window. Set the following and use the current defaults for the size. They are 25MM except waveform 3:
 - Waveform 1 ECG I x 4.0 25.0
 - Waveform 2 ECG II x 4.0 25.0
 - Waveform 3 ECG V x 4.0 25.0
- 3. Exit the *DISPLAY* window. Verify that the baselines are centered. Verify that the base line signal is no greater than 3 pixels in height. Select the most solid line as the reference line and verify that this reference is less than ±3 pixels from the ECG y-axis center line. If they are not, adjust pots R12 (Waveform 1), R110 (Waveform 2) and R108 (Waveform 3). Remove the shorted cable.
- 4. Verify that the message *LEADS OFF* appears at the top of the window when no cable is connected.
- 5. Connect the 3-lead ECG patient cable CAT 1075/S to the ECG cable assembly, and use a Dynatech Nevada Model 300 simulator to turn on (ECG) normal sinus, 60BPM, amp 1.0mV, axis int. Respiration rate 20, and the impedance set for 0.5 ohms, and base impedance for 2K.

6. Rotate the menu knob to select *PARMETERS* and press to enable the menu. Select *ECG* for (3 *LEADWIRE*). Set the monitor for *LEAD II* waveforms.

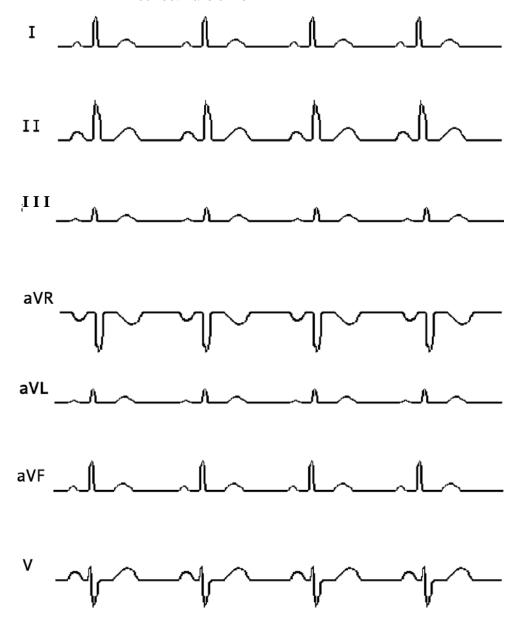
Check the following lead configurations for following items:

- · heart rate 60 ±3 BPM,
- RESPIRATION RATE of 20 ±2 breaths per minute and
- correct waveform.



- 7. Use the Electrode status error messages on the CRT to perform a lead off check in LEAD II.
 - a. (LL) Red LL LEAD OFF
 - b. (LA) Black LEADS OFF
 - c. (RA) White RA LEAD OFF
- 8. Connect all the leads back on the simulator and select ECG to 5-lead. Set the monitor for LEAD II waveforms. Disconnect the following leads one at a time and look for the proper status error message and for the waveform to continue or flatline. Reconnect the lead and the message should disappear and the waveform should return, if it flatlined.
 - a. (V1) Brown V LEADS OFF
 - b. (LL) Red LL LEADS OFF
 - c. (LA) Black LA LEADS OFF
 - d. (RA) White RA LEADS OFF
 - e. (RL) Green LEADS OFF

- 9. Check the following lead configurations for following items:
 - Heart rate 60 ±3 BPM,
 - resp. rate 20 ±2 BPM and
 - · correct waveforms.



10. Verify that the respiration rate changes from 20 to 30bpm, when changing on the MED SIM 300.

- 11.Rotate the menu knob to highlight *Display* and press to select. Under waveforms 3-6, Select:
 - RESP as TYPE.
 - GAIN as 1.0.
 - SWEEP as 25MM/SEC and size.

The size might not be changeable on some waveforms. Select *Exit* and verify that a non symmetrical sine wave displays on the window.

- 12.Set the Dynatech MED SIM300 to a heart rate of 300BPM. Verify that the ECG HR reads 300BPM ±1BPM.
- 13. Turn off the simulator and verify that the message *ECG LOST* appears at the top of the window.
- 14. Turn the simulator back on and set the simulator for 60BPM, LEAD II and verify that the gain settings are effective at x.5, x2, and x4 for 1mv ECG input.
- 15. Select on the simulator for ECG performance. Cursor through the menu until you obtain and execute twice the *PACED RYTHMS*. Verify that PACE is turned on in the menu screen of the 8100. You should see white spikes on the waveform and 75BPM.
- 16.Select ECG on the simulator, select base, then BPM, and 60. This gives a normal sinus rhythm at this time. Select ECG, then ARRH, then VNT2, and then VFIB. The unit should detect an erratic baseline and display the message ECG LOST.

ECG Analog Output Test

You need a MedSim 300 patient simulator to perform this procedure.

- Connect a BNC cable with 0.1uf CAP signal-to-ground from the ECG BNC on the monitor to an input channel on an oscilloscope.
- 2. Select and press the PARAMS softkey.
- 3. Set Filter to Diagnostic and ECG Sensitivity to Medium.
- 4. Select and press the DISPLAY softkey.
- 5. Set Waveform 1 for ECG Lead II (ECG II) on the screen.
- 6. Set the MedSim 300 patient simulator for "tri s10" (triangle waveform).
- 7. Verify that the baseline is zero and signal is a peak-to-peak voltage of 1.2V (±0.2).

Diagnostic, Monitor, and ST Filter Mode Tests

- In the PARAMS menu, set FILTER to DIAGNOSTIC. On the simulator, select PERF under ECG, then WAVE, and then "s10" (10 Hz sine wave). Verify on the monitor that the S40 simulator sine wave signal displayed has amplitude no less than 0.95 X "s10" (10 Hz sine wave). To accomplish this, measure the peak-to-peak amplitude of the 10 Hz sine wave in waveform, then measure the peak-to-peak amplitude of the 40 Hz sine wave. There shall be no more than a 5% decrease (40 Hz amplitude = or > 0.95 X 10 Hz amplitude).
- Select MONITOR filtering. The 40 Hz sine wave displayed on the monitor display shall be 0.70 X the input amplitude in mV when the simulator is set to "s10" (10 Hz sine wave). Measure as described in the previous step.
- Select ST filtering. The 40 Hz sine wave displayed on the monitor shall be 0.70 X the input amplitude when the simulator is set to "s10" (10 Hz sine wave). Measure as described in the previous step. Set FILTER back to DIAGNOSTIC.
- 4. On the simulator, use the > arrow to select "s0.05" for a 0.05 Hz sine wave. In the monitor's *DISPLAY* menu select a sweep speed of 12.5 mm/sec. The 0.05 Hz sine wave shall be 0.70 X the input amplitude as displayed on the monitor when the simulator is set to "s10" (10 Hz sine wave). Measure as described in the previous step.
- 5. Select MONITOR filtering. The 0.05 Hz sine wave is no longer present (flat baseline). On the simulator, select "s0.5" (0.5 Hz sine wave) and verify that a 0.5 Hz sine wave with amplitude equal to 0.70 X the 10 Hz sine wave amplitude is present. Set the simulator back to "s0.05".
- 6. Select *ST* filtering. The 0.05 Hz sine wave should have an amplitude equal to 0.70 X the 10 Hz sine wave amplitude. Set the *FILTER* back to *DIAGNOSTIC*. Select 10Hz on the simulator.
- 7. Turn off the simulator, Verify that the message *ECG LOST* appears at the top of the screen.

SpO₂ Verification

The following test requires a SmartSat SpO₂ analyzer. If you service the monitor (i.e., you open the housing), use the longer SpO₂ Performance test. For more information, refer to "DOX SpO2 Performance Testing" on page 6-3.

NOTE: For older revision SmartSat analyzers that do not have a Model 8100 selection, use the general Criticare selection in the SmartSat simulator. Check the SpO_2 value of 52% (±3%) with the analyzer set to 42%.

- 1. Verify that the message SPO2: NO SENSOR appears when there is nothing connected to the **SpO₂** connector.
- 2. Verify that the message SPO2: HIGH AMBIENT appears by introducing a higher than normal amount of ambient light on the SPO2 sensor detector. Verify the message disappears within 10 seconds after you remove the ambient light.
- 3. Verify that the message *SPO2: SENSOR* appears when you plug the finger sensor in, but without a finger actually inserted into the sensor.
- 4. Use an SpO₂ finger sensor and verify that the heart rate and plethysmograph operation display on the LEDs within 15 seconds. Verify that SpO₂ error messages do not appear (alarm violations can occur depending on individual readings and monitor set-up).
- 5. Verify the LCD displays a plethysmograph waveform. Connect cable CAT 931A to COM2. Plug BNC-A of the cable into a oscilloscope channel. In the CONFIG window, ANALOG OUT SELECT, select PLETH. Use the SpO₂ finger sensor to verify that the SpO₂ waveforms appear on the scope. The waveform should be centered on 0 volts and register 1 volt peak-to-peak. Remove the CAT 931A cable.
- 6. Verify that the pulse tone increases as you change the tone from 1 to 10 in the *Alarm Setting* window.
- 7. Use an optical load to simulate a small signal and verify that the message SPO2: SEARCH or LOST appears after search delay time ± 5 seconds. (An optical load that can be used for this test is a foam peanut used for packing.)

NIBP Verification

The NIBP verification requires Dynatech Nevada NIBP Analyzer, or equivalent.

Connect the 8100E Series monitor to a Dynatech Nevada NIBP Analyzer set for the following operation.

NIBP Analyzer Settings Adult 120/80 (90); Heart Rate 80 bpm

Neonate 80/50 (62); Heart Rate 80 bpm Pressure Adjustments: Gain 100%; Shift 4

- 1. Use the T-connection with the dummy cuffs for these tests.

 Connect them to the 0-300 mmHg port of the NIBP analyzer.
- 2. Connect the monitor to an AC (mains) power source and turn on the monitor.
- 3. Press the monitor's NIBP CYCLE/STAT key. The monitor's cycle time window appears.
- 4. Select the NIBP Cycle Time to two minutes.

120/80 OPERATION SETTING

- In the monitor's ADM/DIS window set the Patient Size to Adult mode.
- 2. Connect the NIBP hose to the fitting on the monitor.
- 3. Press and hold the NIBP key.
- 4. Allow the monitor to take at least four (4) readings. Calculate the average of the four (4) readings and verify that each reading does not vary by more than ±4% or ±4mmHg (whichever is greater) from the calculated average. Each reading shall not vary more than 8 mmHg from the simulator setting.
- 5. Recalibrate the monitor if necessary.

80/50 OPERATION SETTING

- 1. Set the monitor to the Neonate mode.
- 2. To verify *STAT* mode operation, press and hold the NIBP CYCLE/STAT key.
- 3. Allow the monitor to take at least four (4) readings. Calculate the average of the 4 readings and verify that each reading does not vary by more than ±4% or ±4mmHg (whichever is greater) from the calculated average. Each reading shall not vary more than 8 mmHg from the simulator setting.

Temperature Verification

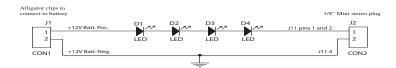
This section requires the use of a Fogg TP400/700 simulator. This simulator is available from Fogg Company Systems, Inc. Or an equivalent simulator may be used.

- 1. Select *Temperature ON* from the *PARAMS* window and *TEMP F/C:* (Centigrade). Connect the temperature to TEMP on the monitor. Insert the simulator (TP 400).
- 2. Verify that simulator settings correctly display for all temperatures that range from 20 $^{\circ}$ C to 45 $^{\circ}$ C with accuracy of ± 0.1 $^{\circ}$ C.
- 3. Verify that the message *TEMP INVALID* appears when the temperature is at 0 for *TEMP*.
- 4. Select *Temperature ON* from the menu setup and *TEMP F/C:* (Centigrade). Connect the temperature to TEMP on the unit. Insert the simulator (TP 700).
- Verify that simulator settings correctly display for all temperatures that range from 20° C to 45° C with accuracy of ±0.1° C. Verify that TEMP INVALID appears when the temperature is at 0.

Communication Testing

Nurse Call

This test requires the use of a Nurse Call fixture. This fixture may be created by using the schematic below:



- 1. Connect the Smart Sat and monitor all levels.
- 2. Connect the Nurse Call fixture into the back of the monitor while the Smart Sat simulator runs.
- 3. Create an alarm state with the Smart Sat, and verify that the lights on the Nurse Call fixture go on.
- 4. Press the Alarm Silence button, and verify that 2 minutes appears at the top of the display and the lights on the Nurse Call fixture go off and remain so for two (2) minutes while the in the alarm state.
- 5. Press and hold the *Alarm Silence* button. The Nurse Call fixture should go off and remain off regardless of changing alarm states.

NOTE: While in the 2 minute Alarm Silence, if the alarm states change, the Nurse Call fixture lights will come back on. While in permanent alarm silence, the lights on the Nurse Call fixture should remain off regardless of changing alarm states.

Battery and Power Testing

This procedure provides a method of testing the power regulation and battery charging circuits of the main board. This test does not require you to open the monitor housing and break the warranty seal.

↑ WARNING **↑**

- Shock Hazard! Do not attempt to power the monitor with an external DC source, while sensors are attached to a person. Always use vital signs simulators when using alternate power sources during testing.
- If voltages exceeding those listed are applied, permanent damage will occur.

Test the Battery

- Set a power supply to 13VDC (±0.25VDC). Attach the power supply module to the battery terminals of the monitor under test. Turn on the monitor under test and verify that the *green* battery icon is present.
- 2. Lower the voltage with the adjustment of the power supply to a voltage of between 11.55 and 11.40 VDC and verify a *yellow* battery icon appears.
- 3. Lower the voltage to between 11.30 and 10.50 VDC and verify that a *black* battery icon appears.
- 4. Continue to decrease the voltage and verify that the unit shuts down at 10.2 VDC (± 0.5 VDC).

Functional and Safety Testing Checklist

	SERIAL NUMBER		
	Tester SOFTWARE REV. CONM		
FIWARE REV. MAIN	SOFTWARE REV. CONM	SOFTWARE REV.	VSM
		PASS	FAIL
Verify 1 Amp fuses			
Verify Ground Continuity			
Verify Hi-Pot:			
Hot/Neutral to EPT @ 2			
Hot/Neutral to ECG @			
Hot/Neutral to Tempera	ture @4242VDC		
Hot/Neutral to Spo2 @	4242VDC		
Hot/Neutral to BNC @2			
Hot/Neutral to Nurse C	all @2500VDC		
Verify Leakage: Self test 1000 ±20			
Line voltage on Dynate	oh 222		
Case leakage GND Co	n Ext. OPEN GND NORMAL<500µA	µA	
Case Leakage GND Co	ON OPEN GND REVERSE <500 µA	μA μA	
Open Neutral Open GN	ID Normal <1m1		
Open Neutral Open GN	ID Roverse >1mA	μΑ μΑ	
ECG Mode to GND No	rmal >5HA	μA	
ECG Mode to GND Re	verse <51 IΔ	μA	h
Open Neutral Normal <		µA	
Open Neutral Reverse		µA	
Open GND Normal <10		Р/``	
(<20µA if line voltage is		μΑ	
Open GND Reversed <	10uA for 120V input		
(<20µA for 264V line vo	oltage)	μΑ	
ISO test ECG Normal	<20uA for120V input		
(<50µA if line voltage is	s 264V)	μΑ	
ÌSO test SPO2 Normal	<20µÁ for 120V input		
(<50μA @ 264V line vo	oltage)	μΑ	
ISO test Temp Normal	<20µA for 120V input	•	_
(<50µA @ 264V line vo	oltage)	µA	
Verify AC light is on			
Verify that the SPO2 Sma	rt Sat is operational		
Verify that Nurse Call is or			
Verify that Alarm Volume i			
Verify 2 min ALARM SILE	NCE ICON		
Verify ALARM OFF	iolon		
Verify correct software rev	ISIOII		
Verify correct serial number Connect to computer usin	a COM 1		
Connect download cable	y Joivi I		
Cal 0 for NIBP			
Verify communication with	Calibration Program		
Accepted calibration for 0	Cambration i Togram		
Accuracy readings are wit	hin 2% or 3 in. ha.		
Verify the Speed Test (12-	15 s inflate, <10 s deflate)		-
Verify that the Leak Test <	4mmHa/min		
Timeout for Adult	· 9 ······		
Verify Leak Test Neonate	(<4mmHg/min)		
Verify timeout Neonate	······/		
Safety Test Adult			
Safety Test Neonate			
Adult Reading on 2 min (4	readings)		
Neonate Reading on STA	MODE (4 readings)		

Functional and Safety Testing Checklist (P	PASS	FAIL
Monitor powers up on Battery only		
ON Current Base < 1400mA		
Verify that charging works on BATT		
Verify GREEN BATTERY ICON		
Verify YELLOW BATTREY ICON		
Verify BLACK BATTERY ICON		
Verify SHUTDOWN @ 10.0 (±0.5) VDC		
If active is connected, full view is readable		
Verify that the display meets the criteria		
Verify SPO2 NO SENSOR		
Verify SPO2 HIGH AMBIENT		
VerifySPO2 SENSOR		
Verify SPO2 Readings with HR		
Verify PULSE TONE		
Verify SPO2 SEARCH OR LOST		
Verify Temp Accuracy 20 to 45 degrees C TP400		
Verify Temp Accuracy 20 to 45 degrees C TP700		
Verify Temp INVALID for both		
Verify baselines are set @ x4 and no more than 3 pixels		
Verify LEADS OFF message		
Verify 3-Lead operation for LEAD I, II, III,		
verify 60bpm and 20bpm for respiration		
Correct leads off message in Lead II		
Correct Lead off messages for five lead		
Verify 5-lead operation for I, II, III, AVL, AVR, AVF, V		
Verify Respiration @ 20 BPM		
Verify Respiration waveform		
Verify the HR @300 BPM		
Verify that the gain works @. 5mv, 2mv, & 4mv		
Verify Pace detect is functional @ 75BPM		
Verify ECG LOST is detected from VFIB		
Verify that ECG out works from J11		
Verify Sine wave < 5% decrease		
Verify sine wave in Monitor Mode		
Verify sine wave in ST filtering		
Measure the sine wave @.05Hz		
In Monitor mode @ .5Hz		
Verify ST mode @.05Hz		
Verify ECG LOST when the simulator is turned off		
Verify encoder works		
Verify time & date are set		
Verify that FREEZE button is operational		
Verify that the TREND button works		
Verify that the STANDBY button works		
Verify that the DEFAULT button works		
Verify that printer paper feed works.		
Verify that printer is operational		
Verify external monitor is functional		
Verify that serial number is correct		
Verify all hardware is tight and properly sealed		
CERTIFICATION THAT THE UNIT IS FUNCTIONING PROPERLY. NAMEDATE		
CERTIFICATION OF FUNCTIONAL AND SAFTEY TESTING TECHNICIANDATE	≣	
TECHNICIAN DATE		

Section 6 — Service Testing and Calibration

Field Service Testing Safety



- Service testing procedures require working with exposed electrical circuits and should only be attempted by experienced electrical or biomedical technicians.
- When a monitor is altered through repair or hardware adjustment, it should be fully tested before use.



⚠CAUTION ⚠

- Always follow ESD precautions when performing any procedure discussed in this section.
- The manufacturer recommends that a serviced monitor be allowed to run for 24 hours before the monitor is placed back into operation.
- Modules and PCBs that have been repaired may require more extensive testing than what is described in this manual.

The pre-assembly testing of printed circuit boards (PCBs) is not covered in this manual. Disassembly of surface mounted components on PCBs is not recommended. Tests provided here are only for the identification of damaged or degraded PCBs.

Field Service Test Matrix

Any time you open a monitor's case you must perform electrical safety tests before you return the monitor to operation. If you service the monitor, you should also perform the functional tests.

You should perform additional tests that are specific to modules and assemblies when you service, adjust, calibrate, or disassemble assemblies. See the following table.

Field Service Testing Required Test Recommended Test	Withstanding Voltage (Hipot)	Electrical Leakage	Ground Continuity Test	Functional Testing	ECG Verification	SPO ₂ Verification	NIBP Verification	CO2 Absorber Verification	Gas Flow/CO2 Verification	Temperature Verification	Communication Testing	SpO2 Performance Test	NIBP Module Calibration	CO2 Calibration	Temperature Check	Main Board Testing
No Fault (case opened)	~		~	~					~							
NIBP Pump	1	•	/	~			•		/							
SPO2 Board	/		~	/					/							
ECG/Analog Board	/		/	/	•	<			/	•		•				
CO2 Absorber				~												
CO2 Board	~	•	1	~												
Main Board	~		'						'	~			/			
Display/Inverter Board	~	•	~	•					/							
Membrane Key Pad	~		~		~	/	/		~	~	~					
Printer and/or Board	~		~	/												
Power Module	~	•	/	•	~	'	/		/	~	~					
Instrument Dropped	1	~	~	~	~	/	/		/	~	'					
Software Download				•	~	/	/		~	~						
Annual Safety Test	~		1	1	/	/	/			1						

Field Calibration Procedures

Some of the following procedures require specialized equipment that could be available only to larger service facilities.

Criticare recommends that NIBP calibration and calibration of the ECG/Analog Board be performed at CSI authorized service facilities.

NOTE: For testing and calibration of the CO_2 module, see "Appendix A – CO_2 Service."

DOX SpO₂ Performance Testing

This test requires a SmartSat Pulse Oximetry Analyzer, Model SS-100A. The SmartSat is a programmable simulator and probe analyzer. The SmartSat is the recommended device for testing the DOX SpO₂ module. The SmartSat, model SS-100A, is available from Clinical Dynamics Corp. of Wallingford, CT.

The SmartSat comes standard with Lemo style connections. The Cat. No. 913A adapter that converts Lemo to DB-9 style SpO_2 connections is needed for the 8100E Series. The analyzer also has a custom port designed for testing DOX^{TM} SpO_2 sensors.

Programming the SmartSat Analyzer

The SmartSat can be used for spot checking SpO₂ values using the manual settings. The manufacturer recommends using a timed and programmed sequence to ensure that there is optimal performance.

For older revisions of SmartSat Analyzer that does not have a program for the Model 8100E monitor, program the SmartSat as specified below. Verify that the monitor's display value matches the corresponding value in the test procedure, not the program settings.

AUTO SEQ	: MODEL 8100	Ε	Oximete	r DOX
Step	Time	Mod	Setting	Rate
1	18s	5.00	99	40
2	20s	5.00	96	60
3	20s	5.00	89	80
4	20s	5.00	73	100
5	20s	5.00	52	120
6	20s	5.00	42	180
7	20s	5.00	26	300
8	END			

Recent versions of the SmartSat Analyzer are pre-loaded with a different program, but utilize the same test.

Test Procedure

- 1. Verify the SpO₂ module. (For verification, refer to "SpO2 Verification" on page 5-18.)
- 2. Attach the monitor to the SmartSat.
- Start the SmartSat programmed sequence: SmartSat Auto Sequence. Verify that the monitor's reported SpO₂ values are within the limits specified.

LevelSat	turation	(%)Limits(%)	Heart Rate	Limits
1	99	97 - 99	40 bpm	39-41 bpm
2	96	94 - 98	60 bpm	59-61 bpm
3	90	88 - 92	80 bpm	79-81 bpm
4	78	76 - 80	100 bpm	99-101 bpm
5	61	58 - 64	120 bpm	119-121 bpm
6	52	49 - 55	180 bpm	179-181 bpm
7	40	37 - 43	300 bpm	297-303 bpm

- 4. Even if the monitor fails only one level, rerun the sequence after 30 seconds. Only if the monitor is successful the second time, do you pass the monitor.
- 5. If the monitor fails again, contact the CSI service department.

SpO₂ Board Test Values

While the DOX SpO_2 Board is in operation, it should conform with the following test values. The operational current draw of the board should be less than 50 ma. Use TP4 as ground for each measurement.

Test Point	Signal	Value
TP3	-5A	-5V (±0.05V)
C9(+)	+10	+10V (±0.20V)
TP2	+5D	5V (±0.05V)
VR1 (4)	-2.5VREF	-2.5V (±0.03V)

- 1. If the any of these values fail to test correctly, isolate the problem to either the SpO₂ Board or the power supply circuits.
- 2. Remove the SpO₂ Board from the monitor.
- 3. Test the equivalent signals on the ECG/Analog Board circuits, -5A, +10, +5D, -2.5VREF. See "Assembly Tests" on page 7-9.
- 4. If the values return to normal with the SpO₂ Board removed, replace the SpO₂ Board.

NOTE: The ECG/Analog Board provides power to the SpO₂ Board.

The DOX ${\rm SpO_2}$ Board can be replaced as a serviceable component. The downloadable software settings associated with the ${\rm SpO_2}$ module are stored on the ECG/Analog Board. No calibration or ${\rm SpO_2}$ Board preparation is required.

NIBP Calibration

Equipment Required:

- CAT #1320 kit, which includes: NIBP Service Program (pn 97082A003, Rev. 2)
- PC computer configured for use with CSI Service Software
- 8100 serial download cable, CAT #1320 (pn 90840A004)
- 700cc dummy cuff
- · ESD protected workbench
- Digital reference manometer
- Dynatech Nevada NIBP Analyzer

Installing the PC Service Program

The NIBP Service Program is provided on a self-installing CD ROM disk (pn 97082A003, Rev. 2). If the CD ROM does not run automatically you may need to click on the CD ROM icon.

Run the auto-installation disk. The program *NIBPSvc.exe* will be loaded into the Program Files directory. The new folders CSI\Tools will be created. A launch icon will also be placed on the desktop of the computer.

Configuring the Ports

The Service Program is designed to operate using a serial COM1, COM3 or COM4 port. If your computer uses USB ports instead of a serial port an adapter will be required. The following adapters are recommended:

- IOmega USB to Serial/PDA Converter Cable (GUC232A)
- Keyspan USB Serial Adapter (USA-19HS)

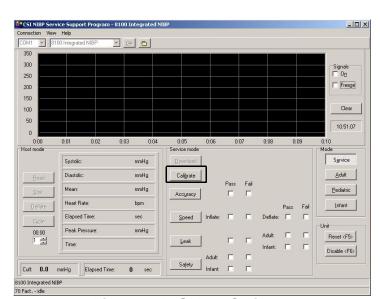
If COM1, COM3 or COM 4 is not available as a free port, the ports will need to be reconfigured in the computer's device manager. Go to Control Panel\System\Hardware and select Device Manager. Select Ports and reassign the alternate port or the USB to Serial Adapter to COM1, COM3 or COM 4. For laptops using a USB adapter, select COM4 or an alternate COM port as necessary.

Calibration

1. Connect a serial download cable (P/N 90840A004) from the PC serial port to "COM2" (J10 on the Main Board).



- 2. Open the service tool on the computer. Select *Start > Programs* > *CSI NIBP Service > NIBPSvc*. Close the disclaimer dialogue box.
- 3. Select *COM1* for the port and select *8100 Integrated NIBP* for the model. Click on *OK*.
- 4. Click on Connection and select Open in Service Mode.
- 5. Press the nGenuity 8100E monitor ON/OFF key to start the monitor.
- 6. Connect a 700cc dummy cuff and manometer to the NIBP fitting on the unit.



7. Click on the Calibrate button to calibrate the NIBP module.

Figure 6-5: Select Calibrate

8. A box prompting you to attach the digital manometer and dummy cuff will appear. Verify that the pressure at the cuff is "0mmHg" ±2mmHg. Click *Next*.

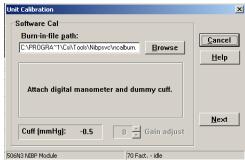


Figure 6-6: Verify Cuff Pressure

 Verify that the pressure at the cuff is "0mmHg" ±2mmHg. If the pressure is not ±2mmHg of zero, the main board must be replaced. Click Next.

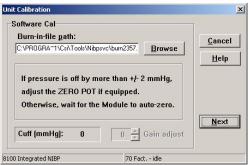


Figure 6-7: Verify Cuff Pressure

10.Check the cuff pressure as indicated on the service screen of the computer with the pressure indicated on the digital manometer. The cuff pressure should be within ±0.5 mmHg of each other. Use the up and down arrows to adjust the gain unit until the pressures match each other. Click *Finish*.

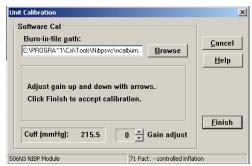


Figure 6-8: Finish Calibration

11.A window will appear on the screen indicating that data is being stored.

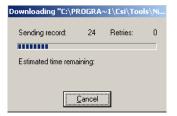
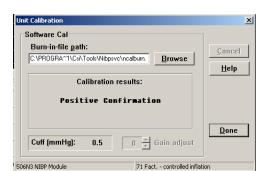


Figure 6-9: Storing Data



12.A Positive Confirmation message will appear. Click Done.

Figure 6-10: Positive Confirmation Message

NOTE: If a confirmation fails, power cycle the monitor and recalibrate.

If the zero base point is out of range, manually set the NIBP module

NIBP Performance

- Restart the service program on the PC. Select Start > Programs > CSI NIBP Service > NIBPSvc. Close the disclaimer dialogue box.
- 2. Turn the monitor's power on again and establish a new communications link between the monitor and the PC service program.
- 3. To perform the service test for speed, click on the *Speed* button, then click on *Start*. When the unit passes the speed test, press *Done*.
- 4. To perform the service test for leakage, click on the *Leak* button, then click on *Start*. When the unit passes the leakage test, press *Done*.
- 5. To perform the service test for inflation safety, click on the *Safety* button, then click on *Start*. When the unit passes the safety test, press *Done*.
- 6. Turn the monitor off. Click on *Abort* if an error message appears on the computer once the monitor is off.
- 7. Exit the service program on the computer. Remove the download cable. Click *No* to exit the program; click Yes to save the data to a user-specified location.

Temperature Input Check

- 1. Connect the temperature simulator (TP400) to the TEMP connector.
- 2. Verify the Temperature on the display is within ± 0.1 C for temperature simulator settings of 20, 25, 30, 35, 36, 37, 38, 39, 40, and 45C.
- 3. Disconnect the Temperature simulator from the TEMP CONNECTOR and verify that the Temperature on the display is "---. -". Verify *TEMP INVALID* appears on the display.
- 4. Repeat steps 1-3 for temperature simulator (TP700).
- 5. Switch off the power. Disconnect all cables.

Monitor Fault Testing

The following procedures are used to determine whether boards and assemblies are damaged. New boards and mechanical assemblies should be tested as part of any replacement repair.

Board level tests require opening the monitor housing which can void your product warranty.

Always follow ESD precautions when performing these procedures.



↑ DANGER **↑**



 High Voltage! Board testing requires working with dangerous voltages. The rear assembly, that contains the power supply module, should only be serviced by experience electrical technicians.

Power Supply Board Test

- 1. Remove the batteries from the monitor.
- 2. Open the case.
- 3. Follow the disassembly procedures (refer to "Disassembly" in Section 7 in this manual) to expose the power module. Do not remove the power module.
- 4. Disconnect the DC power cable at PS2 of the Main Board. Leave the other end attached to the Power Supply Board.
- Using a controlled AC source, apply 115 VAC at 60 Hz to the AC receptacle. The source should be able to supply a minimum of 3 amps. (Use a power cable that has suitable connections to the AC source.)
- 6. Measure the DC power cable end. The power module should supply 15.3 VDC (±0.1V).
- Proceed to the next step if the voltage is within specification. If it
 is a new board under test, it might not be calibrated. The trim
 potentiometer on calibrated boards should be varnished or
 otherwise sealed.
- 8. Reassemble the monitor.

Main Board Testing

Test the following conditions without batteries in the monitor.

- Connect a 15.3VDC 3A power supply to connector PS2 on the Main Board.
- 2. Insert an ammeter inline at PS1 on the Main Board.
- 3. Verify the quiescent current (the power is applied, but the power control is in the OFF state) is less than 1ma. This quiescent current decreases to less than 1ma in a very short period of time. This must be done at the Battery connector. Remove the ammeter.
- 4. Connect a speaker to J20 on the Main Board.
- 5. Connect a membrane switch to J7 on the Main Board.
- 6. Attach a menu knob to the main board at J8 on the Main Board.
- 7. Verify that the monitor turns on after pressing the ON/OFF key, and that the following voltages are present:

Test Poir	nt Signal	Value	
TP21	+PWRUNSW	+15.3V	(±0.5VDC)
TP4	+5D	+5.0V	(±0.1VDC)
TP18	+5P	+5.0V	(±0.1VDC)
TP1	+3.3D	+3.3V	(±0.05VDC)
TP17	+8V	+8.0V	(±0.25VDC)
TP7	-5A	-5.0V	(±0.25VDC)
T13	+6.8	+6.8V	(±0.32VDC)
TP9	+5A	+5.0V	(±0.3VDC)
TP14	+5VREF	+5.0V	(±0.025VDC)
TP3	+5B	+5.0V	(±0.25VDC)

Section 7 — Disassembly

Before You Begin

Tools Needed The following tools are needed to perform these procedures:

- #0 phillips screwdriver
- #1 phillips screwdriver
- · #2 phillips screwdriver
- 3/16 flat blade screwdriver
- · 11mm deep dish socket and wrench

Before You Begin

- 1. Turn the monitor off.
- 2. Disconnect the AC (Mains) power cord and remove the battery.

<u>M</u>WARNING <u>M</u>

- The procedures presented in this section are intended to be implemented by qualified biomedical engineering or field service personnel for PCB assembly replacement.
- The procedures presented in this section are not intended to be used for component-level trouble shooting and repair of the PCB assemblies. Only CSI service personnel are authorized to perform component-level repair.
- Possible safety hazard. Read the battery safety information provided in "Safety" on page 1-16

↑ CAUTION **↑**

 Opening a monitor and breaking the quality seal can void your manufacturer warranty! Before breaking the seal on a CSI monitor, contact the CSI service department.

The repair procedures for the monitor are included here for the determination of damaged or unusable assemblies. CSI does not recommend attempting the field repair of the circuit boards.

Service Safety

⚠DANGER ⚠

- The monitor contains an internal AC power supply that contains potentially lethal voltages.
- High Voltage! If the power supply is defective, replace the entire Power Supply assembly.

Electrostatic Discharge Protection

The procedures in this section require handling of electrostatic sensitive components. Microprocessors and other electronic components can be permanently damaged by attempting repairs at an unprotected workbench.



Use all electrostatic discharge (ESD) protection as described!

- Perform the disassembly procedure on an antistatic mat that is grounded. Check the ground cable to insure that it is connected to a good earth ground.
- · Use a grounded soldering iron.
- Wear a wrist-grounding strap.
- Connect the wrist strap and mat through a resistor (1 megohm typical) to the same ground source.
- Test the wrist-ground straps on a daily basis.
- Temporarily store components in metal or antistatic containers.
 Do not store components in plastic dishes. Store circuit boards in sealed antistatic bags or cover them in antistatic boxes. Do not store electronic boards directly in cardboard boxes.

Disconnecting and Replacing the Battery

Remove the Battery

- 1. Follow all ESD procedures as stated in "Electrostatic Discharge Protection" on page 7-2.
- 2. Remove the two (2) screws (PHMS 4-40 x .500 SEMS; pn 40995B003) from the battery door.
- 3. Remove the battery door (pn 45182B001) from the rear monitor enclosure (pn 45179B001).
- 4. Unscrew battery bracket (pn 42634B002).
- 5. Label and remove the battery cables from the battery.

Reconnect or Replace the Battery

- 1. Connect the battery cable to the battery:
 - Negative lead (black) to the negative (--) terminal of the battery
 - Positive lead (red) to the positive (+) lead of the battery.
- 2. Replace battery bracket.
 - Wires must not route between battery and bracket.
- 3. Place the battery door (pn 45182B001) onto the rear enclosure (pn 45179B001).
- 4. Insert the two (2) screws (PHMS 4-40 x .500 SEMS; pn 40995B003) into the battery door and secure.

Printer Repair

Removing Printer Assembly

- 1. Follow all ESD procedures as stated in "Electrostatic Discharge Protection" on page 7-2.
- 2. Remove the battery following the instructions in "Remove the Battery" on page 7-2.
- 3. Remove the two (2) screws (PHMS 4-40 x 0.312 SEMS; pn 40995B001) holding the printer assembly (pn 92804A001) to the monitor
- 4. Label and remove the ribbon cable from the printer module.
- 5. Remove the module from the main monitor assembly.

Replacing Printer Components

- 1. Remove the three (3) screws (pn 40995B005) holding the Printer PCB to the assembly.
- 2. Disconnect Ribbon Cables J2 and J3.
- 3. Remove the Printer PCB (pn 91341A003) and set on an ESD-safe mat. If only the Printer PCB needs to be replaced, go to step #4.
- 4. If the print head needs to be replaced:
 - a. Remove the three (3) screws (pn 41458B001) and the two (2) brackets (pn 45188B001 and pn 45189B001) holding the print head in place.
 - b. Remove the print head (pn 84005B001).
 - c. Place the new print head into the printer assembly.
 - d. Reattach Ribbon Cables J2 and J3.
 - e. Reattach the brackets with the three (3) screws removed earlier.
- 5. Place Printer PCB in the assembly and fasten with the three (3) screws removed earlier.

Reattach the Printer Assembly

- 1. Position the printer module assembly (pn 92804A001) over the main monitor assembly.
- 2. Connect the ribbon cable to the printer module and insert the module into the main monitor assembly with etch facing PCB.
- 3. Insert the two (2) screws (PHMS 4-40 x 0.312 SEMS; pn 40995B001) and secure.

Front Main Chassis Repair

Disassembly

- 1. Remove and retain encoder knob from front unit by rotating and prying the knob off.
- 2. Remove and retain four (4) nylon screws (pn 42654B002) and clear plastic insulator (pn 40083B002) from bottom of unit.
- 3. Remove and retain two (2) phillips flat head screws from bottom of unit.
- 4. Remove and retain two (2) phillips flat head screws from rear of unit near power entry module.
- 5. Remove and retain two (2) phillips pan head screws and battery cover from rear of unit battery cover.
- 6. Remove and retain two (2) phillips pan head screws and either printer or printer cover from rear of unit.
- 7. Disconnect printer cable from printer.
- 8. Remove and retain six (6) phillips head screws from around edge of unit accessible from rear of unit.
- 9. Remove quality sticker from the unit.

PCB Replacement

S_PO₂ PCB

To replace the SpO₂ PCB assembly (pn 91339A001):

- 1. Label and disconnect the connectors at P1 and J1 on the $\ensuremath{\mathsf{SpO}}_2$ PCB.
- 2. Remove the four (4) screws (PHMS 4-40 X 0.500; pn 40995B003) holding the SpO₂ PCB to the chassis assembly.
- 3. Remove the SpO₂ PCB from the mounting plate (pn 42636B001).
- 4. Position the new SpO₂ PCB over the bracket and connect it to the SpO₂-to-analog cable at P1.
- 5. Reattach the SpO₂ cable to the SpO₂ PCB at J1.
- 6. Place the SpO₂ PCB on the SpO₂ mount plate.
- 7. Secure the SpO₂ PCB to the mount plate with the four (4) screws removed earlier.

SHIELDED ANALOG PCB

To replace the Shielded Analog PCB (pn 91353A003):

- Remove the SpO₂ PCB assembly as described in "SPO2 PCB" on page 7-4.
- Label and disconnect all connectors. Remove four (4) screws from the corners of the metal plate which the SpO₂ Board is mounted on. Remove the plate.
- Remove the four (4) spacers (pn 40909B002) that hold the shielded analog PCB assembly.
- Disconnect cables from P1 (ECG Cable) and P5 (Ribbon to SpO₂ Board).
- 5. Remove the Shielded Analog PCB.
- 6. Reassemble in reverse order.
 - Be certain when installing the Shielded Analog PCB that P4 is fully seated to the main PCB.
 - If not seated properly, the unit will display a CONM H/W error shortly after Power Up.

MAIN PCB

To replace the Main PCB (pn 91340A004):

- Remove the four (4) screws (PHMS 4-40 X 0.312 SEMS; pn 40995B001) that hold the chassis to the front enclosure. Remove the monitor chassis assembly (pn 92803A001) from the front enclosure.
- 2. Label and disconnect all connectors from rear Main PCB.
- 3. Remove the two (2) screws (PHMS 6-32 x 0.500; pn 40496B004) and standoffs (F/F 6/32 X 0.625 HEX; pn 42639B001) from the upper section of the main frame and the upper section of the Main PCB. Retain the screws and standoffs for reassembly.
- 4. Remove the four (4) screws (PHMS 6-32 X 0.250; pn 40496B002) and the four (4) standoffs (F/F 6/32 X 0.625 HEX; pn 42639B001) from the middle and lower sections of the main frame and the Main PCB. Retain the screws and standoffs for reassembly.
- 5. Remove the Main PCB shield (pn 45192B001) from the main frame (pn 42635B001).
- 6. Label and disconnect all connectors from front (Display) of main PCB.
- 7. Remove the Main PCB from the shield.
- 8. Reassemble in reverse order.

Display Assembly

Display Removal

- Follow all ESD procedures as stated in "Electrostatic Discharge" in this section.
- 2. Remove the battery following the instructions in "Remove the Battery" described in this section.
- 3. Remove the front main chassis as described previously in this section.
- Remove the four (4) screws (PHMS 4-40 X 0.312 SEMS; pn 40995B001) that hold the chassis to the front enclosure. Remove the monitor chassis assembly (pn 92803A001) from the front enclosure.
- Remove the four (4) screws (pn 40995B006) that hold the display to the assembly. Tilt display forward and disconnect all connectors.
- 6. Remove the Display assembly from the front chassis.

Membrane Replacement

- 1. Remove the rotary encoder shaft using 11mm wrench.
- 2. Carefully press the membrane switch from the chassis. Retain silicone tubing from membrane studs.
- 3. Position the membrane switch (pn 45177B001) over the display chassis (pn 42637B001). Align the four (4) threaded studs on the membrane switch with the four (4) holes on the display chassis. Push on the membrane switch and place silicone tubing onto the four (4) threaded studs.
- 4. Slide the encoder shoulder washer (pn 42640B001) onto the rotary encoder (pn 42140B001). Insert the rotary encoder through the rear of the display chassis so that it protrudes through the membrane switch.
- 5. Slide the encoder flat washer (pn 42641B001) onto the rotary encoder.
- 6. Place and secure the lock washer and the nut, which is part of the rotary encoder onto the encoder.
- 7. Reassemble the monitor.

Display Installation

- 1. Attach the four (4) pieces that make up the foam gasket (pn 43614B001) to the display (pn 81520B001).
- 2. Align the new display over the stand offs of the display chassis. Secure the new display with four (4) screws.

Bottom Chassis Repair

Disassembly

- 1. Follow all ESD procedures as stated in "Electrostatic Discharge Protection" in this section.
- 2. Remove the battery following the instructions in "Remove the Battery" in this section.
- 3. Remove the two (2) screws (PHMS 6-32 X 0.375 SEMS pn 40180B002) from the rear enclosure (pn 45179B001). Refer to "Front Chassis Disassembly" earlier in this section.
- 4. Remove the rear enclosure (pn 45179B001) from the front enclosure assembly (pn 45178B001).

Speaker Replacement

- Label and disconnect the speaker wire from J20 on the Main PCB.
- 2. Remove the speaker assembly (pn 95257A002) and the speaker mounting plate (pn 42633B001) from the chassis bottom.
- Position and place the speaker assembly over the speaker insulator.
- 4. Position and place speaker mounting plates (pn 42633B001) onto chassis speaker studs.
- 5. Secure speaker with 6-32 keps nuts (pn 40284B002).
- 6. Attach the speaker wire to J20 on the Main PCB.

NIBP Chassis Replacement

- 1. Label and remove the hoses from the NIBP fitting and Main PCB. Disconnect cable from Main PCB (P2).
- 2. Remove the four (4) screws (PHMS 4-40 X 0.250 SEMS; pn 40995B005) holding the NIBP chassis to the bottom chassis.
- 3. Remove the NIBP chassis.
- Position and place the new NIBP chassis assembly (pn 92797A001) onto the four (4) stand-offs of the riveted bottom chassis assembly (pn 92798A001).
- 5. Secure the NIBP chassis assembly with four (4) screws removed earlier.
- 6. Reattach connector P2 on the Main PCB and hoses on Main PCB and NIBP fitting.

Power Supply Replacement

- Label and disconnect the power supply cable from PS2 on the Main PCB.
- 2. Disconnect cable CN1 from power supply.
- 3. Disconnect groundwire from JP1 and Power Supply.

- 4. Remove the two (2) screws (PHMS 6-32X0.25 SEMS; pn 40496B002) from the bottom of the chassis that hold the power supply bracket in place. Disconnect cable from J5.
- 5. Remove the existing power supply from the chassis. Connect cable to J5 on new Power Supply.
- 6. Position and place the new power supply onto the riveted bottom chassis assembly (pn 92798A001).
- 7. Insert the two (2) screws removed earlier through the bottom of the chassis and into the power supply bracket. Secure the assembly with the screws.
- 8. Attach the power supply cable to J20 on the Main PCB.
- 9. Attach ground wire to JP1 on Power Supply.
- 10. Attach power cable to CN1 on Power Supply.

Testing

Perform the annual safety tests and the electrical safety tests any time the monitor is opened for repair. These tests are found in "Preventative Maintenance" in Section 5.

Assembly Tests

Field Service Assembly Test	ing				
Unit Serial Number Main Software Revision					
	<u>Pass</u>	<u>Fail</u>			
Plug an AC cord into the unit.					
The green AC light should be on.					
Hit the Power key.					
The display should show CSI with current revision of software.					
Check for proper operation of pump by hitting the "NIBP" key.					
To insure the membrane buttons are operable, hit the following ker in sequence and listen for the beep:	ys				
FREEZE NIBP CYCLE/STAT NIBP PRINT SILENCE DEFAULT TREND STANDBY					
Rotate the Encoder knob and verify the cursor moves.					
Press the encoder and verify a menu is selected.					
Press the encoder again to exit.					
List of replaced or repaired modules: Description	Serial N	umber			
Certification of Proper Assembly Name	Date				
Assembly Technician Name	Date				
This checklist may be copied.					

Section 8 — Troubleshooting

This section lists the possible causes of monitor problems. Use this table and the schematics in "Drawings and Schematics" in Section 9 to identify and locate components that malfunction.

Symptom	Problem	Solution
Unit won't power up (On/ Off LED is dark)	Battery is not connected Battery is discharged	Fully seat battery connection Connect AC power cord
	AC power cord is not securely connected to monitor	Connect AC power cord to monitor
	AC outlet off or unpowered	Connect power cord to a live outlet
	Fuses are blown (Located below AC connection	Replace AC fuses (pn 80131B002)
	Main Board is disconnected	Reconnect DC power cable at PS2 on Main Board
	Bad membrane	Replace the keypad membrane
	Main Board fuse blown	Replace F2 on Main Board for battery or F4 for Power Source
Cannot activate hardkey function or turn on	Membrane panel is not securely connected	Reconnect ribbon cable to J7 on Main Board
monitor with AC power	Keypad membrane is bad	Replace keypad membrane panel
(On/Off LED is green)	Inverter is bad	Replace the inverter
	Main board is bad	Contact CSI Service Department
Display is blank or not readable	Video screen cables to Main Board are disconnected or loose	Reconnect data and inverter cables to connectors on Main Board (J2, J3, J4, and/or J5)
	Inverter malfunction	Make sure all Inverter connections are secure.
	Inverter is bad	Replace the inverter
NIBP air leak	Defective cuff Defective hose	Replace Cuff Replace Hose
	Pneumatic tube leaks	Re-seat tube or replace pneumatics
	Defective valve	Contact CSI Service Department
	Defective main board	Contact CSI Service Department
NIBP not functioning	Pump disconnected	Reconnect pump to P2 on Main Board
	Pump motor failure	Contact CSI Service Department
	Main Board pump driver bad	Contact CSI Service Department
	NIBP calibration error	Contact CSI Service Department

Symptom	Problem	Solution
SpO ₂ not functioning	SpO ₂ Board disconnected	Reconnect to P5 on ECG/Analog Board and check the connection at P1 on SpO ₂ Board
	Defective SpO ₂ Cable	Replace cable
	ECG S1 switch set wrong	Adjust switches to correct module (1-4 OFF for DOX SpO ₂)
	Main board malfunction	Contact CSI Service Department
ECG noise or intermittent function	 Poor electrode placement Bad/wrong ECG Cable Line Frequency/Filter wrong ECG connection worn Cable to ECG/Analog Board bad Defective analog PCB 	Reposition/replace electrodes Replace ECG cable Check ECG settings Replace ECG port Replace cable assembly at P1 on ECG/Analog Board Replace Analog board
SpO is "poisy"	-	
SpO ₂ is "noisy"	Sensor may be bad.Receptacle may be damaged.	Replace the sensor. Replace receptacle.
	The connection between Main Board J12 and ECG/Analog Board P4 is loose or disconnected. (Can be verified by presence of CONM H/W error.)	Reseat the connection.
	Main Board or ECG/Analog Board may be bad.	Replace Board(s)
No sound from speaker	Volume turned down	Set volume higher in Configuration (CONFIG) window.
	 Main Board connection is disconnected or loose 	Reconnect J20 on Main Board
	 Speaker wire broken at speaker terminals 	Check speaker wires for breaks or bad crimp pins
Speaker scratchy or unclear sound	Metal debris on speakerBad speaker	Remove debris from speaker drum Replace speaker
COM 1 serial interface doesn't work	Set to internal printerIncorrect or bad cableSetting mismatchConnector is bad	Reset monitor to external printer Replace with correct serial cable Reset baud rate and other settings Replace the Main Board
No ECG trace displays	ECG Cable may be bad. The connection between Main Board J12 and ECG/Analog Board P4 is loose or disconnected. (Can be verified by presence of CONM H/W error.) Main Board or ECC/Analog.	Replace with known good cable. Reseat the connection.
	 Main Board or ECG/Analog Board may be bad. 	Replace Board(s)

Troubleshooting and Repair

Before attempting to repair a damaged monitor the technician must fully understand the functions of the monitor. The service technician should have read and understood all the previous sections of this manual.

You must fully repair, calibrate, and test all damaged monitors before you use them on patients. The monitor must meet the original operating specifications before you use it on a patient.



Always follow ESD precautions when performing any of the procedures discussed in this section.

ComfortCuff NIBP Module

The NIBP module consists of a pneumatic pump assembly (pn 95576A003) and control circuitry located on the Main Board (pn 91340A004).

The pneumatics assembly is mounted on the back side of the metal chassis plate. A large diameter tube (pn 41602B001) connects to the Quick-Connect hardware fixture and the transducer on the Main Board. The transducer port faces out the back side of the Main Board through a hole.

The remaining pneumatics links connect the two control valves (pn 95596A004), the pump (pn 95576A005), and the check valve (pn 41579B003). As the tubing ages it may lose its seal. Old tubing can be re-seated or replaced as necessary.

When any major pneumatic component such as a pump or valve is replaced, the NIBP module must be re-calibrated as in "NIBP Calibration" in section 6 of this manual. The manufacturer recommends that the monitor be returned to a CSI authorized service facility if pump replacement is required.

The transducer SENS1 and the zero point calibration pot R92 are not field serviceable components. Improper replacement can result in permanent damage to the Main Board.

ECG/Impedance Respiration Module

The ECG circuitry is located on the ECG/Analog Board assembly (pn 91353A003) that is attached to the metal chassis behind the main board.

The ECG/Analog Board fits directly on to the Main Board through a socketed 10-pin connection on the left side of the board assembly. There is also a shielded cable assembly that extends from the top of the board to the external ECG port. Check each of these connection points if the monitor fails to produce an accurate ECG waveform.

The ECG/Analog Board has a foil shield to reduce noise from other portions of the monitor. Noise can be introduced by worn cable assemblies and degraded power supplies. Test the analog ECG waveform signal and the input power where they enter the ECG/Analog Board for interference noise.

There is a replacable 2-amp fuse (pn 80004B003) at location F1 on the ECG/Analog Board. The fuse provides protection in the power circuit leading from the P4 connection to the Main Board. Surface mount components on the ECG/Analog Board are not recommended for field repair and replacement.

You can replace the ECG/Analog Board assembly as a serviceable component. Replacement ECG/Analog Board assemblies, (pn 91353A003) are pre-tested, software loaded, and calibrated. The monitor requires complete safety testing after reassembly.

NOTE: Always check line frequency, filter settings and the ECG lead cables as part of any ECG trouble shooting. Always use the recommended simulators for performance testing.

Board Settings and Module Software

There are three pots under the shielding at locations R112, R110, and R108. They are the baseline adjustments for ECG I, EGG II, and ECG V respectively. These are factory set; you should not adjust them. Set the S1 switches (off) in the open position to allow communication with the DOX module. See "ECG Verification" in Section 5.

The ECG/Analog Board contains its own on-board software that is factory loaded. The program is stored in non-volatile memory on the ECG/Analog Board. Repair or improper handling of the ECG/Analog Board can corrupt this software.

Respiration

The respiration circuit is located on the ECG/Analog Board. There is no separate calibration or testing for the impedance respiration.

Temperature

The temperature module is located on the ECG/Analog Board. There are no on-board settings or service calibrations. The temperature module is auto-calibrating upon start-up.

DOX SpO₂ Module

The DOX $\rm SpO_2$ module consists of a separate board that is attached above the ECG/Analog Board. There is a communication connection for a ribbon cable (pn 90866A001) at the bottom edge of the ECG/Analog Board. The ribbon cable extends to the $\rm SpO_2$ Board. There is also a short cable to the ECG/Analog Board (pn 90866A002).

The plethysmograph input signal enters the SpO₂ Board through a shielded cable that runs between the boards and metal chassis to the opposite side of the monitor.

The DOX ${\rm SpO_2}$ module is composed of digital components that are not effected by noise. There is also no signal degradation or loss of calibration due to analog components. Interference or noisy signal can be due to a worn cable assembly or DB-9 connector. Replace the connector and cable assembly if necessary.

Always check the sensor when intermittent problems are reported. Stretched or otherwise damaged sensor cables must be replaced.

NOTE: The line frequency setting of the monitor must be set correctly for optimal SpO₂ monitoring.

Main Board

The Main Board (pn 91340A004) contains the primary processors, storage memory, NIBP circuitry, communication interfaces, audio driver, vital signs module connections, power regulation, battery charge circuits, video generation, and keypad inputs (User I/O).

The Main Board has an adjustable pot R92 that you set during NIBP calibration. There are two CPUs on the Main Board that you must program from a CSI Service Download Station. The programmable settings remain in non-volatile memory. Repair or improper handling of the Main Board can corrupt this software.

There is one (1) replacable 3-amp fuse (pn 82004B001) for the battery input at PS1. There is one (1) replaceable 4A fuse (pn 82004B010) for the power supply module at PS2 (F4 protects the supply output).

If you replace the Main Board you are required to cal-check the NIBP module. NIBP pneumatics assemblies and Main Boards may not be changed unless re-calibrated.

Except for fuses, the Main Board is not a field-repairable component. Replacement Main Boards are pre-tested, programmed, and calibrated.

Power Module

The power module (pn 95710A002) consists of the battery compartment bulkhead and chassis, the fan, cable assemblies, and the Power Supply Board. The Power Supply Board (AC to DC converter) is not a field-repairable component. If the board is damaged or fails test replace the entire assembly.

⚠DANGER ⚠



 High Voltage! Repairing and testing the power supply requires working with dangerous voltages. The power supply module should only be serviced by experienced electrical repair technicians.

Fuse Replacement

The main fuses (pn 82013B002) for the power module is located in an external compartment above the AC power cord connection. Replace only with:

• 1A/110/230 volt Time-Lag fuses (pn82013B002).

Check the monitor ID label to determine which voltage the unit uses.

You do not have to open the monitor case to change the main power fuses. See "Fuse Removal/Replacement" in Section 5.

⚠WARNING ⚠



• Shock hazard! Substitution of fuses or jumping the fuse contacts can endanger the patient and damage the monitor.

AC Power Components

The power entry module (pn 80243B002), when replaced, must remain electrically isolated between the chassis and power entry module ground. The AC power entry module requires a fuse drawer (pn80130B001).



Replace broken, cracked, or loose AC receptacles. Replace the receptacle if the external pins are bent or broken. Do not attempt to remove or modify the ground pin!

Check the cables and chokes for heat damage before power module replacement. Remove the assembly from the housing and inspect the back side of the board for scorching or damaged solder connections. Replace the entire assembly if there are any signs of high current damage.

Section 9 — Drawings and Schematics

List of Drawings	Title	Drawing Number
Assembly BOMs	Final Assembly 8100E (without printer)	93979A001
and Drawings	Final Assembly 8100EP (with printer)	93979A002
	Final Assembly 8100E1 (w/ CO ₂ , no printer)	93979A011
	Final Assembly 8100EP1 (w/ CO ₂ and printer)	93979A012
	Main Monitor Assembly	92800A001
	Main Monitor with CO ₂ Assembly	92800A002
	Chassis Assemblies	92803A001
	Bottom Chassis Assembly	92799A001
	Power Supply with Brackets	95710A003
	Main Chassis Assembly	92801A001
	NIBP Chassis Assembly	92797A002
	CO ₂ Internal Module Assembly	92811A001
	CO ₂ External Module Assembly	92811A002
	Display Chassis Assembly	92802A001
	Assembly Patient Connectors	95767A001
	Shielded Analog Board Assembly	91353A003
	Printer	92804A001
PCB Drawings	Title	Drawing Number
and Schematics	Main Board 8100E/8100EP	91340A005
	Main Board 8100E/8100EP Schematic	91340S005
	Analog Board 8100	91342A003
	Analog Board 8100 Schematic	91342S003
	SpO ₂ Board	91339A001
	SpO ₂ Board Schematic	91339S001

Final Assembly

8100E (Without Printer) 93979A001 FINAL ASSEMBLY 8100E

Item #	CSI Part #	Description
01	92800A001	AY MAIN MONITOR
02	45183B001	COVER NO PRINTER
03	40995B001	P.H.M.S. 4-40X.312 SEMS
05	95773A001	LABEL SET 8100E/EP ENGLISH
06	41891B002	DB9 COVER PLATE
07	41891B003	PLATE COVER MINI-DIN
08	40123B004	P.H.M.S. 4-40X.250 NY WHT
09	46162B001	LABEL CSI MON BAR CODE
10	46426B004	LABEL HARDWARE REVISION 4

8100EP (With Printer) 93979A002 FINAL ASSEMBLY 8100EP

Item #	CSI Part #	Description
01	92800A001	AY MAIN MONITOR
02	92804A001	AY PRINTER MODULE
03	40995B001	P.H.M.S. 4-40X.312 SEMS
04	40065B002	PAPER THERMAL 2.283 WIDE
05	95773A001	LABEL SET 8100E/EP ENGLISH
06	41891B002	DB9 COVER PLATE
07	41891B003	PLATE COVER MINI-DIN
08	40123B004	P.H.M.S. 4-40X.250 NY WHT
09	46162B001	LABEL CSI MON BAR CODE
10	46426B004	LABEL HARDWARE REVISION 4

8100E1 (With CO₂) 93979A011 FINAL ASSEMBLY 8100E1

Item #	CSI Part #	Description
01	CAT 8100E	NGENUITY MONITOR
02	92811A001	CO2 MODULE AY NGENUITY
03	92811A002	CO2 MODULE AY EXTERNAL 8100E/P
04	40496B001	P.H.M.S. 6-32X.375 SEMS
05	42431B009	STANDOFF M-F 6-32 X 1.25
06	40284B002	NUT 6-32 KEPS PL
07	46547B001	LABEL SERIAL NUMBER ENG
08	46162B001	LABEL CSI MON BAR CODE
09	46426B004	LABEL HARDWARE REVISION 4
10	46599B001	LBL DEFIB SYMBOL

8100EP1 (With CO_2 and Printer

8100EP1 (With CO₂ 93979A012 FINAL ASSEMBLY 8100EP1

Item #	CSI Part #	Description
01	CAT 8100EP	NGENUITY MONITOR WITH PRINTER
02	92811A001	CO2 MODULE AY NGENUITY
03	92811A002	CO2 MODULE AY EXTERNAL 8100E/P
04	40496B001	P.H.M.S. 6-32X.375 SEMS
05	42431B009	STANDOFF M-F 6-32 X 1.25
06	40284B002	NUT 6-32 KEPS PL
07	46547B001	LABEL SERIAL NUMBER ENG
80	46162B001	LABEL CSI MON BAR CODE
09	46426B004	LABEL HARDWARE REVISION 4
10	46599B001	LBL DEFIB SYMBOL

Main Monitor Assembly 92800A001 AY MAIN MONITOR

Item #	CSI Part #	Description
01	92803A001	AY CHASSIS MONITOR
02	45178B001	ENCLOSURE FRONT
03	92810A001	AY REAR ENCLOSURE 8100EP
04	42127B005	WINDOW FILTER 8100E
05	87285B001	INSERT EXTERNAL CONNECTORS
06	87277B002	FOOT 7/16 OD X 5/32 HIGH
09	45182B001	BATTERY DOOR
10	42141B002	KNOB ROTARY ENCODER CUSTOM
12	42431B011	STANDOFF M-F 6-32 X 1.5
14	40995B001	P.H.M.S. 4-40X.312 SEMS
15	40995B003	P.H.M.S. 4-40X.500 SEMS
16	40496B001	P.H.M.S. 6-32X.375 SEMS
17	40180B002	F.H.M.S. 6-32X.375 PL PH
18	40083B002	F.H.M.S. 8-32X.375 PH PL
19	42731B001	P.H.M.S. 8-32 X .5 PL INTERNAL
		SEM PHILLIPS
21	40067B001	CABLE TIE 4.0
22	83338B002	DISPLAY FILM
23	42115B001	SCREW FH #4X3/8 HI-LO PH
24	42431B007	STANDOFF M-F 6-32 X 7/8
25	41955B001	FOAM TAPE 1.0 X 2.12
26	40067B003	CABLE TIE 8
27	40294B001	HOLDER TIE WRAP ADH-BK SM
28	42634B002	BRACKET BATTERY LOCK
29	42643B002	FOAM PAD BATTERY
30	80519B001	BATTERY, SLA 12V, 5AHR
31	40283B002	WASHER FLAT #4 NY .032

Main Monitor with CO₂ Assembly

92800A002 ASSEMBLY MAIN MONITOR W/CO2

Item #	CSI Part #	Description
01	92803A001	AY CHASSIS MONITOR
02	45178B001	ENCLOSURE FRONT
03	92810C001	AY REAR ENCLOSURE 8100EP
04	42127B005	WINDOW FILTER 8100E
05	87285B001	INSERT EXTERNAL CONNECTORS
06	87277B002	FOOT 7/16 OD X 5/32 HIGH
07	92811A001	CO2 MODULE AY NGENUITY
08	92811A002	CO2 MODULE AY EXTERNAL 8100E/P
09	45182B001	BATTERY DOOR
10	42141B002	KNOB ROTARY ENCODER CUSTOM
12	42431B011	STANDOFF M-F 6-32 X 1.5
14	40995B001	P.H.M.S. 4-40X.312 SEMS
15	40995B003	P.H.M.S. 4-40X.500 SEMS
16	40496B001	P.H.M.S. 6-32X.375 SEMS
17	40180B002	F.H.M.S. 6-32X.375 PL PH
18	40083B002	F.H.M.S. 8-32X.375 PH PL
19	42731B001	P.H.M.S. 8-32 X .5 PL INTERNAL
		SEMS PHILLIPS
21	40067B001	CABLE TIE 4.0
22	83338B002	DISPLAY FILM
23	42115B001	SCREW FH #4X3/8 HI-LO PH
24	42431B007	STANDOFF M-F 6-32 X 7/8
25	42431B009	STANDOFF M-F 6-32 X 1.25
26	40284B002	NUT 6-32 KEPS PL
28	42634B002	BRACKET BATTERY LOCK
29	42643B002	FOAM PAD BATTERY
30	80519B001	BATTERY, SLA 12V, 5AHR
31	40283B002	WASHER FLAT #4 NY .032
32	41955B001	FOAM TAPE 1.0 X 2.12
33	40067B003	CABLE TIE 8
34	40294B001	HOLDER TIE WRAP ADH-BK SM

Chassis Assemblies 92803A001 AY CHASSIS MONITOR

Item #	CSI Part #	Description
01	92799A001	AY CHASSIS BOTTOM
02	92801A001	AY CHASSIS MAIN
03	92802A001	ASSEMBLY CHASSIS DISPLAY
08	40496B002	P.H.M.S. 6-32X.250 SEMS
09	40132B001	TAPE MICROFOAM ADH-BACKED
10	SHTM10005	SUPPORT BRCKT NGENUITY
11	40496B001	P.H.M.S. 6-32X.375 SEMS
12	40294B001	HOLDER TIE WRAP ADH-BK SM
13	40067B001	CABLE TIE 4.0

Bottom Chassis Assembly 92799A001 AY CHASSIS BOTTOM

Item #	CSI Part #	Description
01	92798A001	AY CHASSIS BOTTOM RIVETED
02	95710A003	AY POWER SUPPLY WITH BRACKETS
03	92797A002	ASSEMBLY NIBP CHASSIS
04	95257A002	SPEAKER ASSEMBLY
05	90865A003	CBL AY PWR SUPPLY TO MAIN
06	90968A004	CBL AY INLET GROUND
07	95768A001	CABLE AY, BATTERY TO MAIN PCB
80	80243B002	PWR ENTRY MODULE, FILTERED
09	80130B001	PWR RECPT/FUSE DRAWER
10	82013B002	FUSE T TIME LAG 1A L 250V 5X20
12	45193B001	INSULATOR POWER INPUT
13	42633B001	PLATE SPEAKER MOUNTING
14	45187B001	INSULATOR SPEAKER
16	42643B003	FOAM PAD BATTERY
17	41537B001	FOAM DISK 1.38 DIA .25THK
18	41158B001	TERMINAL EQUIPOTENTIAL
19	40995B005	P.H.M.S. 4-40X.25 SEMS
20	40496B002	P.H.M.S. 6-32X.250 SEMS
21	41297B001	F.H.M.S. 4-40X.375 PL PH
22	40284B001	NUT 4-40 KEPS PL
23	40284B002	NUT 6-32 KEPS PL
24	41164B001	NUT M6 X 1.0 KEPS PL
25	42353B001	SHOULDER WASHER #4
26	42448B001	1/4-20 SS316 SPRNG LOCK
27	40500B003	WASHER FLAT #6 NY .062THK
28	40294B001	HOLDER TIE WRAP ADH-BK SM
29	40067B001	CABLE TIE 4.0
30	40067B002	CABLE TIE 5.6
32	42402B002	BATTERY SLIDE 8100EP
33	40132B001	TAPE MICROFOAM ADH-BACKED
34	41955B001	FOAM TAPE 1.0 X 2.12

Power Supply with Brackets 95710A003 AY POWER SUPPLY WITH BRACKETS

Item #	CSI Part #	Description
01	86523B001	POWER SUPPLY 60W
02	42368B002	BRACKET RIGHT PS
03	42369B002	BRACKET LEFT PS
05	40995B003	P.H.M.S. 4-40X.500 SEMS
06	40887B002	SPACER NY #6/.250D/.250L
07	41157B001	THRDLOCK ASSURE SURF CUR
08	42501B002	GROMMET STRIP WITH ADHES
09	42499B002	WASHER CUP NYLON #4

Main Chassis Assembly 92801A001 AY CHASSIS MAIN

Item #	CSI Part #	Description
01	42635B001	FRAME MAIN
02	91340A005	ASSY MAIN PCB 8100E1/EP1
03	91353A003	AY SHIELDED ANALOG BRD
04	91339A001	ASSEMBLY PCB 8100 SPO2 BOARD
05	42636B001	PLATE SPO2 MOUNT 8100E/EP
06	95767A001	ASSEMBLY PATIENT CONNECTORS
07	90866A002	CABLE SPO2 TO ANALOG
08	45192B001	SHIELD MAIN PCB
09	82569B001	FERRITE BEAD
10	42642B001	SPACER MAIN PCB
11	40496B002	P.H.M.S. 6-32X.250 SEMS
12	40496B005	P.H.M.S. 6-32X.750 SEMS
13	42639B001	STANDOFF F-F #6-32 X .625 HEX
14	40909B002	SPCR HEX 6-32X.625 NY M/F
15	41955B001	FOAM TAPE 1.0 X 2.12
16	40067B003	CABLE TIE 8
17	42501B002	GROMMET STRIP WITH ADHES
18	40035B001	TAPE ELECTRICAL BLK .75
19	83111B002	8100 PRINTER CBL
20	40995B003	P.H.M.S. 4-40X.500 SEMS
21	41371B001	TAPE INSUL KAPTON 2

NIBP Chassis Assembly 92797A002 ASSEMBLY NIBP CHASSIS

Item #	CSI Part #	Description
01	95576A005	AY PUMP WITH WIRES
02	95596A004	AY OKEN VALVE WITH CRIMPS
04	42629B001	BRACKET NIBP
06	42081B002	ORIFICE RESTRICTOR .0125
07	42111B001	SCREW M24X3 PH BINDER
08	41700B001	TUBING POLYU .094IDX.1870
09	40296B002	TUBING SILC BLU .125X.250
10	42069B001	TUBING 1/4X1/8 POLYU COIL
11	40294B001	HOLDER TIE WRAP ADH-BK SM
12	40067B002	CABLE TIE 5.6
13	40067B001	CABLE TIE 4.0
14	41955B001	FOAM TAPE 1.0 X 2.12
15	41579B003	CHECK VALVE
16	80111B001	FERRITE BEAD EMI SHIELD
17	40041B022	TUBING SHRINK .75 CLEAR
18	87151B006	HOUS SOCKET .098 LOCKING
20	41157B001	THRDLOCK ASSURE SURF CUR
21	41700B002	TUBE POLYU .125 X .250 85DU
22	40324B009	T CON 3/32 X 3/32 X 1/8
23	40324B015	TEE CONNECTOR, PLASTIC .093 X .125 X .125
24	40325B002	STRAIGHT CONN, 1/8" TO 1/8"
25	40633B001	FILTER 130U RED NY ELEM

CO₂ Internal Module Assembly

92811A001 CO2 MODULE AY NGENUITY

Item #	CSI Part #	Description
01	91783A001	AY PNEUMATICS CO2
02	91783A001 91784A001	AY PLATE PNEUMATIC RECEPTACLES
03	91407A001	AY PCB CO2
03		CHASSIS CO2 INTERNAL
• •	42689B001	
05	94254A004	AY PUMP W/CONNECTOR 3 WIRE
06	41188C201	CO2 DETECTOR
07	83304B001	GASKET DETECTOR/IR SOURCE
08	40995B005	P.H.M.S. 4-40X.25 SEMS
09	40496B002	P.H.M.S. 6-32X.250 SEMS
10	40496B004	P.H.M.S. 6-32X.500 SEMS
11	42643B001	FOAM PAD BATTERY
13	42688B001	FITTING ELBOW 1/8-1/16
14	41002B002	TYGON TUBING .063 ID X .125 OD
15	40320B001	TYGON TUBING .125IDX.15OD
16	40887B002	SPACER NY #6/.250D/.250L
17	42691B001	WASHER, SHOULDER #6, .40 LONG
18	46597B001	LBL MANIFOLD CONNECTIONS
19	46598B001	LBL PNEUMATICS RECPTACLES
20	90903A002	AY CABLES VALVES CO2
21	40283B002	WASHER FLAT #4 NY .032
22	40132B001	TAPE MICROFOAM ADH-BACKED
23	95787A001	ACCULULATOR PVC 11 INCH
24	40067B003	CABLE TIE 8
25	90926A002	CABLE AY NIBP TO MAIN BOARD
26	42155B001	FOAM PAD 8100E PUMP
27	40496B001	P.H.M.S. 6-32X.375 SEMS
28	40893B001	WASHER FLAT #8 PL
29	41371B001	TAPE INSUL KAPTON 2
30	41557B001	THRDLOCK ASSURE SURF CUR
31	40067B001	CABLE TIE 4.0

Assembly

CO₂ External Module 92811A002 CO2 MODULE AY EXTERNAL 8100E/P

Item #	CSI Part #	Description
01	45205B001	ENCLOSURE EXTERNAL CO2
02	91785A001	AY PLATE PNEUMATIC PLUGS
03	91782A004	AY MANIFOLD WT W/TRAP DETECT GREY
04	95780A001	AY TRAP DETECT 8100E
06	42686B001	SHOULDER SCREW
07	42687B001	CLIP MANIFOLD
08	41458B001	P.H.M.S. 4 X .250 HI/LO
09	40570B004	ABSORBER IBENCH
10	42299B001	RETAINER TRAP DETECT
11	42300B001	MOUNTING BLOCK TRAP DETECT
12	42064B005	F.H.M.S. 4-40X.500 PH PL
13	41002B002	TYGON TUBING .063 ID X .125 OD
14	42692B001	PAD 1.00 X .25
15	40995B001	P.H.M.S. 4-40X.312 SEMS
16	40596B001	ADHESIVE EPOXY HYSOL E-90FL
17	42496B001	WASHER FLAT #4 BRASS

Display Chassis Assembly 92802A001 ASSEMBLY CHASSIS DISPLAY

Item #	CSI Part #	Description
01	42637B001	CHASSIS DISPLAY
02	81520B001	LCD ACTVE TFT 10.4 NEC-59
03	40614B001	DISPLAY CABLE 8100E
04	90859A005	ASY CABLE MAIN BOARD TO INVRTR
05	83265B003	BACKLIGHT INVERTER
06	45177B001	MEMBRANE SWITCH
07	45181B001	BRACKET DISPLAY MOUNT
08	40132B001	TAPE MICROFOAM ADH-BACKED
09	42140B001	ROTARY ENCODER
10	42640B001	WASHER SHIELDED ENCODER
11	42641B001	WASHER FLAT ENCODER
13	43614B001	FOAM GASKET 9.25 x .25 x .060
15	40296B001	TUBING SILC BLU .040X.140
17	40995B005	P.H.M.S. 4-40X.25 SEMS
18	40995B006	#4-40 PHMS SEMS PHILLIPS
21	42652B001	STANDOFF F-F 2-56 NYLON .5 LNG

Assembly Patient Connectors

Assembly Patient 95767A001 ASSEMBLY PATIENT CONNECTORS

Item #	CSI Part #	Description
01	87284B001	INSERT PATIENT CONNECTORS
02	90860A001	AY CBL 8100 SPO2 TO DB9
03	90872A005	ASSEMBLY CABLE TEMP CONNECTOR
04	42014B001	FITNG, QUICK CON. HH NIBP
06	40284B005	NUT 10-32 KEPS PL
07	41458B001	P.H.M.S. 4 X .250 HI/LO
08	40086B001	WASHER FLAT PL .125X.219
09	90817A005	AY CBL 8100 ECG TO OUT

Shielded Analog Board Assembly

91353A003 AY SHIELDED ANALOG BRD

Item #	CSI Part #	Description
01	91342A003	ASSEMBLY ANALOG PCB 8100
02	41785B004	SHLD ANALOG BRD 8100
03	40995B011	P.H.M.S. 4-40 X .438 SEMS
04	40086B001	WASHER FLAT PL .125X.219
05	83358B001	INSULATOR ECG SHIELD
06	83434B001	CIRCUT BRD ECG SHEILD
07	40284B001	NUT 4-40 KEPS PL
08	40431B001	WIRE 18AWG 300V GREEN/YELLOW
09	40884B001	SPACER #4/.250OD/.125L PL

Printer 92804A001 AY PRINTER MODULE

Item #	CSI Part #	Description
01	45184B001	ENCLOSURE PRINTER
02	45186B001	DOOR PRINTER
03	84005B001	PRINTER SEIKO
04	91341A003	PCB AY SEIKO PRINTER
05	45188B001	BRACKET PRINTER
06	45189B001	BRACKET PRINTER SMALL
07	40418B001	DOWEL PIN .125"D X 2.0"L
80	41458B001	P.H.M.S. 4 X .250 HI/LO
09	40995B005	P.H.M.S. 4-40X.25 SEMS
10	45209B001	INSULATING DOT 1/4 INCH

Appendix A — CO₂ Service

Service Windows

Monitors with CO₂ will have additional items in the *Service Mode* window. The additional items are highlighted below.

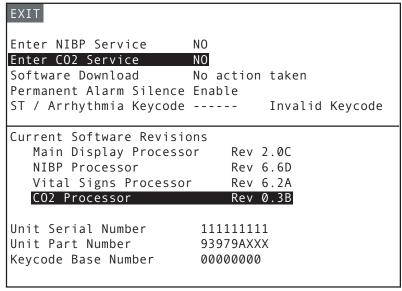


Figure A-1: Service Mode Window

```
CO2 Operating Mode
CO2 Zero Cal
CO2 Gain Adjustment
CO2 Factory Defaults?
N20 compensation

User Mode
Abort CO2 Zero Cal
Turn to Incr/Decr, Press to Save
OFF

OFF
```

Figure A-2: CO2 Service Window

Theory of Operations

Capnometer Module (CO₂)

The capnometer contains the circuitry for monitoring the sidestream CO_2 level by actively sampling from the patient's airway. It contains provisions for interfacing with galvanic oxygen monitoring option submodules. No electrical connection is made with the patient from the monitor for capnometry. The CONM module controls the capnometer.

The CO₂ Board contains an assembly known as a "bench." This bench contains the optics, IR source, detector, sample cell, and optical filters. The purpose of this bench is to convert CO₂ levels in a gas sample to electrical signals.

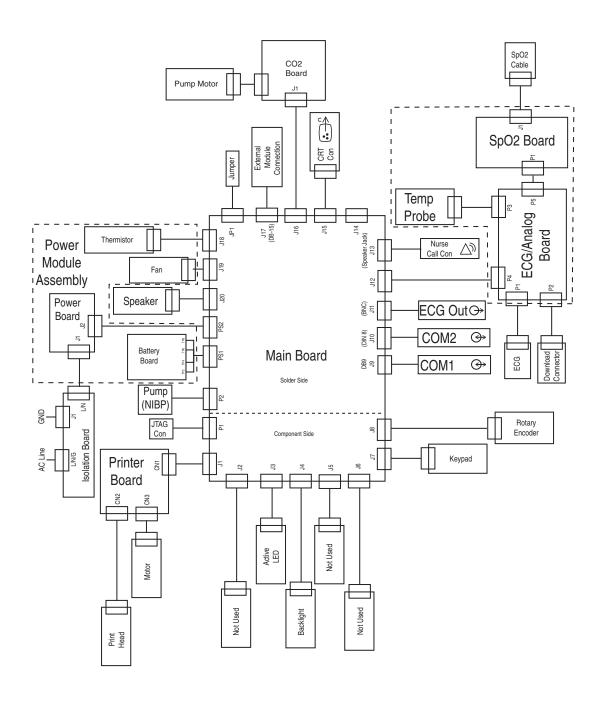
The bench assembly utilizes the principle of infrared absorption spectrometry to measure to the amount of CO_2 in patients breath. Infrared absorption spectrometry is widely used in gas analysis. Using a phenomenon explained in "Beers Law," CO_2 gas absorbs certain wavelengths of infrared energy with the amount depending on the amount of CO_2 gas. A detector, outfitted with an infrared bandpass filter, only allows a certain wavelength of infrared energy that the CO_2 gas absorbs. As the CO_2 concentrations in the sampled air passes through the sample cell, the detector senses the infrared energy changes and converts them to an electrical signal. This electrical signal is then amplified and conditioned and sent to a microprocessor for processing and then sent to a display.

The CO_2 Board also uses a reference channel. The purpose of this reference channel is to "cancel" the effects of IR source changes, sample cell contamination, temperature, etc. The only difference from the CO_2 channel is that the detector is outfitted with an optical filter that is tuned to a band in the infrared spectrum that is transparent to CO_2 and other gases typically found in the medical industry. The signal from the reference channel is processed similarly to that of the CO_2 measurement channel.

The CO₂ and reference detectors work by an effect known as "pyroelectric." Pyroelectric effect works by changing energy levels, either increasing or decreasing, that are imposed on a sensing element. The detector is outfitted with an optical bandpass filter that passes only a narrow band of a determined wavelength of infrared energy. The infrared source is modulated at 15 hertz (Hz) to provide varying energy for the detector and amplifier circuits.

Correction for temperature and pressure effects on the CO₂ sample is implemented to maintain accuracy over a wide temperature and atmospheric pressure range.

Block Diagram The following block diagram aids in tracing the connections for the ${\rm CO_2}$ module.



Preventative Maintenance

Maintenance Schedule

Perform these maintenance tasks in addition to those listed in the Maintenance Schedule in Section 5.

EVERY PATIENT

Change the gas sampling device and sampling line.

EVERY WEEK

Change the water trap (or as needed).

EVERY 3 MONTHS

• Clean the exterior of the unit (or as needed).

EVERY YEAR

- Verify the CO₂ auto-calibration. Calibrate if necessary.
- Check the CO₂ absorber. Change if necessary.
- · Check the gas flow rate. Adjust if necessary.

CO₂ Absorber Verification

The granules in the $\rm CO_2$ absorber are normally white, indicating a good absorber. If the granules remain violet or blue, the absorber is spent and needs to be replaced.

NOTE: The absorber can change color during use, but should always return to its original white color when not in use.

Verifying the state of the CO_2 absorber requires removing the external CO_2 module from the monitor. See "Check/Replace the CO_2 Absorber" located under "Disassembly" later in this appendix for instructions on removing the external CO_2 module from the monitor.

Gas Flow/CO₂ Verification To

TOOLS NEEDED

- Flow Meter
- Vacuum Gauge (0-25 inches of mercury)
- WaterChek[™] 2⁺ Water Trap (CAT 938F-NC)
- Sample Line (CAT 625N)
- Calibration Gas, 10% CO₂ with accuracy ±2% (CAT 622)
- Regulator (CAT 623)
- Regulator Bleed Tube (CAT 613B)

↑ CAUTION **↑**

- Calibration kits contain compressed gas cylinders. Read and obey all precautions listed on the gas cylinder labels.
- Do not use if the calibration gas cylinder is beyond its expiration date.
- Check the accuracy of the test gas. The gas must be within the accuracy stated above to ensure proper verification.

NOTE: Make sure the monitor is not in STAND BY mode before proceeding with the following procedures.

PREPARATION

- 1. Insert a water trap (CAT 938F-NC) and sample line (CAT 625) on the 8100E1 monitor.
- 2. Turn the 8100E1 monitor on and allow to run for 30 minutes.

FLOW VERIFICATION

- 1. Connect a flow meter to the end of the sample line and measure the flow. The flow should be 200 ml/min ±10% (20.0 ml/min).
- 2. Disconnect the flow meter from the sample line.

OCCLUSION TEST

- 1. Connect a vacuum gauge to the sample line. There should be more than 12.5 inches of mercury of vacuum.
- 2. Verify that CO2: OCCLUSION appears on the monitor and that the pump turns on.
- 3. Disconnect the vacuum gauge from the sample line.

EXHAUST TEST

- 1. Place the flow meter on the Exhaust Port and measure the flow. The flow must be greater than 250 ml/min.
- 2. Remove the flow meter.

CO₂ VERIFICATION

- 1. Check that the CO2 measurement is displayed in PERCENT. If not set in the Parameters menu (*PARAMS*).
- 2. Using the regulator (CAT 623) and regulator bleed tube (CAT 613B) connect the 10% CO₂ gas canister to the sample line.
- 3. Turn on the 10% CO_2 gas by turning on the knob on the regulator. Allow the gas to run for 30 seconds. Verify that the CO_2 reading is $\pm 6\%$ [9.4 to 10.6]. Turn off the gas when finished and disconnect from the sample line.

NOTE: The 6% accuracy is derived from the test tolerance of 4% combined with the 2% accuracy of the gas canister.

Testing Checklist

A "Verification Checklist" is at the end of this appendix. This checklist should be added to the "Functional and Safety Testing Checklist" in Section 5.

CO₂ Calibration

Tools Needed The following equipment is needed to perform this procedure:

- WaterChek™ 2⁺ Water Trap (CAT 938F-NC)
- Sample Line (CAT 625N)
- Calibration Gas, 10% CO₂ with accuracy ±2% (CAT 622)
- Regulator (CAT 623)
- Regulator Bleed Tube (CAT 613B)
- Breath Rate Simulator (CAT 1466)

↑ CAUTION **↑**

 Calibration kits contain compressed gas cylinders. Read and obey all precautions listed on the gas cylinder labels.

Before You Begin

Make sure the ${\rm CO_2}$ calibration gas cylinders are not depleted or nearly depleted. The pressure meter should be above zero and you should not hear a "hissing" sound when in use.

↑WARNING **↑**

 Never attach intravenous tubes to gas sample connections because the gas sampling lines could inadvertently be connected to intravascular fluid systems, thus allowing air into a blood vessel.

⚠CAUTION

- Calibration kits contain compressed gas cylinders. Read and obey all precautions listed on the gas cylinder labels.
- Do not use if the calibration gas cylinder is beyond its expiration date.
- Check the accuracy of the test gas. The gas must be within the accuracy stated above to ensure proper calibration.

NOTE: Make sure the monitor is not in STAND BY mode before proceeding with the following procedure.

Procedure **PREPARATION**

- Insert a water trap (CAT 938F-NC) and sample line (CAT 625) on the 8100E1 monitor. Connect the other end of the sample line to PORT 2 on the Breath Rate Simulator (CAT 1466).
- 2. Turn the 8100E1 monitor on and allow to run for 30 minutes.
- 3. Using the rotary knob, highlight PARAMS. Press the knob to enter the Parameters menu. Verify that CO2 is ON. (If the CO₂ parameter is off, highlight CO2 using the rotary knob and press the knob. Turn the knob until YES is displayed and press the knob to save selection. Press the knob once more to skip the color choice.)
- 4. Highlight *Unit of Measure* underneath *CO2*, and press the knob to select. Rotate the knob until *PERCENT* is highlight; press the knob to save selection.
- 5. Highlight *EXIT* and press the rotary knob to exit the Parameters menu.
- 6. Highlight *CONFIG* and press the rotary knob to enter the Configuration menu.
- 7. In the Configuration menu, highlight *Enter Service Mode* using the rotary knob. Press the knob to select.
- 8. Rotate the knob so that *YES* is highlighted. Press the knob to enter Service Mode.
- The Enter Service Mode password box appears. Enter password PIA418 and press the rotary knob. The Service Mode window will appear.

CALIBRATION

- Highlight Enter CO2 Service and press the rotary knob to select. Rotate the knob to YES and press the knob to enter CO2 Service.
- 2. Using the regulator (CAT 623) and regulator bleed tube (CAT 613B), connect the 10% $\rm CO_2$ gas to PORT 1 on the Breath Rate Simulator. Turn on the Breath Rate Simulator and the 10% $\rm CO_2$ gas.
- 3. Highlight CO2 Zero Cal and press the knob to select.
- 4. Turn the rotary knob until *Request CO2 Zero Cal* is displayed. Press the knob to begin a CO2 Zero Cal. Wait for the calibration to complete (about one (1) minute).
 - If the EXP CO_2 reading is between 10.0 and 10.1% power cycle the monitor and perform the CO_2 Verification earlier in this appendix. If the EXP CO_2 reading is above or below this range proceed with the remaining steps.
- 5. Select CO2 Zero Cal with the rotary knob, turn the knob until Abort CO2 Zero Cal is displayed, and press the knob to abort the CO₂ Zero Cal.
- Using the rotary knob, highlight CO2 Gain Adjustment and press to select. Turn the rotary knob clockwise to increase the CO₂ reading and counter-clockwise to decrease the it until the CO₂ reading is as close to 10.0% as possible.
- 7. Go back to **Step 4** and repeat until the EXP CO₂ reading is between 10.0 and 10.1% at the end of the CO₂ Zero Cal.
- When the EXP CO₂ reading is between 10.0 and 10.1%, power cycle the monitor and perform the CO₂ Verification earlier in this appendix.

Disassembly

NOTE: The " CO_2 Calibration" and "Gas Flow/ CO_2 Verification" in this appendix are required after replacing the CO_2 absorber or external or internal modules.

NOTE: Perform appropriate safety tests listed on the "Field Service Test Matrix" in Section.

NOTE: Before any disassembly of the monitor, the battery must be disconnected. Follow the procedure below:

Disconnect the Battery

- 1. Follow all ESD procedures as stated in "Electrostatic Discharge" in "Section 7 Disassembly.
- 2. Remove the two screws (PHMS 4-40 x .500 SEMS; pn 40995B003) from the battery door.
- 3. Remove the battery door (pn 45182B001) from the rear monitor enclosure (pn 45179B001).
- 4. Disconnect the cables from the battery.
- 5. Reassemble in reverse order.

Check/Replace the CO₂ Absorber

- 1. Follow all ESD procedures as stated in "Electrostatic Discharge" in "Section 7 Disassembly."
- 2. Remove the two (2) screws (PHMS 6-32 x .375 SEMS; pn 40496B001) from the external $\rm CO_2$ module (pn 92811A002).
- 3. Carefully pull the external CO₂ module away from the monitor.
- 4. Once the external module is disconnected from the monitor, check the condition of the CO₂ absorber (pn 40570B004).
- 5. If the absorber is in good condition, reassemble in reverse order and perform the "Gas Flow/CO₂ Verification" in this appendix.

If the absorber must be replaced, continue with this procedure.

6. Disconnect the absorber.

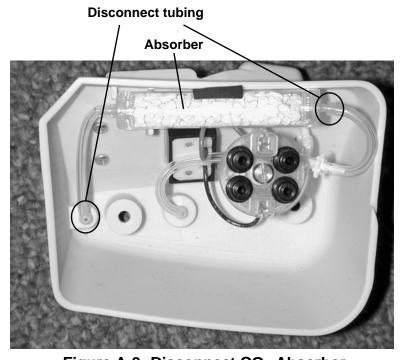


Figure A-3: Disconnect CO₂ Absorber

- 7. Replace CO₂ absorber.
- 8. Reassemble in reverse order.

Replace the External CO₂ Absorber

- Follow all ESD procedures as stated in "Electrostatic Discharge" in "Section 7 – Disassembly."
- 2. Remove the two (2) screws (PHMS 6-32 x .375 SEMS; pn 40496B001) from the external $\rm CO_2$ module (pn 92811A002).
- 3. Carefully pull the external CO₂ module away from the monitor.
- 4. Replace external CO₂ module.
- 5. Reassemble in reverse order.

Replace the Internal CO₂ Module

- Follow all ESD procedures as stated in "Electrostatic Discharge" in "Section 7 – Disassembly."
- 2. Remove the printer module (pn 92804A001) or printer cover (pn 45183B001) from the rear enclosure.
 - a. Remove the two (2) screws (PHMS 4-40 x .312 SEMS; pn 40995B001) holding the module or cover to the rear enclosure.
 - b. If the monitor has a printer module, label and remove the ribbon cable from the printer module.
- 3. Remove the external CO₂ module (pn 92811A002) following the instructions above.
- 4. Remove the rear enclosure (pn 92810C001).
 - a. Remove the four (4) nylon screws (PHMS 8-32 x .375 NYLON; pn 42654B002) on the bottom of the enclosure.

NOTE: The plastic insulator bottom (pn 45194B001) will come off when the screws are removed. Do not lose.

- b. Remove the two (2) screws (FHMS 8-32 x .375 PH PL; pn 40083B002) located under the insulator.
- c. Remove the two (2) screws (PHMS 4-40 x .500 SEMS; pn 40995B003) from the back of the battery door.
- d. Remove the two (2) screws (FHMS 6-32 x .375; pn 40180B002) from the power area.
- e. Remove the six (6) screws (PHMS 6-32 x .375 SEMS; pn 40496B001) holding the rear enclosure to the front enclosure.
- Disconnect the ribbon cable at J1 on the internal CO₂ module's PCB board.
- Remove the four (4) screws (PHMS 6-32 x .375 SEMS; pn 40496B001) holding the internal CO₂ module (pn 92811A001) to the chassis.
- Replace the internal CO₂ module.
- 8. Reassemble in reverse order.

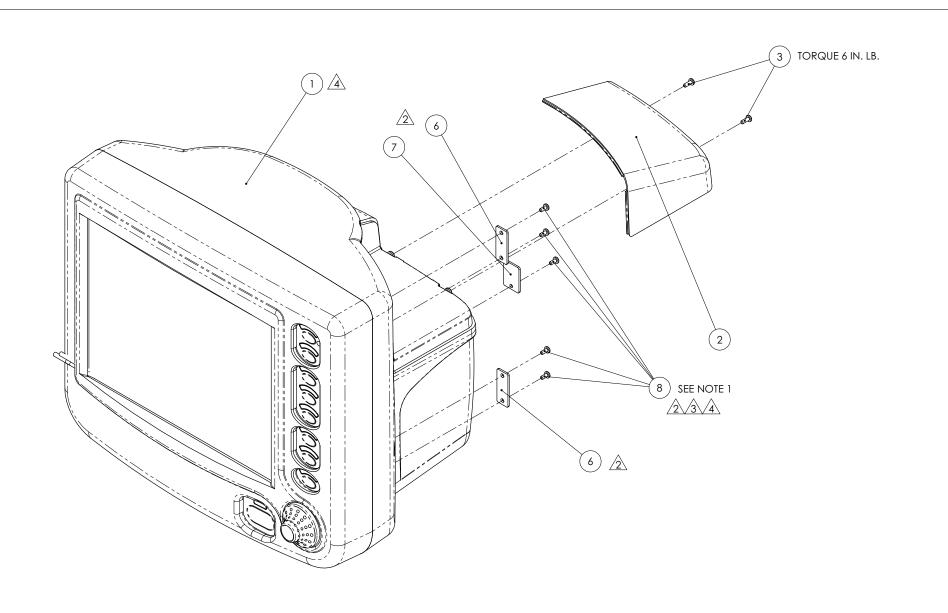
Troubleshooting

SYMPTOM: TRAP ERROR OR ${\rm CO_2}$ MALFUNCTION

Problem	Solution
 Trap is plugged or leaks Tubes to the trap manifold are loose or pinched 	Replace Trap Check manifold connections
Bad valve or pump	Contact CSI Service Department

Verification Checklist

Functional and S	Safety Testing Ch	ecklist – CC	02
This checklist may be to the "Functional ar	e copied as needed nd Safety Testing Cl	I to record field necklist" in Sed	d testing. Add this pag ction 5 of this manual.
Monitor Serial Nu CO2 Processor Se			
Gas Flow Verificat	tion		
Flow Calibration Occlusion Exhaust Test CO ₂ Test	Pass	Fail	
Certification of C	O ₂ Verification		
Technician: Date:			



REVISIONS			
REV.	DATE	DESCRIPTION	BY
1	5/12/06	SEE ECN #8842	DBL
2	06-14-2006	SEE ECN #8891	LBS
3	5/1/08	SEE ECN #10136	DBL
4	8/20/09	SEE ECN #10416	DBL



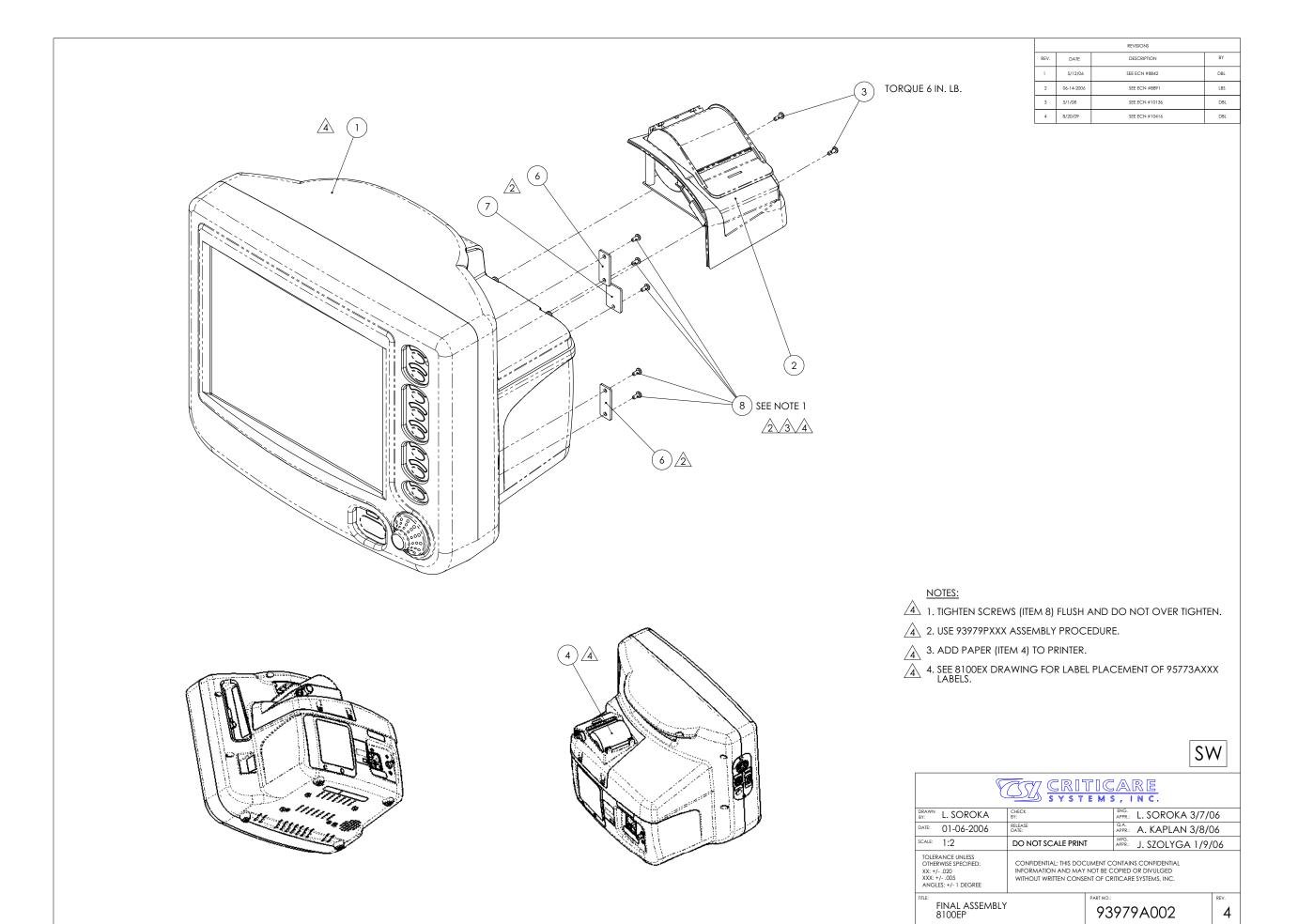
1. TIGHTEN SCREWS (ITEM 8) FLUSH AND DO NOT OVER TIGHTEN.

△2. USE 93979PXXX ASSEMBLY PROCEDURE.

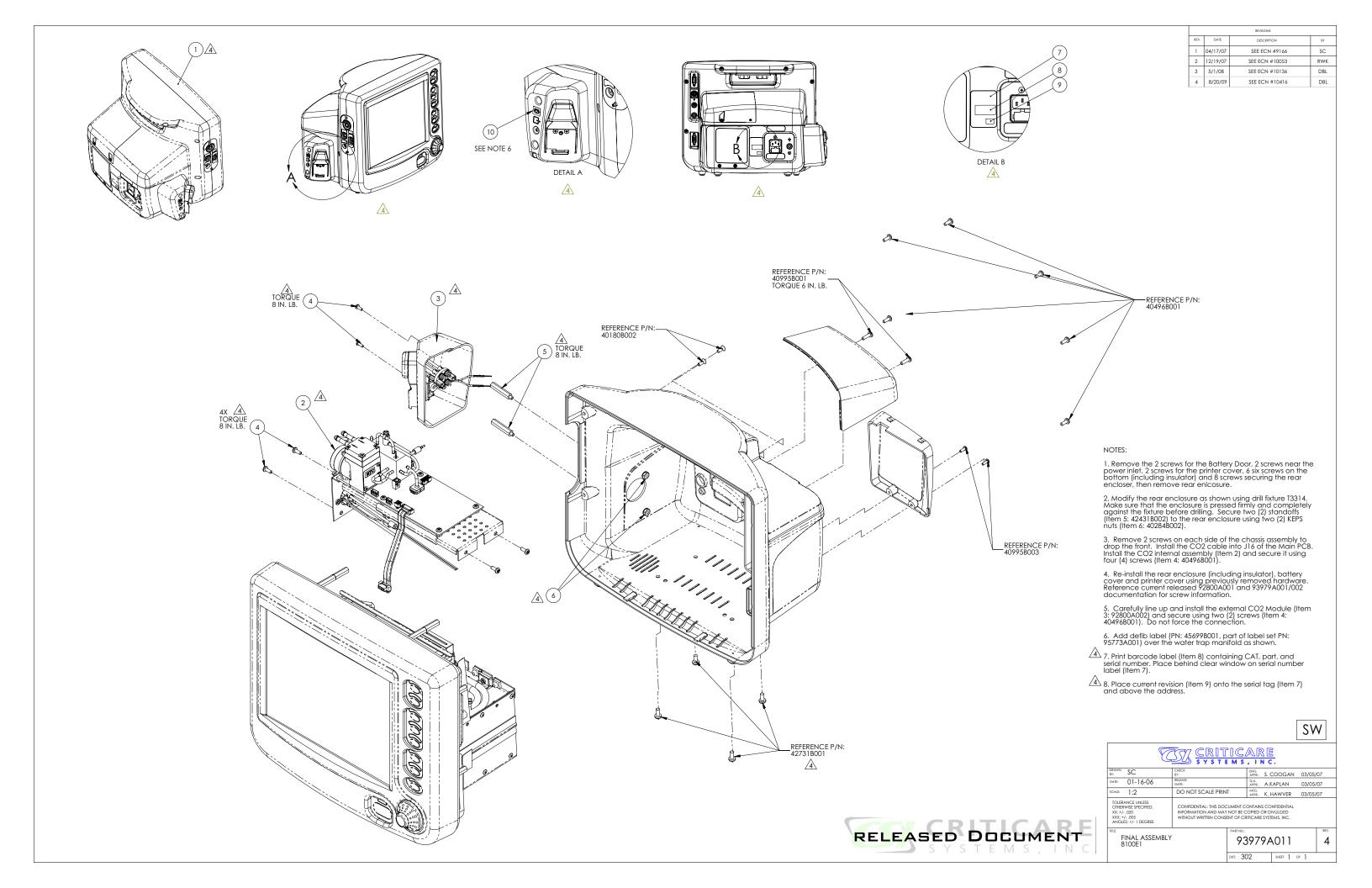
3. SEE 8100EX DRAWING FOR LABEL PLACEMENT OF 95773AXXX LABELS.

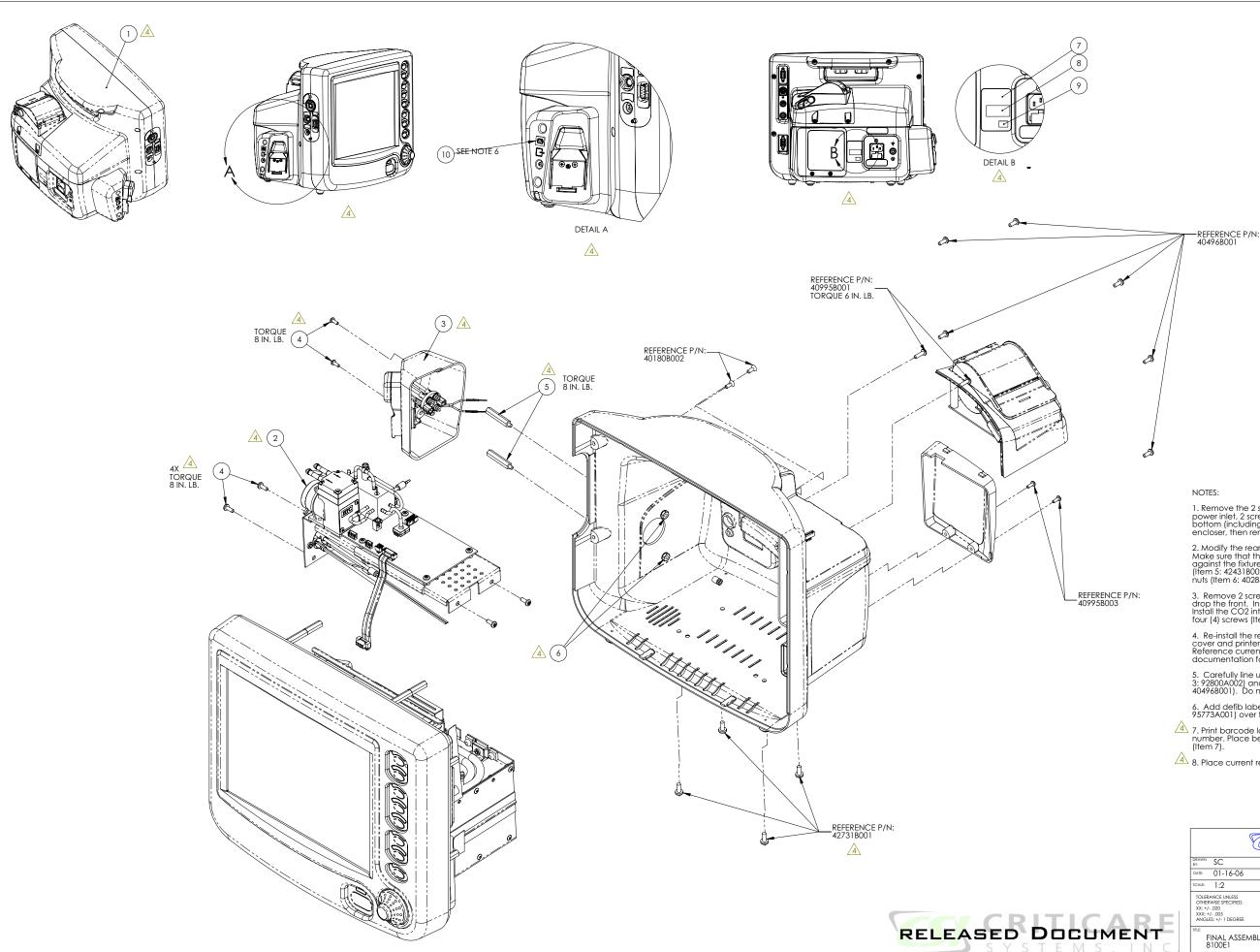
SW

E	CRITIC SYSTEM:			_
DRAWN L. SOROKA	CHECK BY:	ENG. APPR.:	L. SOROKA 3/7/	/0
DATE: 01-06-2006	RELEASE DATE:	Q.A. APPR.:	A. KAPLAN 3/8/	0
SCALE: 1:2	DO NOT SCALE PRINT	MFG. APPR.:	J. SZOLYGA 1/9	/
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOCUMENT C INFORMATION AND MAY NOT BE C WITHOUT WRITTEN CONSENT OF CR	OPIED O	R DIVULGED	
FINAL ASSEMBLY 8100E	, PART NO.: 93	979	A001	RI
	DIST: 30)2	SHEET OF	_



DIST: 302







- Remove the 2 screws for the Battery Door, 2 screws near the power inlet, 2 screws for the printer cover, 6 six screws on the bottom (including insulator) and 8 screws securing the rear encloser, then remove rear enlosure.
- 2. Modify the rear enclosure as shown using drill fixture T3314. Make sure that the enclosure is pressed firmly and completely against the fixture before drilling. Secure two (2) standoffs (Item 5: 42431B002) to the rear enclosure using two (2) KEPS nuts (Item 6: 40284B002).
- 3. Remove 2 screws on each side of the chassis assembly to drop the front. Install the CO2 cable into J16 of the Main PCB. Install the CO2 internal assembly (Item 2) and secure it using four (4) screws (Item 4: 40496B001).
- Re-install the rear enclosure (including insulator), battery cover and printer cover using previously removed hardware Reference current released 92800A001 and 93979A001/002 documentation for screw information.
- 5. Carefully line up and install the external CO2 Module (Item 3: 92800A002) and secure using two (2) screws (Item 4: 40496B001). Do not force the connection.
- 6. Add defib label (PN: 456998001, part of label set PN: 95773A001) over the water trap manifold as shown.

7. Print barcode label (Item 8) containing CAT, part and serial number. Place behind clear window on serial number label (Item 7).

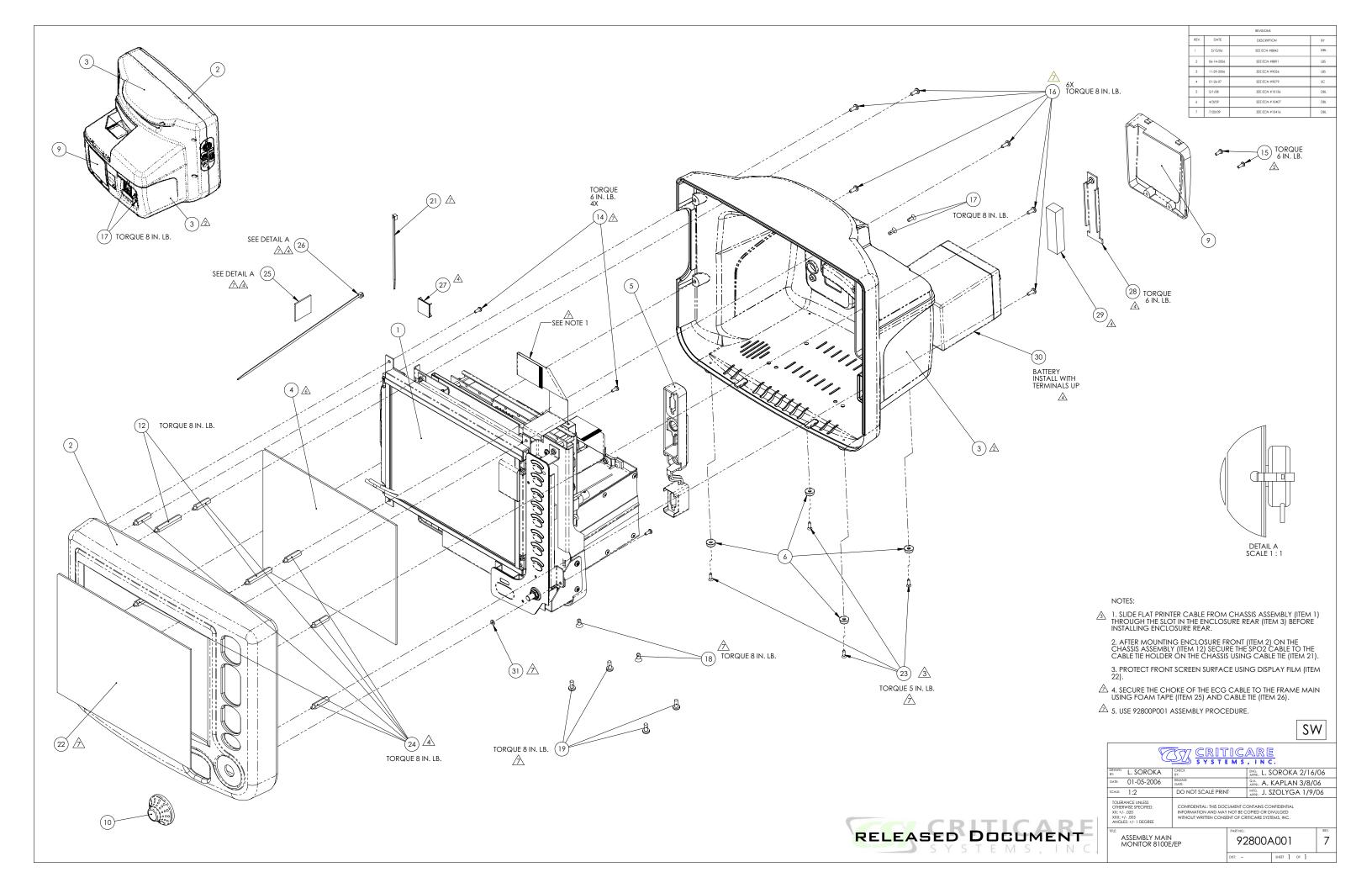
8. Place current revision (Item 9) onto the serial tag (Item 7).

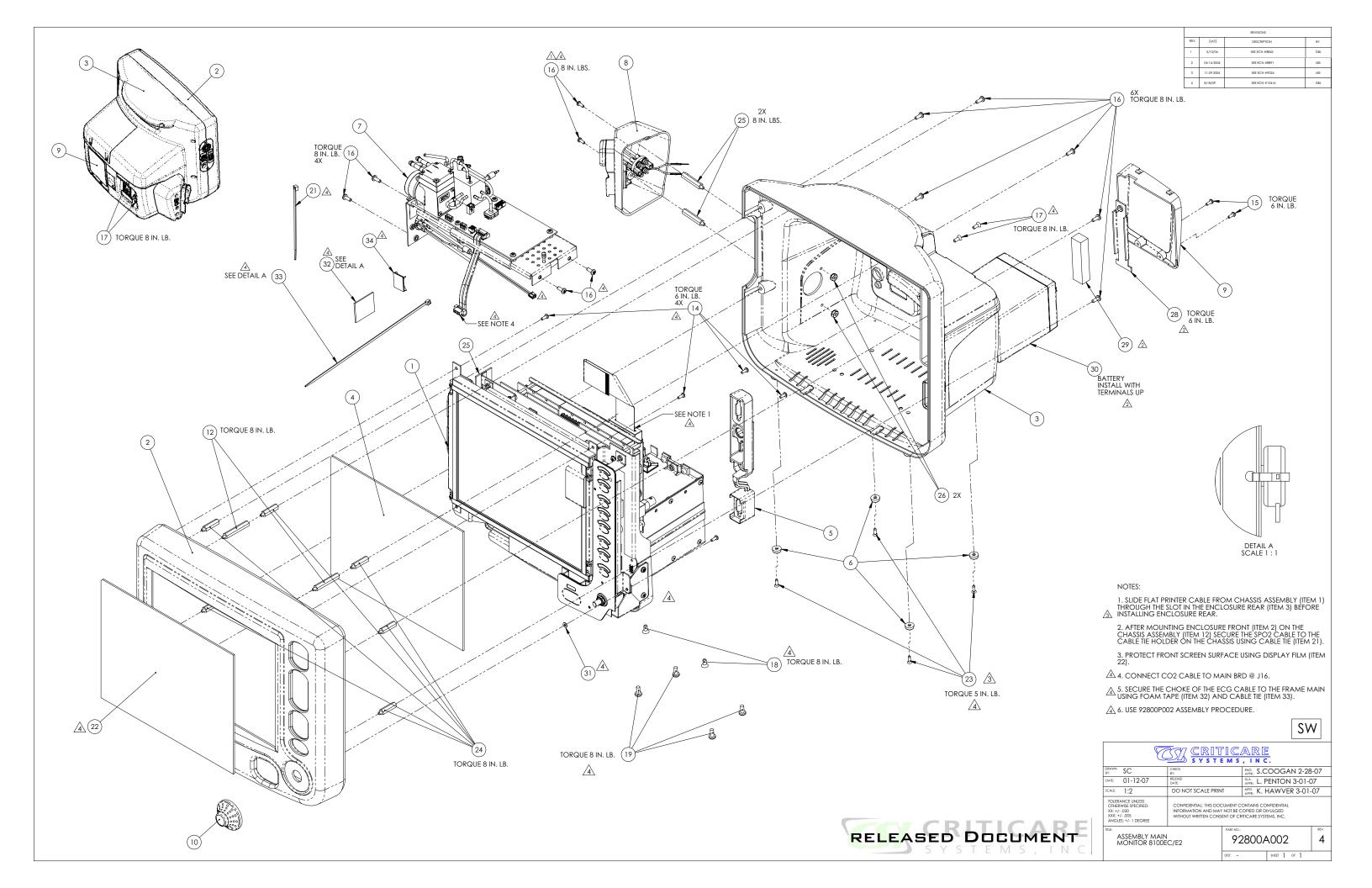
SW

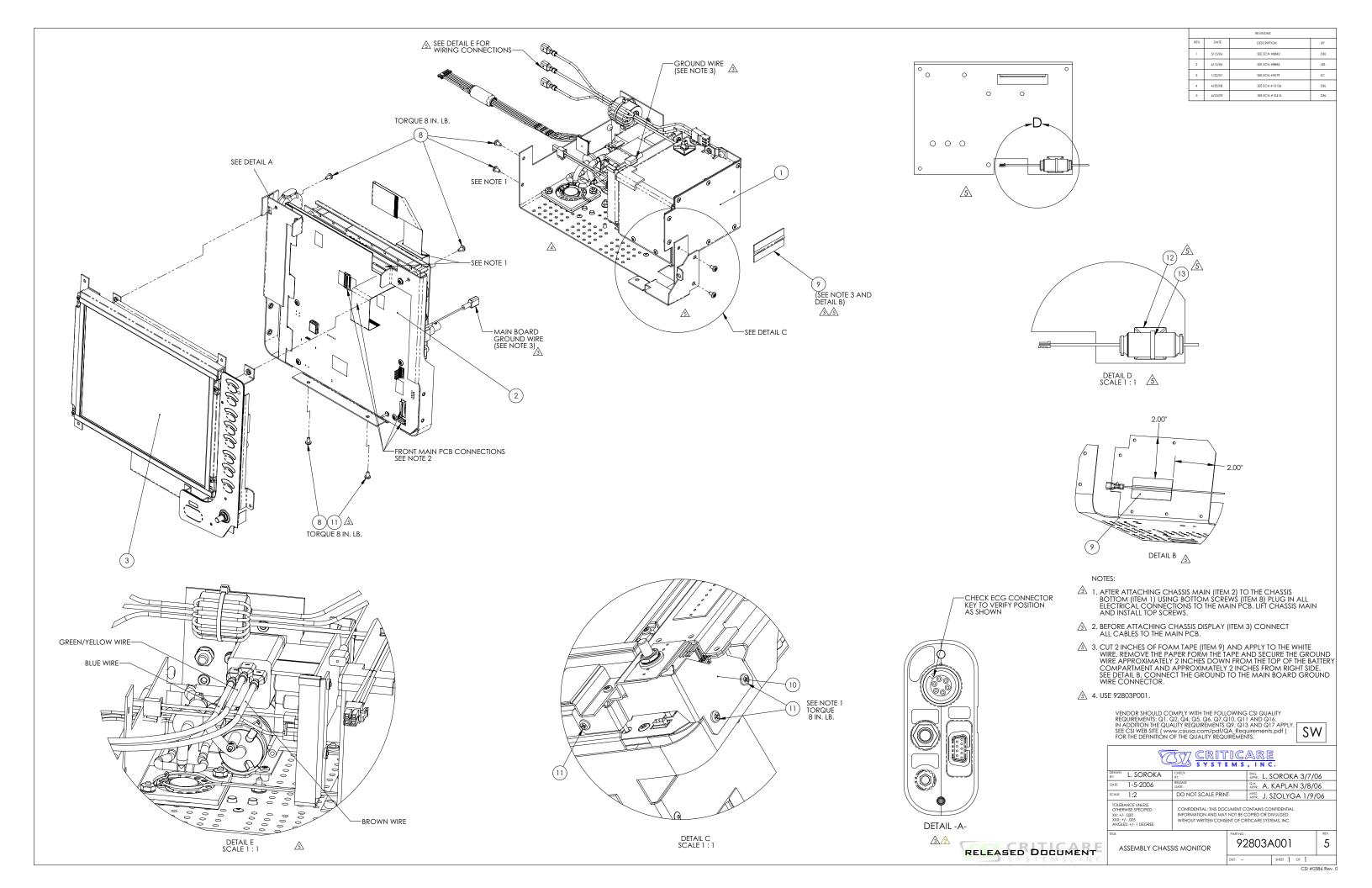
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DRAWN BY:	SC	CHECK BY:	ENG. APPR.: S. COOGAN 03/05/07
DATE:	01-16-06	RELEASE DATE:	Q.A. APPR: A.KAPLAN 03/05/07
SCALE:	1:2	DO NOT SCALE PRINT	MFG. APPR.: K. HAWVER 03/05/07
OTHER XX: +/-	ANCE UNLESS RWISE SPECIFIED: 020	CONFIDENTIAL: THIS DOCUMENT CONFORMATION AND MAY NOT BE CONTINUED TO THE CONTINUE CONT	COPIED OR DIVULGED

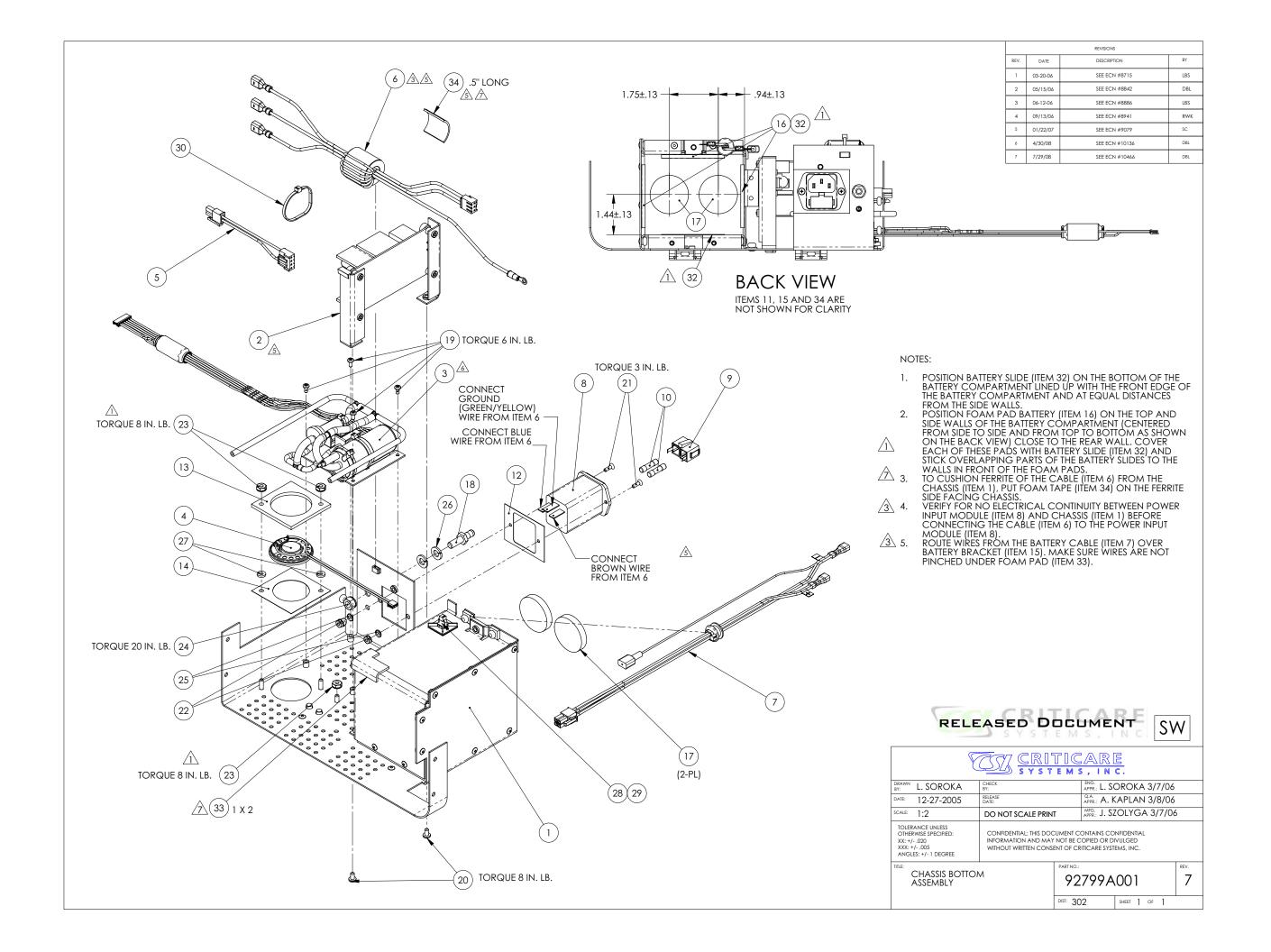
FINAL ASSEMBLY 8100E1

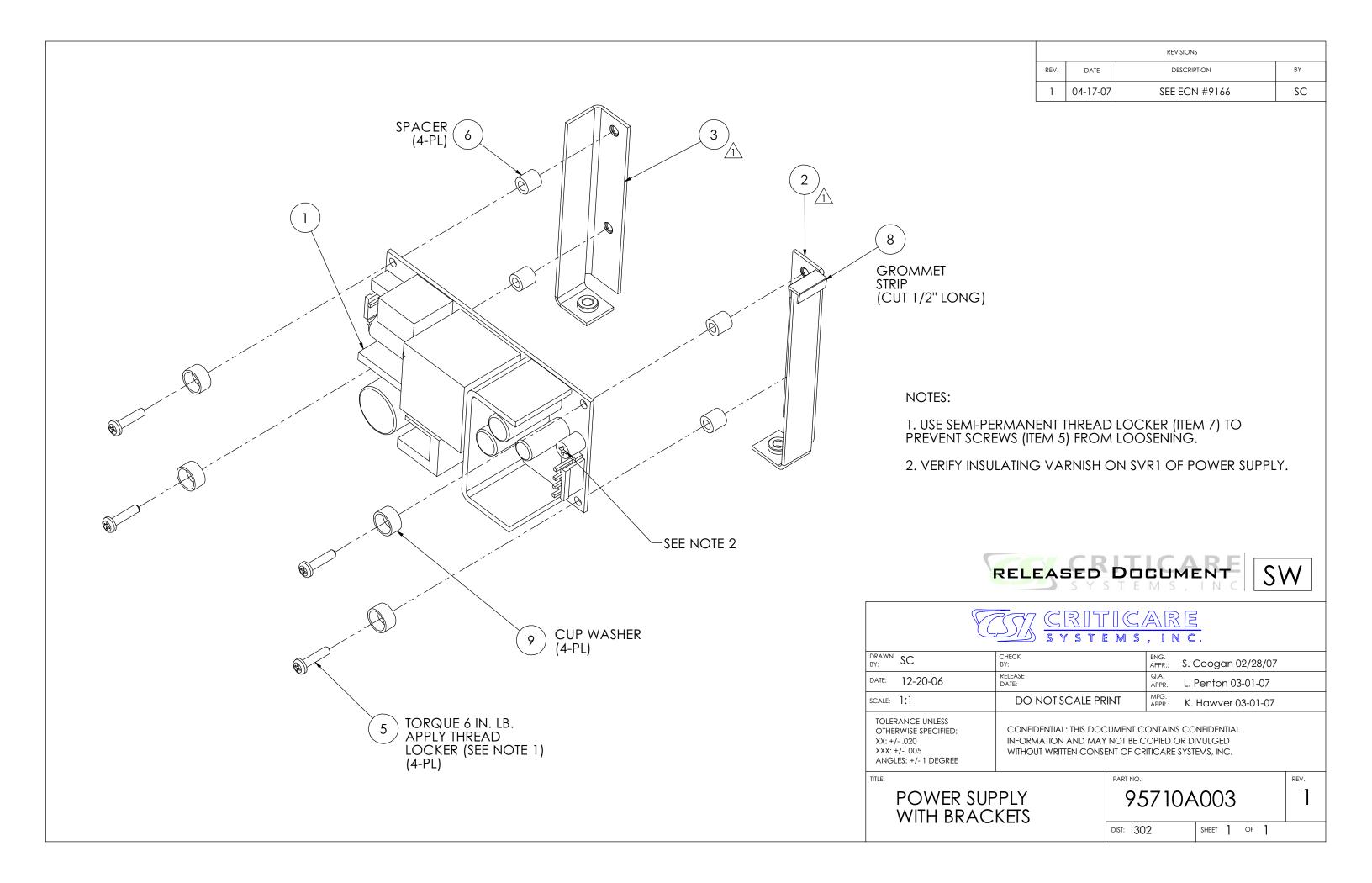
93979A012 DIST: 302 SHEET 1 OF 1

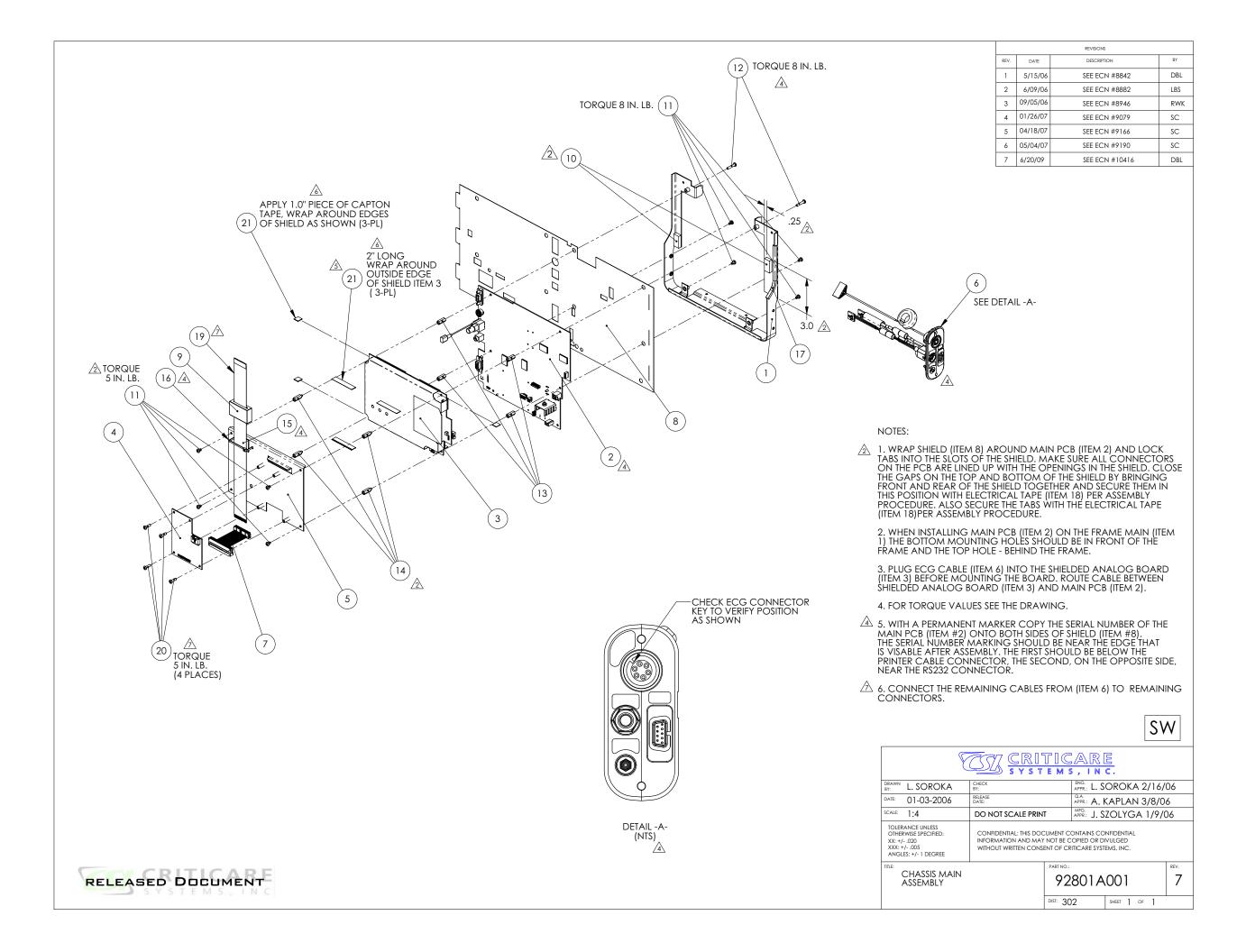


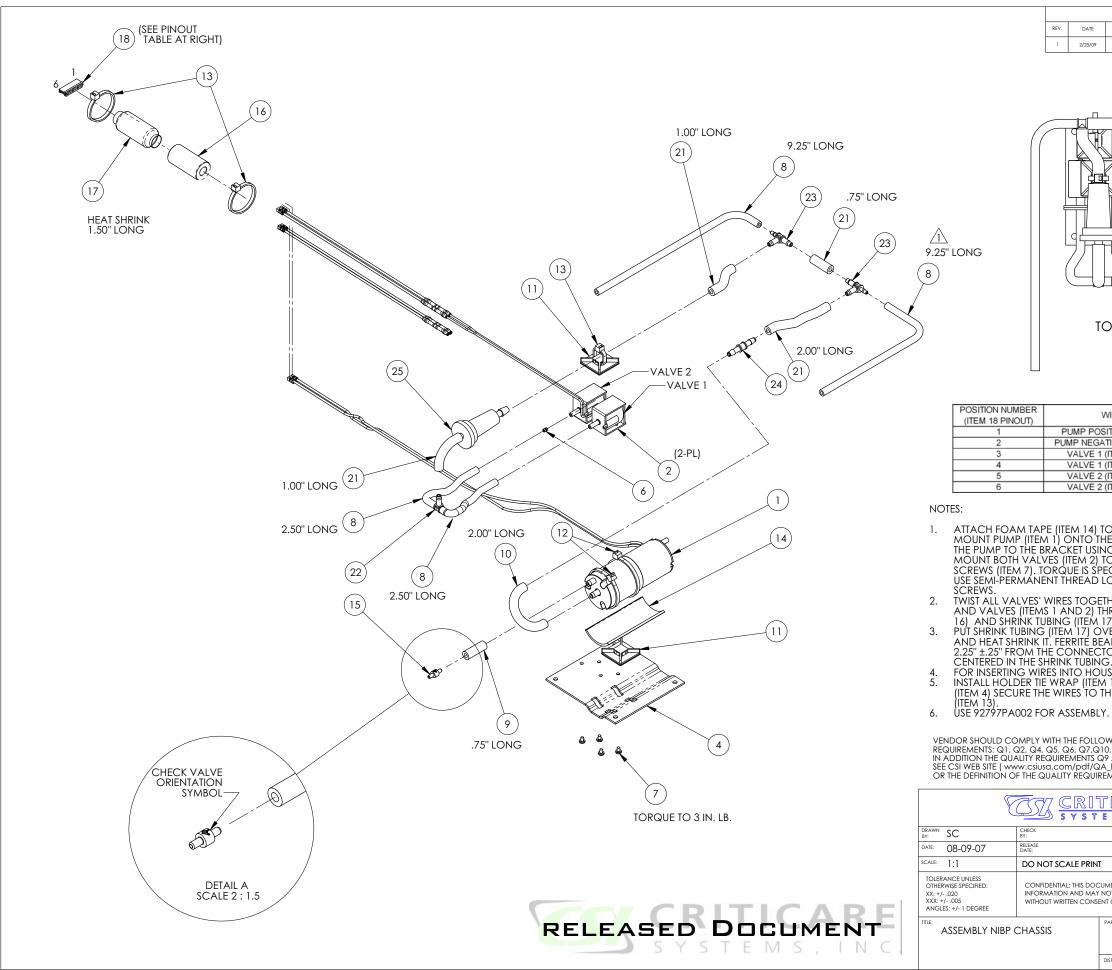




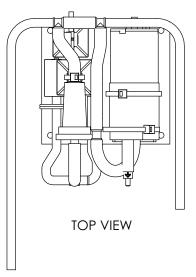












POSITION NUMBER (ITEM 18 PINOUT)	WIRE INSERTED
1	PUMP POSITIVE (ITEM 1, RED WIRE)
2	PUMP NEGATIVE (ITEM 1, BLACK WIRE)
3	VALVE 1 (ITEM 2, SEE DRAWING)
4	VALVE 1 (ITEM 2, SEE DRAWING)
5	VALVE 2 (ITEM 2, SEE DRAWING)
6	VALVE 2 (ITEM 2, SEE DRAWING)

- 1. ATTACH FOAM TAPE (ITEM 14) TO THE PUMP (ITEM 1) AND MOUNT PUMP (ITEM 1) ONTO THE BRACKET (ITEM 4). SECURE THE PUMP TO THE BRACKET USING CABLE TIES (ITEM 12). MOUNT BOTH VALVES (ITEM 2) TO THE BRACKET USING SCREWS (ITEM 7). TORQUE IS SPECIFIED ON THE DRAWING. USE SEMI-PERMANENT THREAD LOCKER (ITEM 20) ON THE SCREWS
- SCREWS.
 TWIST ALL VALVES' WIRES TOGETHER. PUT WIRES FROM PUMP
 AND VALVES (ITEMS 1 AND 2) THROUGH FERRITE BEADS (ITEM
 16) AND SHRINK TUBING (ITEM 17).
 PUT SHRINK TUBING (ITEM 17) OVER FERRITE BEADS (ITEM 16)
 AND HEAT SHRINK IT. FERRITE BEADS SHOULD BE POSITIONED
 2.25" ± 25" FROM THE CONNECTOR HOUSING (ITEM 18) AND
 CENTERED IN THE SHRINK TUBING.
- FOR INSERTING WIRES INTO HOUSING (ITEM 18) SEE TABLE. INSTALL HOLDER TIE WRAP (ITEM 11) ONTO THE BRACKET (ITEM 4) SECURE THE WIRES TO THE HOLDER WITH CABLE TIE

VENDOR SHOULD COMPLY WITH THE FOLLOWING CSI QUALITY REQUIREMENTS: Q1, Q2, Q4, Q5, Q6, Q7,Q10, Q11 AND Q16. IN ADDITION THE QUALITY REQUIREMENTS Q9 AND Q17 APPLY. SEE CSI WEB SITE (www.csiusa.com/pdf/QA_Requirements.pdf) OR THE DEFINITION OF THE QUALITY REQUIREMENTS.



		MS, INC.	
DRAWN SC	CHECK BY:	ENG. APPR.:	
DATE: 08-09-07	RELEASE DATE:	Q.A. APPR.:	
SCALE: 1:1	DO NOT SCALE PRINT	MFG. APPR.:	
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOCUME INFORMATION AND MAY NOT WITHOUT WRITTEN CONSENT O	BE COPIED OR DIVULGED	
TITLE:	PAR	T NO.:	REV.

ASSEMBLY NIBP CHASSIS

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					REVISIONS	
				REV. DATE	DESCRIPTION	BY
]				1 03/10/07	SEE ECN #9139	SC
				2 04/19/07	SEE ECN #9166	SC
				3 02/16/08	SEE ECN #10061	SC
∠VALVE 2 1				4 09/19/08	SEE ECN #10240	RWK
P8 P8			<u> </u>	5 2/17/09	SEE ECN #10343	DBL
(SEE NOTE 2) (25) VALVE 1 P1 (24)		ITEM	DESCRIPTION	N	MANIFOLD BL LOCATION	OCK OCK
	1	P1	TO ACCUMULATOR/PUMP, TO	PUMP IN	RIGHT SIDE	
P4 P3 75" LONG (2-PL)	2	P2	TO PUMP OUT		RIGHT SIDI	

(13) (2-PL)

14) 3" LONG PUMP OUT <u>3</u> TO P-2

3

WET TO P4 3 EXHAUST 3 18 HOLE PUNCH CIRCLES, A BEFORE APPLYING LABEL.

14 4-1/2" TO P1 3

(2-PL) APPLY LOCTITE 425 ASSURE, TO THREADS (5 IN LB)

(10) 7 IN LBS 🔬

(28) (2-PL)

(2-PL) 3 7 IN LBS

(SEE NOTE 1)

-DETECTOR SOCKET AREA \$1, \$2, \$3 🔬

DRY TO P5

(6) (SEE NOTE 3) 🔬

(21) (2-PL)

8 (2-PL) 5 IN. LBS.

—PUMP OUT 🖄 -PUMP IN 💰

KAPTON TAPE CUT 5" LONG (SEE NOTE 2)

(4-PL) 7 IN. LBS.

4" LONG 31

<u>§</u> 23 ACCUMULATOR / PUMP (OUTER LOOP)

ACCUMULATOR / EXHAUST (23) (INNER LOOP)

<u>∕</u>3 TO P3−

OUTSIDE EDGE SHOULD TOUCH INSIDE SURFACE OF CHASSIS END (ITEM 4)—

20

3 SENSI

9

3 J6 J6

(17)

7" TO PUMP IN

TO ITEM #2

SEXHAUST-

8

9 0 0 0

0

	ITEM	DESCRIPTION	MANIFOLD BLOCK LOCATION
1	P1	TO ACCUMULATOR/PUMP, TO PUMP IN	RIGHT SIDE
2	P2	TO PUMP OUT	RIGHT SIDE
3	P3	EXHAUST, TO ACCUMMULATOR/EXHAUST	воттом
4	P4	WET, TO PNEUMATIC RECEPTACLE PLATE AY., WET	воттом
5	P5	DRY, TO PNEUMATIC RECEPTACLE PLATE AY., DRY	воттом
6	P6	CAL, TO PNEUMATIC RECEPTACLE PLATE AY., CAL	воттом
7	P7	TO NEEDLE VALVE AY., ON TOP OF BLOCK	LEFT SIDE
8	P8	TO "SENS1", PSI DETECTOR MOUNTED ON PCB	LEFT SIDE
9	P9	TO P10	TOP
10	P10	TO P9	TOP
11	P11	TO P12	REAR
12	P12	TO P11	REAR
13	P13	VENT	FRONT
14	V1	VALVE #1, MOUNT LOCATION	FRONT
15	V2	VALVE #2, MOUNT LOCATION	FRONT
16	N1	NEEDLE VALVE, MOUNT LOCATION	TOP
17	L1	LAMP AY., MOUNT LOCATION	TOP

NOTES:

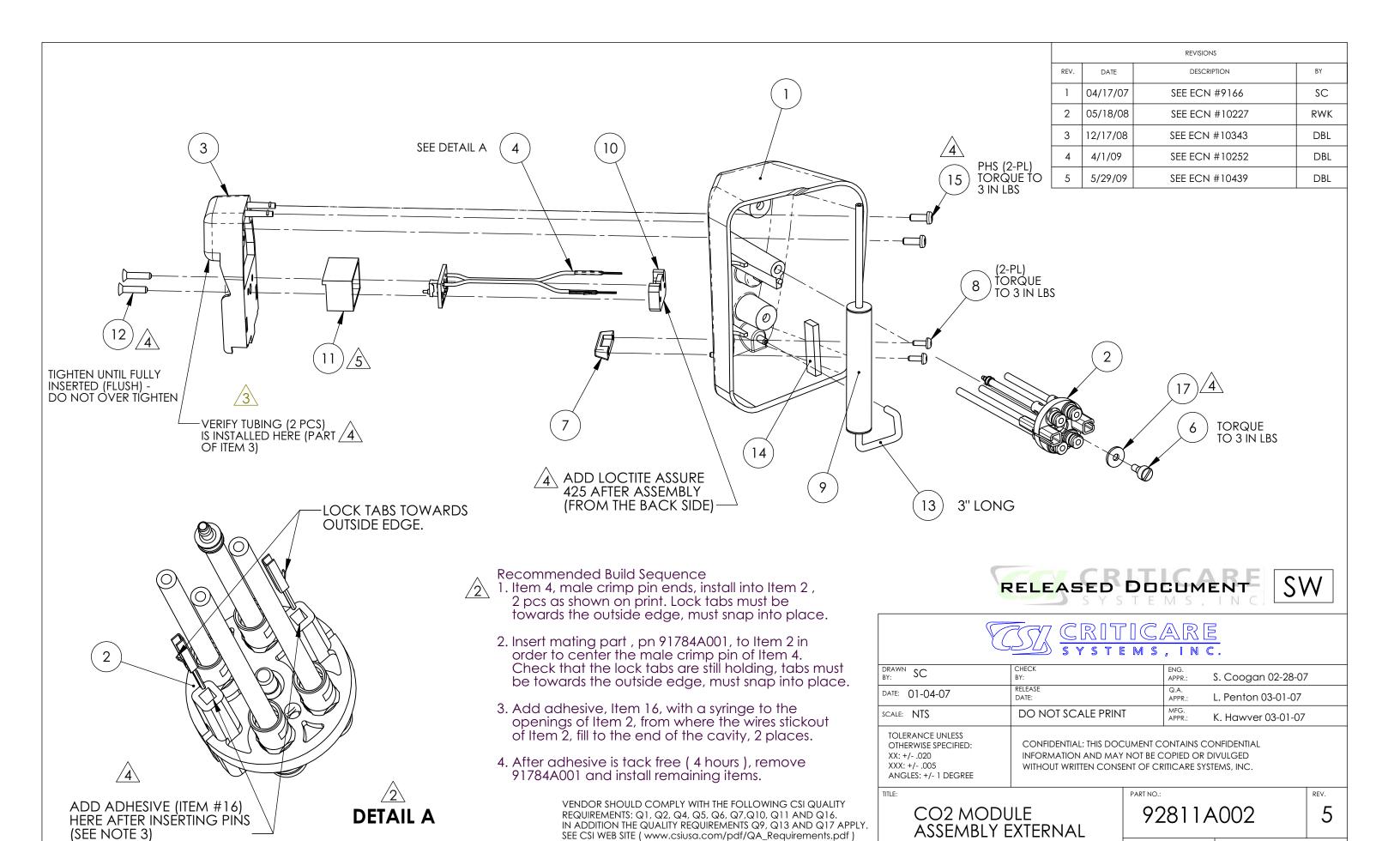
- 1. APPLY (2) 4" LONG PIECES OF FOAM TAPE (ITEM 22) ALONG EDGE OF CHASSIS (ITEM 4) AS SHOWN.
- 3 2. ASSEMBLE ITEM 25 & 29. CHECK FOR FIT. TRANSFER TO CONVERSION DEPT.
- 3. CUT 3 LEADS OF DETECTOR (ITEM 6) TO .100" LONG FROM BOTTOM EDGE OF DETECTOR, USE TOOL #T10008.

VENDOR SHOULD COMPLY WITH THE FOLLOWING CSI QUALITY REQUIREMENTS: Q1, Q2, Q4, Q5, Q6, Q7, Q10, Q11 AND Q16. IN ADDITION THE QUALITY REQUIREMENTS Q9, Q13 AND Q17 APPLY. SEE CSI WEB SITE (www.csiusa.com/pdf/QA_Requirements.pdf)



F	OR THE DEFINITION	OF THE QUALITY REQI	JIREMEN	NTS.	3 4	'V	
	· ·	CRI'S YST					
DRAWN BY:	DRAWN SC CHECK BY: S. Coogan 01-31-07						
DATE:	DATE: 01-11-07 RELEASE DATE:			Q.A. APPR.:	A. Kaplan 02-02-07		
SCALE:	SCALE: NTS DO NOT SCALE PRINT			MFG. APPR.:	K. Hawver 02-02-07		
OTHI XX: + XXX:	RANCE UNLESS ERWISE SPECIFIED: -/020 +/005 BLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOC INFORMATION AND MAY WITHOUT WRITTEN CONS	NOT BE C	OPIED OF	R DIVULGED		
TITLE:	ASSEMBLY, CO2 MODU INTERNAL	JLE,	92 DIST: _	811.	A001	5 REV.	
					CSI #03	385 Rev. (

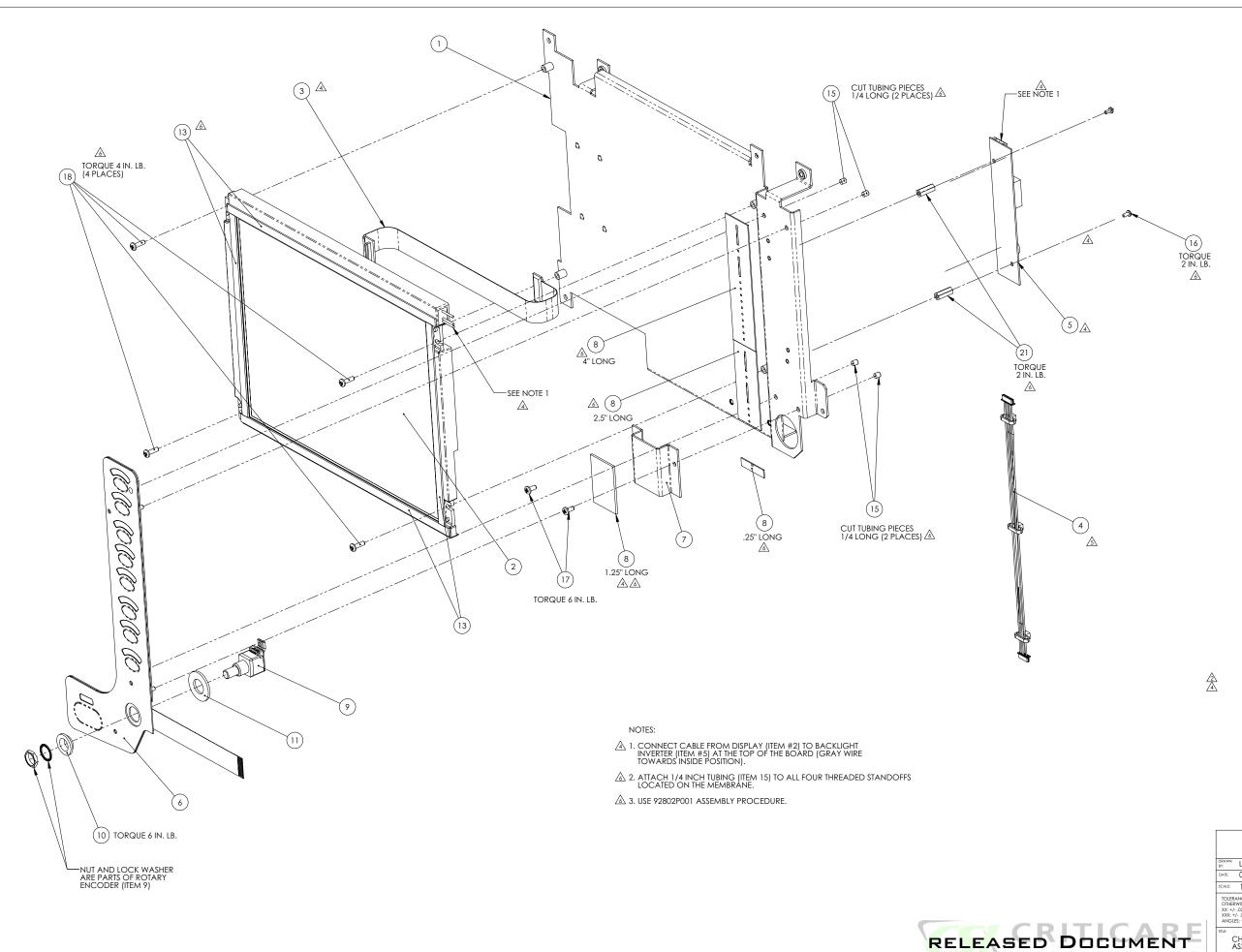
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FOR THE DEFINITION OF THE QUALITY REQUIREMENTS.

SHEET]

OF]



			REVISIONS	
F	REV.	DATE	DESCRIPTION	BY
	1	5/15/06	SEE ECN #8842	DBL
	2	06/13/06	SEE ECN #8888	LBS
	3	10/04/06	SEE ECN #8932	RWK
	4	01/22/07	SEE ECN #9079	SC
	5	04/17/07	SEE ECN #9166	SC

SEE ECN #10416

CRITICARE

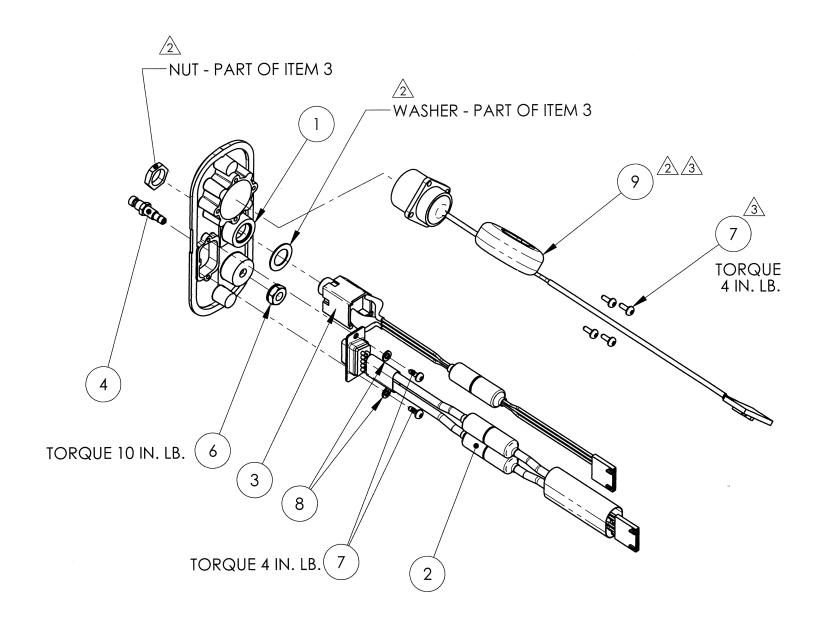
SYSTEMS, INC.

CHECK
SYSTEMS, INC.

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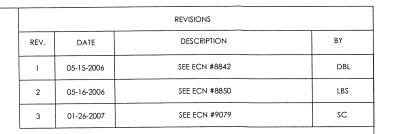
CHASSIS DISPLAY ASSEMBLY 92802A001 6

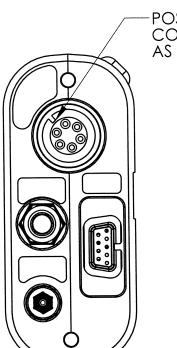
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1 7	\sim	

- INSERT NUT (PART OF ITEM 3) INTO THE CORRESPONDING RECESS OF THE INSERT PATIENT CONNECTORS (ITEM 1) AND THREAD IN TEMPERATURE CABLE (ITEM 3) HAND TIGHT. SIDE SURFACE OF THE TEMPERATURE CONNECTOR SHOULD BE PARALLEL TO THE SIDE OF THE INSERT (ITEM 1). THE WASHER (PART OF THE ITEM 3) SHOULD BE INSTALLED ON THE CONNECTOR BEFORE THREADING IT INTO THE NUT.
 - FOR TORQUE VALUES SEE DRAWING.





POSITION ECG CONNECTOR KEY AS SHOWN

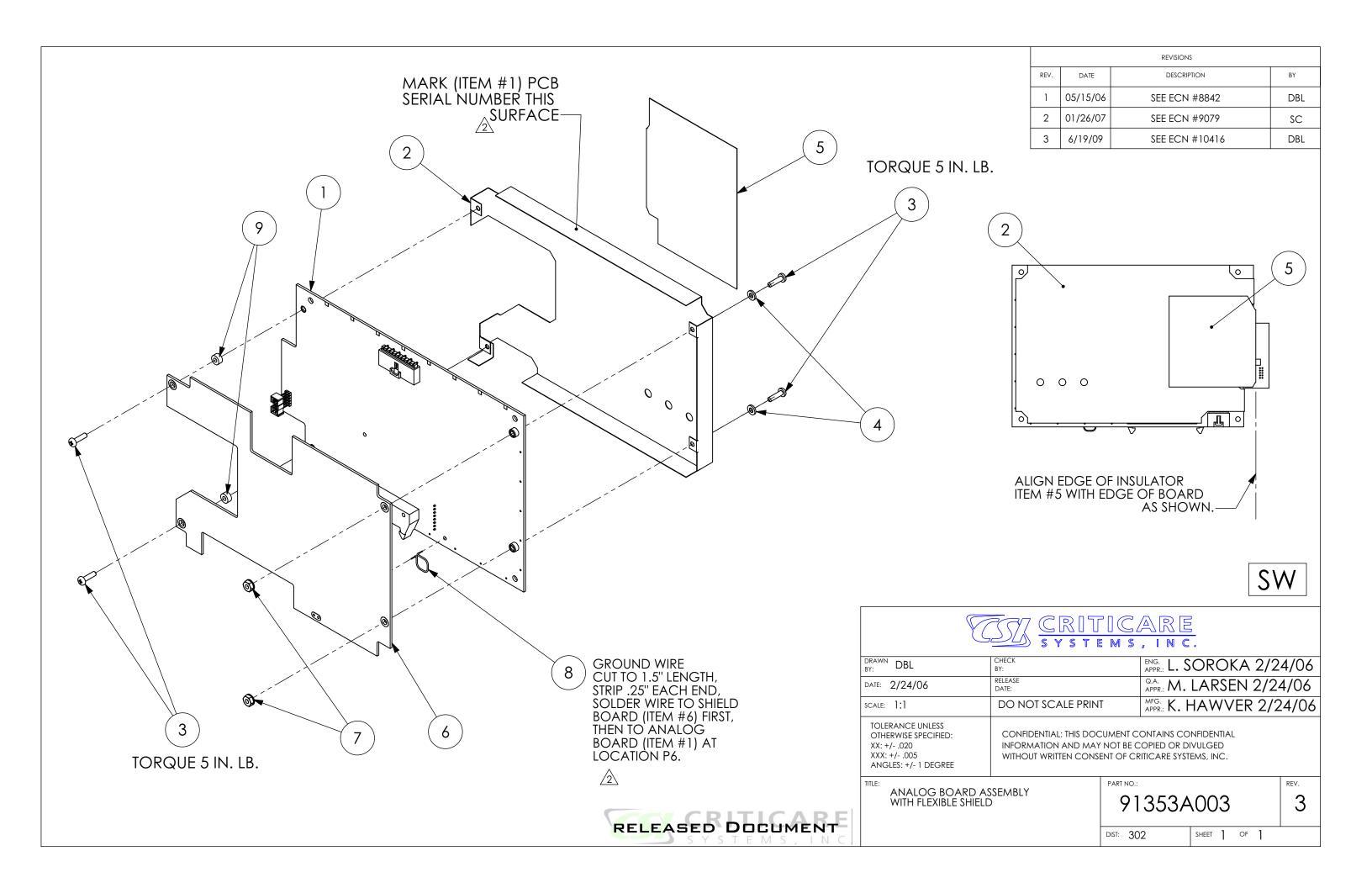
DETAIL -A-(NTS)

SW

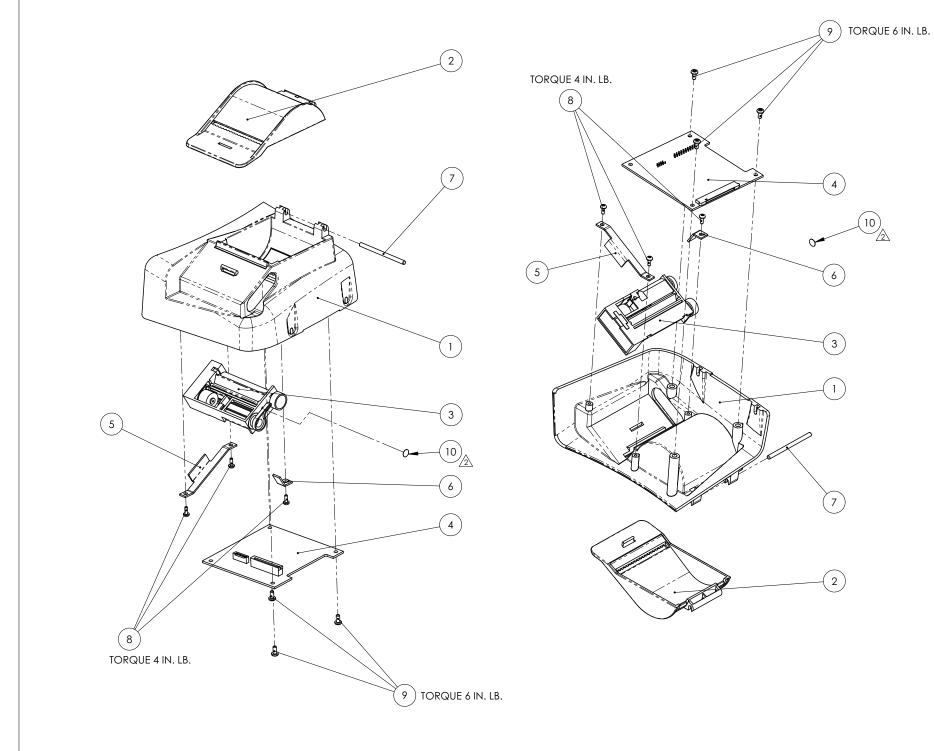
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		SARE S, INC.		
DRAWN L. SOROKA	CHECK 214-07	ENG. APPR.: L. SOROKA 1/6/0	6	
DATE: 01-04-2006	RELEASE Q.A. APPR.: A. KAPLAN 2/16/0			
SCALE: 1:2	DO NOT SCALE PRINT	MFG. J. SZOLYGA 1/6/06		
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOCUMEN INFORMATION AND MAY NOT B WITHOUT WRITTEN CONSENT OF	E COPIED OR DIVULGED		
TITLE: ASSEMBLY PATIEN	NT CONNECTORS PARTI	95767A001	REV.	

DIST: 302

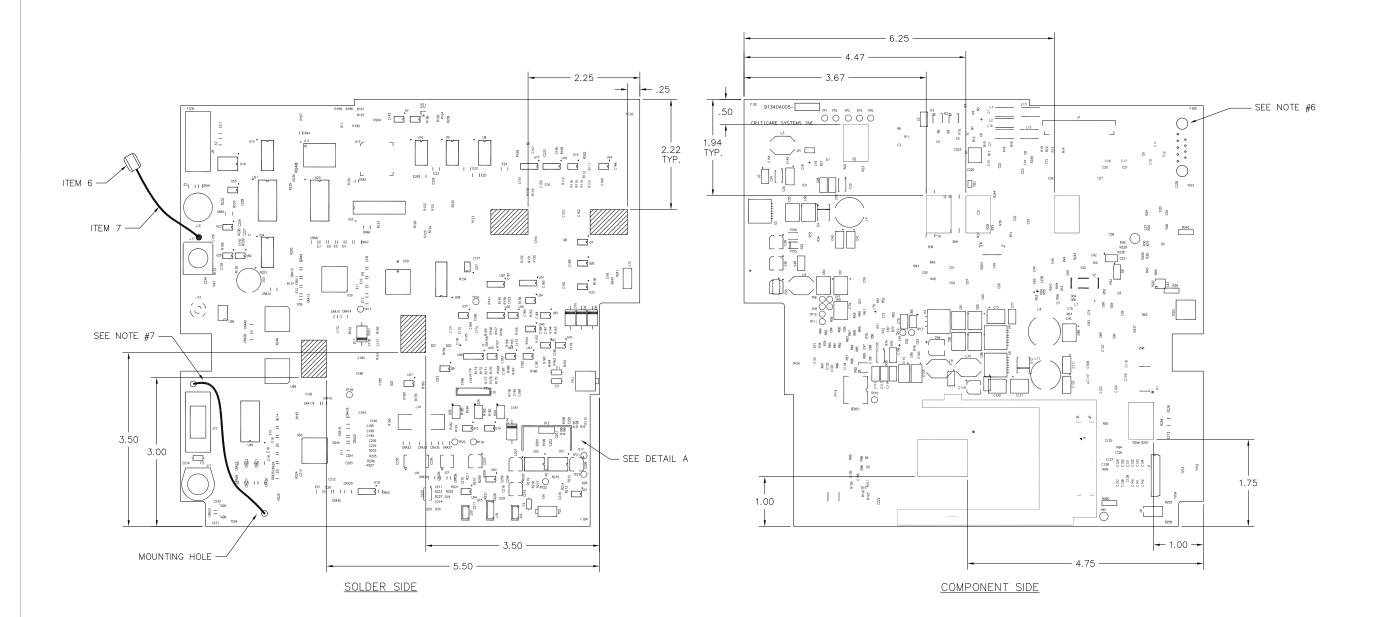


		REVISIONS	
REV.	DATE	DESCRIPTION	BY
1	5/15/06	SEE ECN #8842	DBL
2	1/18/07	SEE ECN #9079	SC



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	CRIT SYST				
DRAWN L. SOROKA	CHECK BY:		ENG. APPR.:	L. SOROKA 3/7	7/06
DATE: 01-05-2006	RELEASE DATE:		Q.A. APPR.:	A. KAPLAN 3/8	3/09
SCALE: 1:2	DO NOT SCALE PRINT	i .	MFG. APPR.:	J. SZOLYGA 3/	9/06
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOC INFORMATION AND MAY WITHOUT WRITTEN CONSE	NOT BE C	OPIED	OR DIVULGED	
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NOTES:

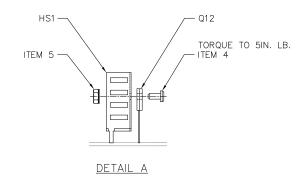
- 1.) FINISHED BOARD SHALL MEET CURRENT IPC-A-610 STANDARDS, CLASS II.
- 2.) BARE BOARD 83599B005 TO BE USED ON ASSEMBLY 91340A005.
- 3.) CSI RESERVES THE RIGHT TO INSPECT THIS ITEM AT THE VENDORS FACILITY. VENDORS INSPECTION SYSTEM AND MANUFACTURING PROCESS ARE SUBJECT TO REVIEW/APPROVAL, VERIFICATION AND ANALYSIS BY AUTHORIZED CSI REPRESENTATIVES. ALL CHANGES IN DESIGN, COMPONENTS, PROCESSES OR FABRICATION MUST BE AUTHORIZED IN WRITING BY CSI PRIOR TO IMPLEMENTATION. ALL DEVIATIONS FROM DRAWINGS, SPECIFICATIONS, OR OTHER REQUIREMENTS MUST BE REPORTED TO CSI FOR APPROVAL PRIOR TO SHIPMENT. ALL RAW MATERIALS USED TO PRODUCE THIS PART SHALL BE TRACEABLE TO AT LEAST A LOT LEVEL. ALL TRACEABILITY AND INSPECTION RECORDS MUST BE IDENTIFIABLE TO THE RAW MATERIALS, PARTS, ASSEMBLIES, OR DEVICES TO WHICH THEY APPLY AND SHALL BE AVAILABLE UPON REQUEST OR AUDIT BY CSI REPRESENTATIVE.

FIRST ARTICLES MUST BE INSPECTED AND ACCEPTED BY A CSI QUALITY REPRESENTATIVE PRIOR TO A PRODUCTION SHIPMENT, UNLESS OTHERWISE AUTHORIZED BY CSI. THE FIRST ARTICLES MUST BE INSPECTED AND OR TESTED FOR COMPLIANCE TO THE REQUIREMENT OF APPLICABLE ENGINEERING DRAWINGS AND SPECIFICATIONS. FIRST ARTICLES MUST BE SO MARKED AND IDENTIFIED WITH A PART NUMBER. ANY MAJOR TOOLING, PROCESS, OR COMPONENT CHANGE WILL REQUIRE A NEW FIRST ARTICLE EVALUATION.

EACH LOT OF PARTS SHALL BE ACCOMPANIED BY A LEGIBLE COPY OF A CERTIFICATE OF COMPLIANCE LISTING THE DRAWING, SPECIFICATION, PROCESS AND APPLICABLE REVISION TO WHICH THE PARTS COMPLY AND BE SIGNED OFF BY THE VENDORS QA REPRESENTATIVE.

EACH ASSEMBLY SHALL BE IDENTIFIED WITH THE CSI PART NUMBER AND REVISION FOR THE ASSEMBLY, AND A UNIQUE SERIAL NUMBER IN HUMAN—READABLE FORMAT. SERIAL NUMBERS SHALL NOT BE DUPLICATED. THE FORMAT FOR THE SERIAL NUMBER SHALL CONTAIN AT LEAST 2 ALPHABETICAL PREFIX CHARACTERS THAT ARE RELEVANT TO THE VENDOR TO DISTINGUISH BETWEEN MULTIPLE VENDORS. THE ASSEMBLY PART NUMBER, REVISION AND SERIAL NUMBER SHALL ALSO BE LABELED ON THE PCB ASSEMBLY IN BARCODE FORMAT USING CODE 39 (PREFERRED) OR CODE 128.

- 4.) CONNECTOR J9, J10, J11, J13 AND J15 MUST BE MOUNTED STRAIGHT AND FLUSH TO PCB.
- 5.) ORIENT J11 CONNECTOR AS SHOWN
- 6.) INSERT SCREW (ITEM 2) INTO HOLE OF DB9 CONNECTOR AS SHOWN. TORQUE TO 5 IN. LBS.
- 7.) INSERT WIRE (ITEM #1) INTO HOLES ABOVE J15 AND TO THE RIGHT OF LOWER MOUNTING HOLE AS SHOWN.
- 8.) INSERT SCREW (ITEM 4) THROUGH HOLES IN Q12 AND HS1 AS SHOWN IN DETAIL A. ADD KEPS NUT (ITEM 5) AND TORQUE TO 5 IN. LB.
- 9.) INSERT WIRE WITH TERMINAL (ITEMS 6 & 7) INTO HOLE ABOVE J11.





VENDOR SHOULD COMPLY WITH THE FOLLOWING CSI QUALITY REQUIREMENTS: Q1, Q2, Q4, Q5, Q6, Q7,Q10, Q11 AND Q16. IN ADDITION THE QUALITY REQUIREMENTS Q9, Q13 AND Q17 APPLY. SEE CSI WEB SITE (www.csiusa.com/pdf/QA_Requirements.pdf) FOR THE DEFINITION OF THE QUALITY REQUIREMENTS.

SYSTEMS, INC.				
DRAWN DBL	CHECK BY:	ENG. APPR.: R. SMITH 2/8/07		
DATE: 9/12/06	RELEASE DATE:	Q.A. APPR.: A. KAPLAN 2/19/07		
SCALE: 1:1	DO NOT SCALE PRINT	MFG. APPR.: K. HAWVER2/19/07		
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION AND MAY NOT BE COPIED OR DIVULGED WITHOUT WRITTEN CONSENT OF CRITICARE SYSTEMS, INC.			

8100E1/EP1 ASSEMBLY
MAIN PCB BOARD

91340A005 5

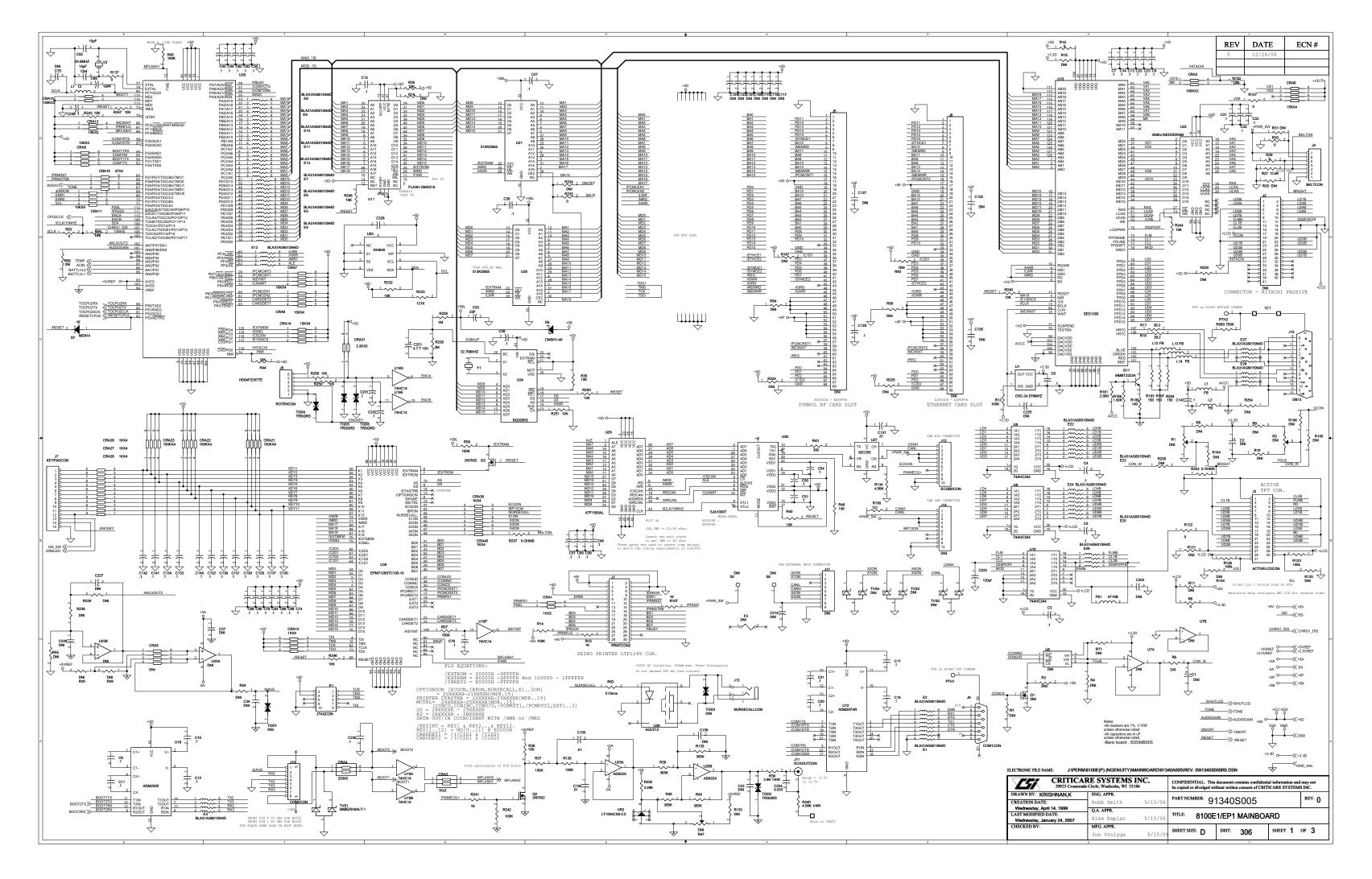
DIST: SHEET 1 OF 1

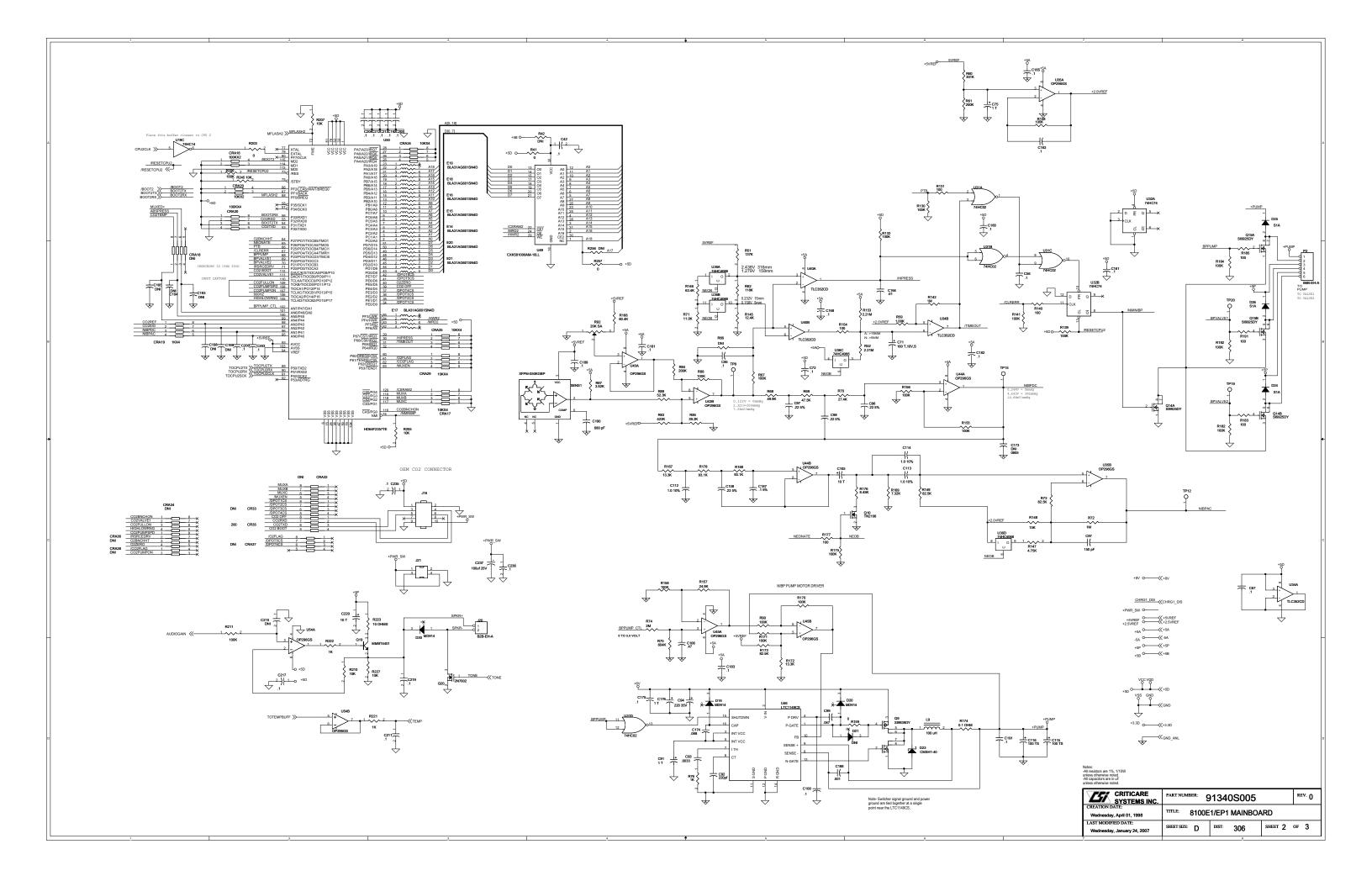
REVISIONS

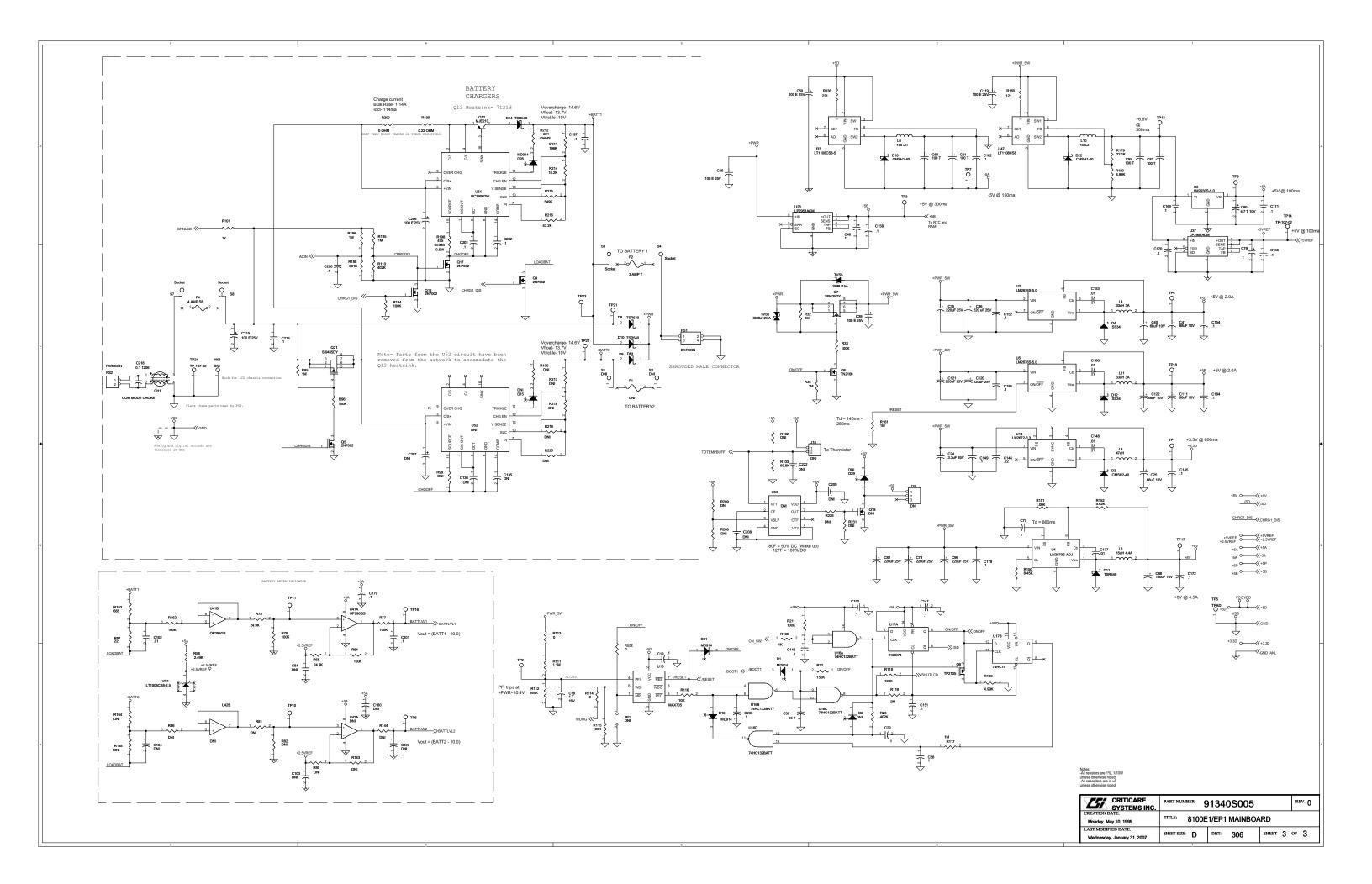
1 3/15/07 SEE ECN #9135 2 8/15/07 SEE ECN #10032 3 04/09/08 SEE ECN #10207

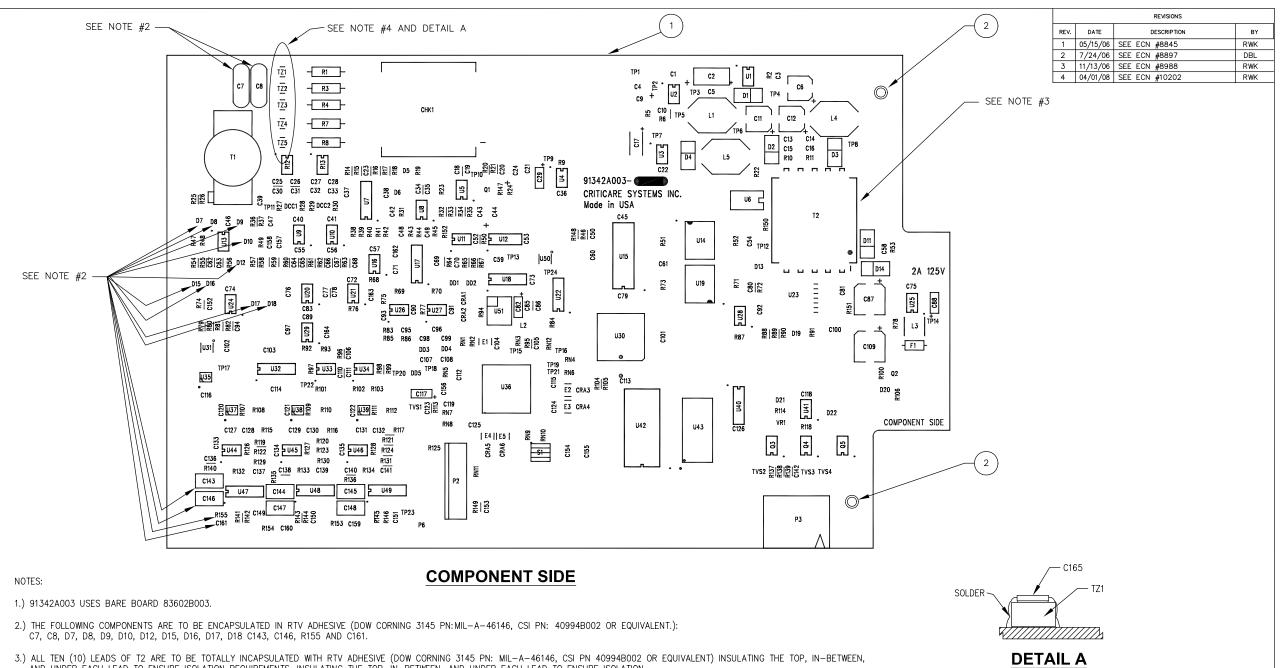
5 7/8/09 SEE ECN 10463

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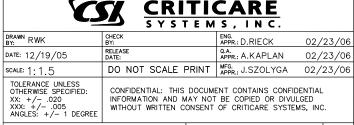
- AND UNDER ÉACH LEAD TO ENSURE ISOLATION REQUIREMENTS. INSULATING THE TOP, IN-BETWEEN, AND UNDER EACH LEAD TO ENSURE ISOLATION.
- 4.) SOLDER C165-C169 TO TO TOPS OF TZ1- TZ5.
- 5.) FINISHED BOARD SHALL MEET CURRENT IPC-A-600/6012 STANDARDS.
- 6.) FINISHED BOARD THICKNESS SHALL BE .062+/-.010
- 7.) U11 MUST BE A NATIONAL LM358M P/N: (60056B002).
- 8.) BOARD ASSEMBLY HOUSE IS TO PROVIDE SERIALIZATION OF EVERY BOARD.
- 9.) CSI RESERVES THE RIGHT TO INSPECT THIS ITEM AT THE VENDORS FACILITY. VENDORS INSPECTION SYSTEM AND MANUFACTURING PROCESS ARE SUBJECT TO REVIEW/APPROVAL, VERIFICATION. AND ANALYSIS BY AUTHORIZED CSI REPRESENTATIVES. ALL CHANGES IN DESIGN, COMPONENTS, PROCESSES OR FABRICATION MUST BE AUTHORIZED IN WRITING BY CSI PRIOR TO IMPLEMENTATION. ALL DEVIATIONS FROM DRAWINGS, SPECIFICATIONS, OR OTHER REQUIREMENTS MUST BE REPORTED TO CSI FOR APPROVAL PRIOR TO SHIPMENT. ALL RAW MATERIALS USED TO PRODUCE THIS PART SHALL BE TRACEABLE TO AT LEAST A LOT LEVEL. ALL TRACEABILITY AND INSPECTION RECORDS MUST BE IDENTIFIABLE TO THE RAW MATERIALS, PARTS, ASSEMBLIES, OR DEVICES TO WHICH THEY APPLY AND SHALL BE AVAILABLE UPON REQUEST OR AUDIT BY CSI REPRESENTATIVE

FIRST ARTICLES MUST BE INSPECTED AND ACCEPTED BY A CSI QUALITY REPRESENTATIVE PRIOR TO A PRODUCTION SHIPMENT, UNLESS OTHERWISE AUTHORIZED BY CSI. THE FIRST ARTICLES MUST BE INSPECTED AND OR TESTED FOR COMPLIANCE TO THE REQUIREMENT OF APPLICABLE ENGINEERING DRAWINGS AND SPECIFICATIONS. FIRST ARTICLES MUST BE SO MARKED AND INDENTIFIED WAIT A PART NUMBER. ANY MAJOR TOOLING, PROCESS, OR COMPONENT CHANGE WILL REQUIRE A NEW FIRST ARTICLE EVALUATION. EACH LOT OF PARTS SHALL BE ACCOMPANIED BY A LEGIBLE COPY OF A CERTIFICATE OF COMPLIANCE LISTING THE DRAWING, SPECIFICATION, PROCESS AND APPLICABLE REVISOIN TO WHICH THE PARTS COMPLY AND BE SIGNED OFF BY THE VENDORS QA REPRESENTATIVE. VENDOR SHALL FURNISH A COPY OF ACTUAL INSPECTION /TEST RESULTS ASSOCIATED WITH EACH SERIALIZAED ITEM. INSPECTION AND TEST PARAMETERS (OPERATIONAL MECHANICAL, ELECTRICAL, ENVIROMENTAL, ETC) SHALL BE DEFINED BY CSI MANUFACTURING ENGINEERING. EACH ASSEMBLY SHALL BE IDENTIFIED WITH THE CSI PART NUMBER AND REVISION FOR THE ASSEMBLY, AND A UNIQUE SERIAL NUMBER IN HUMAN-READABLE FORMAT. SERIAL NUMBERS SHALL NOT BE DUPLICATED. THE FORMAT FOR THE SERIAL NUMBER SHALL CONTAIN AT LEAST 2 ALPHEBETICAL PREFIX CHARACTERS THAT ARE RELEVANT TO THE VENDOR TO DISTINGUISH BETWEEN MULTIPLE VENDORS. THE ASSEMBLY PART NUMBER, REVISION AND SERIAL NUMBER SHALL ALSO BE LABELED ON THE PCB ASSEMBLY IN BARCODE FORMAT USING CODE 39 (PREFERRED) OR CODE 128.

EACH INDIVIDUAL, ASSEMBLED PCB SHALL BE PACKAGED IN CONDUCTIVE, STATIC SHIELDED BAGS OR CONTAINERS AND IDENTIFIED WITH ESD WARNING LABELS.

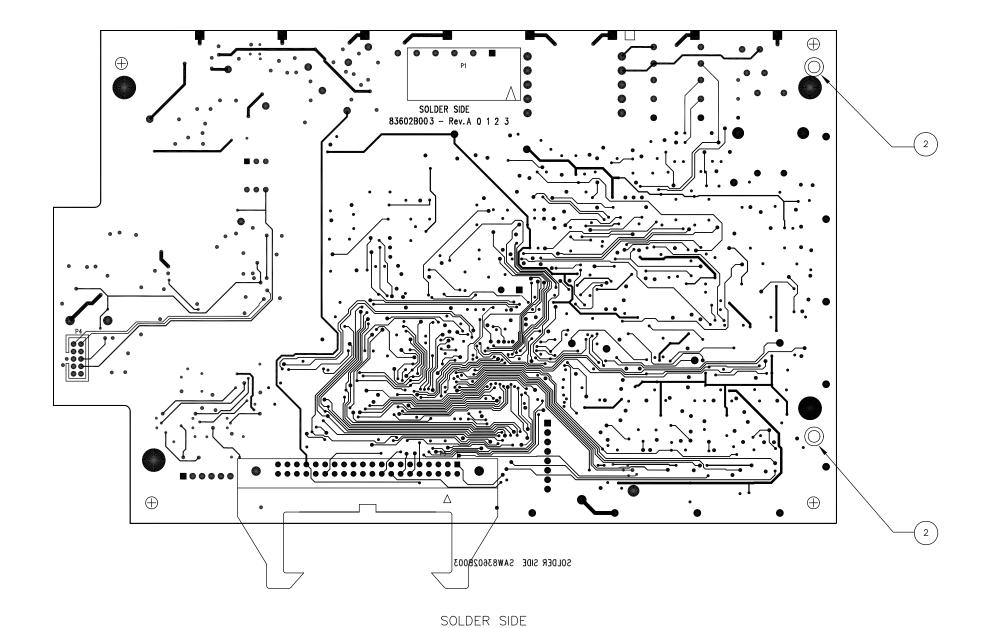
RELEASED DOCUMENT

VENDOR SHOULD COMPLY WITH THE FOLLOWING CSI QUALITY REQUIREMENTS: Q1, Q2, Q4, Q5, Q6, Q7, Q10, Q11 AND Q16. IN ADDITION THE QUALITY REQUIREMENTS Q9, Q13 AND Q17 APPLY. SEE CSI WEB SITE (www.csiusa.com/pdf/QA_Requirements.pdf) FOR THE DEFINITION OF THE QUALITY RÉQUIREMENTS



ASSEMBLY 8100 91342A003 ANALOG BOARD SHEET 1 of 2

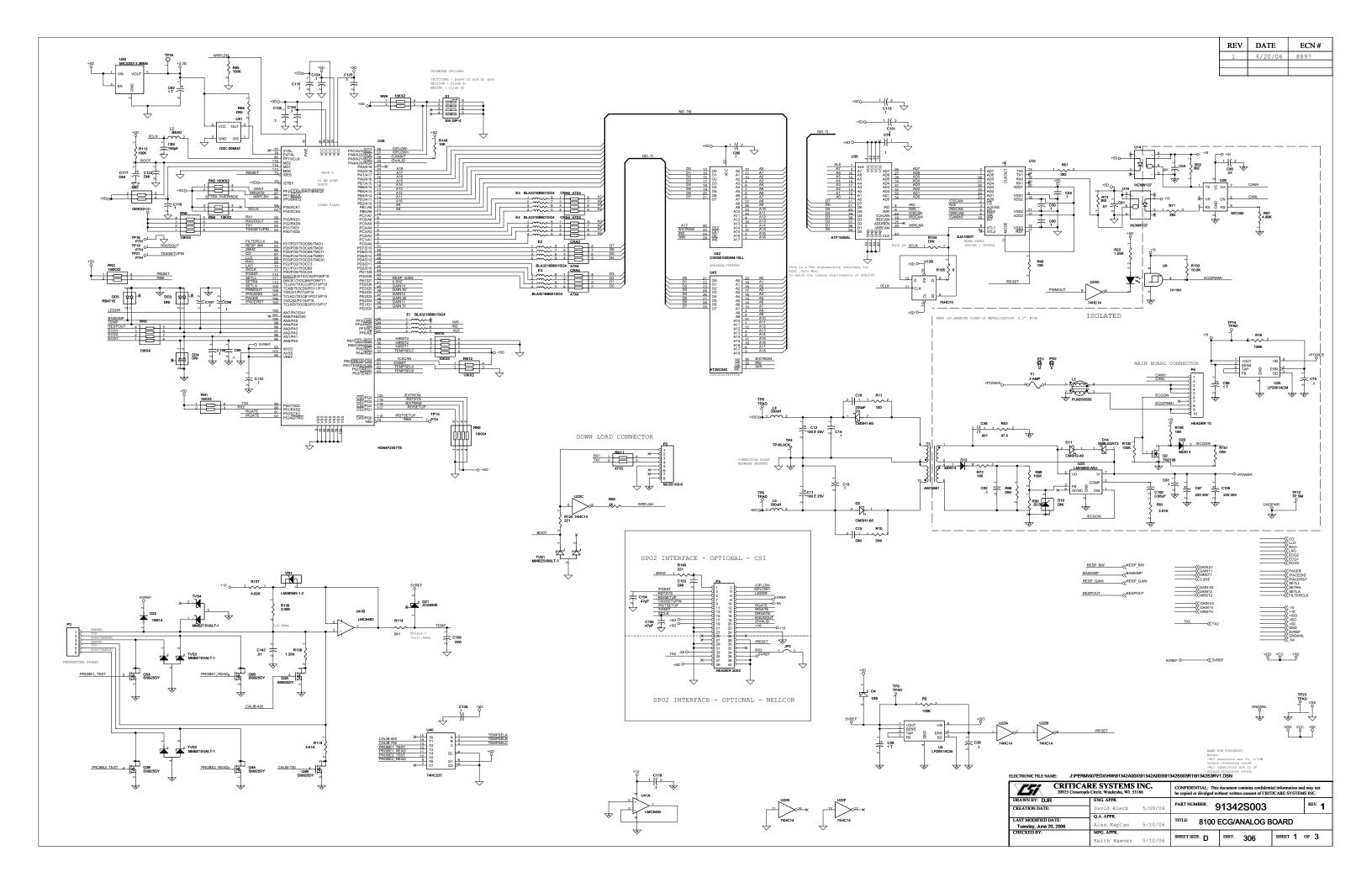
	REVISIONS				
REV.	DATE	DESCRIPTION	BY		
		SEE SHEET 1			

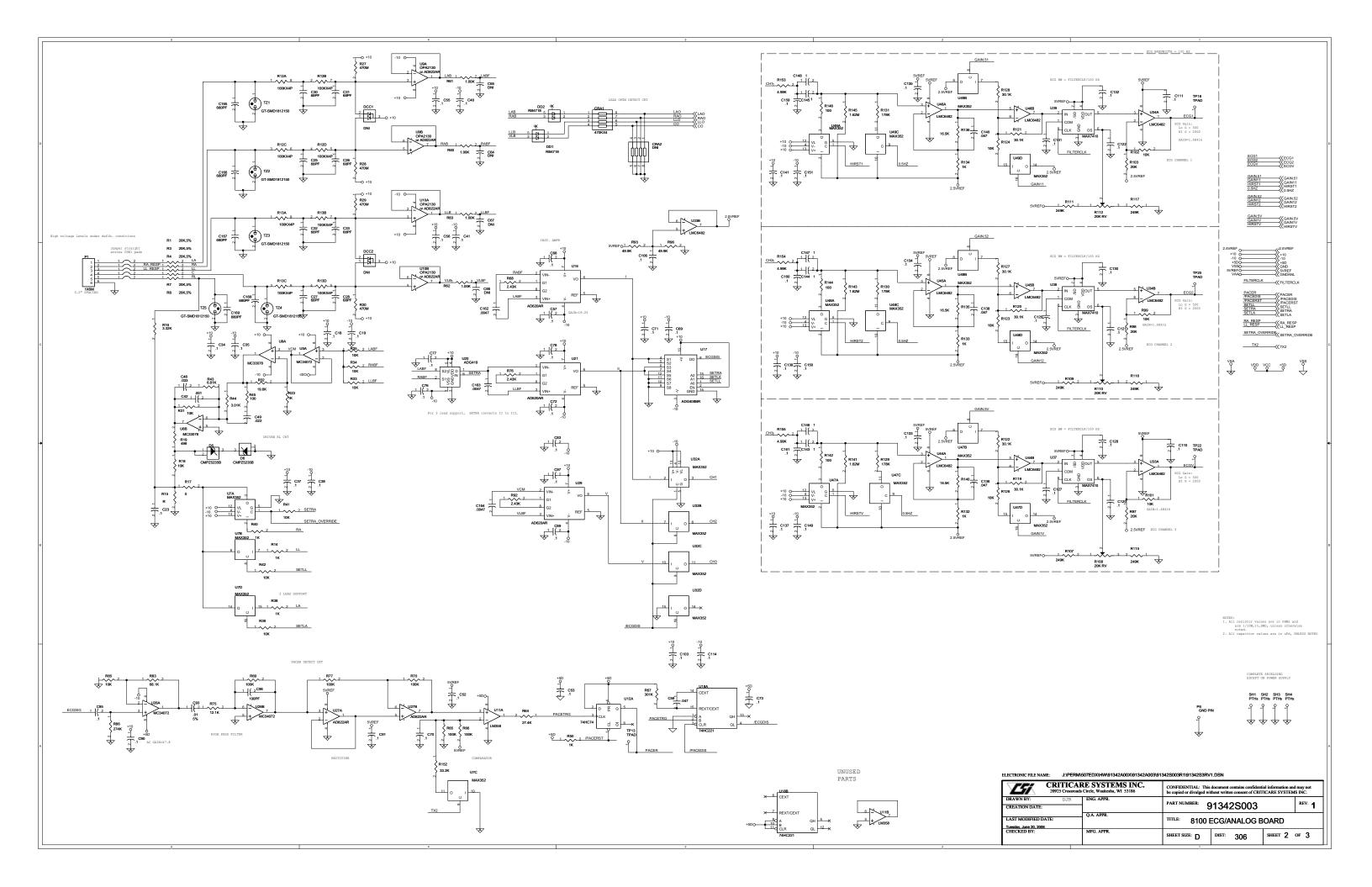


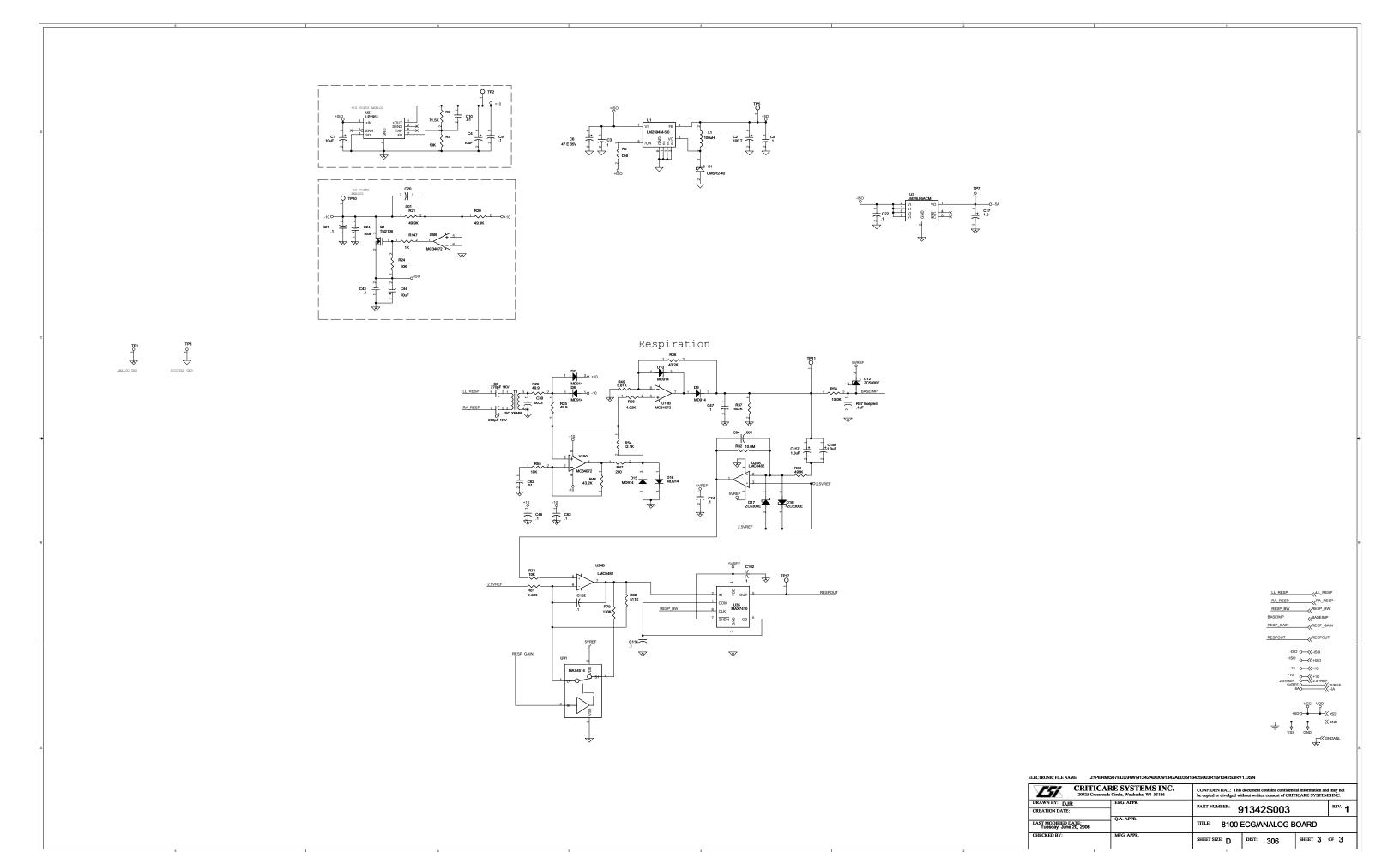
NOTE: TRIM EXCESS LEADS ON TP1, TP2, TP3, TP4, TP5 AND TP8.

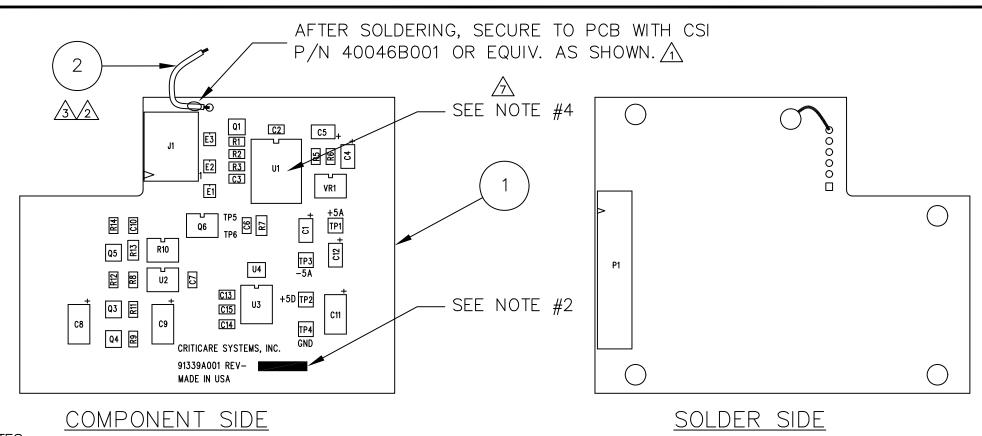
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CRITICARE SYSTEMS, INC.					
DRAWN BY: RWK	CHECK BY:		ENG. APPR.:		
DATE: 12/19/05	RELEASE DATE:		Q.A. APPR.:		
scale: 1:1.5	DO NOT SCALE I	PRINT	MFG. APPR.:		
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS INFORMATION AND MITHOUT WRITTEN C	TON YAN	BE COPIED OR DIV	'ULGED	
TITLE:	PART NO		R	REV.	
ASSEMBLY 81 ANALOG BOA	913	342A003	5	4	
	DIST:	SHEET 2	or 2		









REVISIONS				
REV.	DATE	DESCRIPTION	BY	
1	7/6/00	SEE ECN #6382	DBL	
2	11/30/00	SEE ECN #6601	AEL	
3	1/22/01	SEE ECN #6732	AEL	
4	10/21/02	SEE ECN #7417	DBL	
5	04/16/03	SEE ECN #7608	RWK	
6	05/15/06	SEE ECN #8845	RWK	
7	11/06/07	SEE ECN #10108	RWK	
8	05/20/08	SEE ECN #10237	RWK	

NOTES:

- 1.) ASSEMBLY 91339A001 USES BARE BOARD 83603B001.
- 2.) WRITE OR LABEL BOARD WITH CURRENT BUILD REVISION.
- 3.) CSI RESERVES THE RIGHT TO INSPECT THIS ITEM AT THE VENDORS FACILITY. VENDORS INSPECTION SYSTEM AND MANUFACTURING PROCESS ARE SUBJECT TO REVIEW/APPROVAL, VERIFICATION AND ANALYSIS BY AUTHORIZED CSI REPRESENTATIVES. ALL CHANGES IN DESIGN, COMPONENTS, PROCESSES OR FABRICATION MUST BE AUTHORIZED IN WRITING BY CSI PRIOR TO IMPLEMENTATION. ALL DEVIATIONS FROM DRAWINGS, SPECIFICATIONS, OR OTHER REQUIREMENTS MUST BE REPORTED TO CSI FOR APPROVAL PRIOR TO SHIPMENT. ALL RAW MATERIALS USED TO PRODUCE THIS PART SHALL BE TRACEABLE TO AT LEAST A LOT LEVEL. ALL TRACEABILITY AND INSPECTION RECORDS MUST BE IDENTIFIABLE TO THE RAW MATERIALS, PARTS, ASSEMBLIES, OR DEVICES TO WHICH THEY APPLY AND SHALL BE AVAILABLE UPON REQUEST OR AUDIT BY CSI REPRESENTATIVE.

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EACH LOT OF PARTS SHALL BE ACCOMPANIED BY A LEGIBLE COPY OF A CERTIFICATE OF COMPLIANCE LISTING THE DRAWING, SPECIFICATION, PROCESS AND APPLICABLE REVISION TO WHICH THE PARTS COMPLY AND BE SIGNED OFF BY THE VENDORS QA REPRESENTATIVE.

VENDOR SHALL FURNISH A COPY OF ACTUAL INSPECTION/TEST RESULTS ASSOCIATED WITH EACH SERIALIZED ITEM. INSPECTION AND TEST PARAMETERS (OPERATIONAL, MECHANICAL, ELECTRICAL, ENVIRONMENTAL, ETC) SHALL BE DEFINED BY CSI MANUFACTURING ENGINEERING.

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EACH INDIVIDUAL, ASSEMBLED PCB SHALL BE PACKAGED IN CONDUCTIVE, STATIC SHIELDING BAGS OR CONTAINERS AND IDENTIFIED WITH ESD WARNING LABELS.

IF CSI P/N 68005B001 IS NOT AVAILABLE REFER TO INSTRUCTION SHEET CSI P/N 91339A1—ALT FOR ALTERNATE BUILD. IF ALTERNATE BUILD IS IMPLEMENTED, MARK THE REVISION AS REV. 7A ON THE PCB AND ALSO NOTE THIS ON THE CERTIFICATE OF COMPLIANCE.

RELEASED DOCUMENT

VENDOR SHOULD COMPLY WITH THE FOLLOWING CSI QUALITY REQUIREMENTS: Q1, Q2, Q4, Q5, Q6, Q7, Q10, Q11 AND Q16. IN ADDITION THE QUALITY REQUIREMENTS Q9, Q13 AND Q17 APPLY. SEE CSI WEB SITE (www.csiusa.com/pdf/QA_Requirements.pdf) FOR THE DEFINITION OF THE QUALITY REQUIREMENTS

CRITICARE SYSTEMS, INC.

DRAWN DBL BY:	CHECK BY:	ENG. APPR.: D. RIECK 6/7/00
date: 8/23/99	RELEASE DATE:	Q.A. APPR.: A. KAPLAN 6/8/00
SCALE: 1:1	DO NOT SCALE PRINT	MFG. APPR.: K. SCHMITZ 6/7/00
TOLERANCE UNLESS OTHERWISE SPECIFIED: XX: +/020 XXX: +/005 ANGLES: +/- 1 DEGREE	CONFIDENTIAL: THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION AND MAY NOT BE COPIED OR DIVULGED WITHOUT WRITTEN CONSENT OF CRITICARE SYSTEMS, INC.	

ASSEMBLY PCB SPO2 BOARD 91339A001

REV.

DIST: 302 SHEET 1 OF

