

SonicaidTM Centrale

Release 2

Version 6

User Manual

Document No 725301-5

DIAGNOSTIC Products Division

1	Introduc	ction	4
	1.1 Cau	tions & warnings	4
2	Getting	started	6
3	System (Operation	7
	3.1 Log	ging on (Upgrade Option)	7
	3.1.1	Logging off	8
	3.1.2	Changing your password	8
	3.2 Boo	king patients in	9
	3.2.1	Entering chalkboard details during booking	11
	3.3 Bed	Management	11
	3.4 Pati	ent review	13
	3.5 Star	ting a CTG recording session	13
	3.6 End	ing a CTG recording session	14
	3.7 Am	bulatory / mobile monitoring (Upgrade option)	14
	3.7.1	wLAN System configuration	14
	3.7.2	Wireless networking operation	14
	3.8 Vie	wing CTGs	16
	3.8.1	Single trace view	16
	3.8.2	Single trace view – STAN functionality enabled	17
	3.8.3	Trace scrolling	20
	3.8.4	Function bar	20
	3.8.5	FHR analysis (option)	20
	3.8.6	Notes	25
	3.8.7	Mark / Print	25
	3.8.8	Annotating the trace	
	3.8.9	Review annotations	27
	3.8.10	Alarms	27
	3.8.11	Multi-trace view	
	3.8.12	Reviewing stored CTGs	
	3.8.13	Viewing traces received by phone from Fetal Assists	
	3.9 Pati	ent Menu	35
	3.9.1	Actions	35
	3.9.2	Partogram (Upgrade option)	
	3.9.3	Patient Details	41
	3.9.4	Pregnancy Details	43
	3.9.5	Patient Notes	43
	3.10 Cha	lkboard (Upgrade option)	45
	3.10.1	To view the chalkboard	45
	3.10.2	Entering / editing chalkboard details	45
	3.11 Adr	ninistration (Upgrade Option)	46
	3.11.1	To view the administration screen	46
	3.11.2	Message board	
	3.12 Syst	tem	
	3.12.1	Manage bed group profiles	50
	3.13 Helj	p	57
	3.14 'Pro	ptocol plus' Reference database	
4	Trouble	-shooting	59
	4.1 Star	ting an access terminal	61
5	System 1	naintenance	62
	5.1 Gen	eral maintenance	62

	5.2	STAN license functionality	62
6	Clea	aning	62
	6.1	Infection control	62
7	Serv	vice support	63
		11	

1 Introduction

This document describes the use of the Sonicaid Centrale II system, this is known as Dopplex Centrale II in some markets. It does not include system configuration, set-up or installation information – refer to the System Administrator manual for further information on these aspects of the system.

1.1 Cautions & warnings



3rd Party Software

Sonicaid Centrale is designed to run as a stand-alone system on a dedicated server. Under no circumstances must any 3rd party software be installed on the system without prior approval, in writing, from Huntleigh Healthcare. In the event of unauthorised software being installed, Huntleigh Healthcare cannot be held responsible for resulting data corruption, misrepresentation, loss or any other failing of the system.

While remote access clients may have 3rd party software installed, it is recommended that running multiple applications concurrently should be avoided, or kept to a minimum. If system resources are overloaded, data may be lost or corrupted. Huntleigh Healthcare cannot accept liability for any such loss or resultant problems or outcomes.



System back-up

As with any software system, crashes may occur at any time, and may result in loss or corruption of clinical data. Similarly, hardware failures may result in loss or corruption of data. While every effort is made to minimise this risk, it is strongly recommended that back-up protection measures are employed. A range of back-up options are available as upgrades – contact your supplier for details.



Clinical management

Sonicaid Centrale II is not a diagnostic tool – it simply presents information. As with any computer / software system, bugs or faults may result in incorrect information being displayed. If any doubt as to fetal or maternal condition arises through using the Sonicaid Centrale II system, alternative measures must be undertaken immediately to ensure appropriate clinical management.



FetalCare Analysis Intended Use

The intended use of FetalCare analysis is for the computerised analysis of antepartum cardiotocograms in pregnancies from 26 weeks gestation onwards (32 weeks in the USA). It can be used on women who are experiencing Braxton-Hicks contractions but is not intended for use in established labour as the fetus is then exposed to additional factors such as labour contractions, pharmacological agents, and epidural anaesthesia.

The analysis provided by FetalCare is intended as an adjunct to - and not a replacement for - the physician's visual assessment of a cardiotocogram. As such, FetalCare analysis is an aid to clinical management but not a diagnosis, which remains the responsibility of an appropriately qualified physician. Indeed, both the physician's visual assessment of a cardiotocogram and the analysis provided by FetalCare should be considered within the context of a full clinical assessment before decisions are made regarding management. Such an assessment may include further tests such as umbilical blood flow velocity waveforms or biophysical profiling.



STAN monitoring

The STAN functionality is an aid to clinical management but not a diagnosis, which remains the responsibility of an appropriately qualified physician. Sonicaid Centrale II is merely presenting data from the STAN monitor, and therefore, any clinical significance of the data is down to the user, who should refer to the STAN documentation and Neoventa's guidelines.



System Security

In the event of unauthorised access ('hacking') into the system or through any other malicious actions, data may be lost or corrupted. The standard system has no protection against unauthorised access. It is strongly recommended that the optional Security & Audit package is purchased. This provides reasonable protection against such unauthorised use through standard user name / password access control, together with a full audit trail of who did what, when & from where. Huntleigh Healthcare cannot accept liability for any such actions or resultant damage or outcomes.



Data protection & patient confidentiality

Due to the flexible, user configurable nature of Sonicaid Centrale II, the system administrator is responsible for ensuring compliance with any local, national or other regulatory requirements relating to patient information, the storing, displaying and archiving of such data, and access to such data.



Data integrity

At all times, clinical practitioners must retain full responsibility for appropriate management of any situation. Sonicaid Centrale II is designed as an information system intended to present information to assist clinicians in delivering the highest possible standard of care, not to replace established clinical practice. All users are responsible for ensuring the accuracy of entered data, and for confirming that it has been correctly logged.



Date / Time

Traces, data entry, etc. are time stamped using the system clock. If the system clock is incorrectly set, the logged times will reflect this error. The user is responsible for checking that the date & time are correct – this is shown in the top right-hand corner of the screen at all times. If time is incorrect, advise the system administrator immediately.

2 Getting started

Sonicaid Centrale II uses our own unique user interface, called 'Point & Click' to make it very easy to use in the clinical environment with the minimum of training.

The screen is divided into 3 main areas as shown below:

🚔 l dhe kanen 💿 enne 1	ube so constrained. Contemplating system (Reference for era)	An employed CARE , Rends (COLL SC
Part Character Net Part Character State Charac	141 Function butto	Regist State
Bed Over- view		
+ Bed Group	Trace Screen Sectors in the sector of the s	n + action

3 System Operation

3.1 Logging on (Upgrade Option)



To log-on, enter your user name and password and click on 'Login' or press the 'enter' key.



CAUTION: Type in your details carefully – if you make a mistake, you can re-try up to 3 times. After 3 incorrect entries, the access terminal will be locked out.

If the terminal is locked out, or you forget your user name or password, contact your system administrator for assistance.



IMPORTANT: Your user log-on gives you access to confidential patient information. While logged on, you are responsible for preventing unauthorised access. Do not leave the terminal unattended. You must log off before leaving the terminal. If you are called away in an emergency, however, the system will automatically log you off after a period of inactivity set by your administrator.



IMPORTANT: The automatic log-off will not work if you leave a dialogue box open – the system will remain active under your log-on name indefinitely. To protect against unauthorised access, you must ensure that dialogue boxes are closed before leaving an access terminal.

3.1.1 Logging off

To log off, click on your user name (top right corner of screen). A drop down menu will appear:



Click on 'Logout' to complete logging out.

3.1.2 Changing your password

To change your user password, click on 'Change password' in the logging off dropdown menu (see section 3.1.1).

Dopplex	Centrale
Please change yo	ur password
Username :	dgs1
Password :	
New Password :	[
Confirm Password :	[
Save	Cancel

Enter your current & new password details in the form & click on 'Save' to activate your new password.

3.2 Booking patients in

To book a patient into a bed, simply click on the relevant bed. If the bed is not displayed, open the relevant bed-group to access the bed (see section 3.3).

Distingt Daving						
No Patient Selected	Select patient	for review				
Multi-View	2/0	Sumame		Looking tor an existing patient?		
Care Lint.		Forename		Wate to add a new parenter		
	1	101-1-1-1				
W Bed 1	-	Patient ID				
		disar.coarth	name			
Steed 2						
2 select patient						
L \$152 UA-20						
Ostanger, Andreau						
A second s						
A CONTRACTOR OF A						
Antenatal Clinic	Datient List	Page 1 / 2.				next page 🕈
a Red 1	Hare are the list of	Patient ID	Surname	Forename	Dard & Dave Chart	
2 select patient	patients that matin your search criteria.	20485885	Stanger	Andrea	Bod 3, Day care	
C9132 UA=15	To select a single	20047394	Peart	Kelly		
V Bed 2	name.	20047393	Jones	Nancy		
		20930494	Philips	Phanhon		
and the second se	If the patient you require is not shown,	20303923	Lamboen	Natasha		
Delivery Suite	enter more search	20039203	Smbr	Tracy		
S Red 1	and a second	20743032	Blar Lawson	Rachel		
2 select patient		20740343	lones	Emily		
UA=14		20473943	Edwards	lass		
select patient		20403923	Erankin	flizabeth		
133 UA=29		20043934	McNais	Eran		
Bed 3		20837483	Moore	Gladys		
		20037403	Clark	Georgie		
		20930770	Morpan	Victoria		
Bed 4		20348747	Hawkins	Madae		
2 Select pasent		20382932	Burrows	Emma		
		20959858	Evans	Katy		
Emergency Care						
Remote Monitor			7	fea at List		
waiting for call						
all the second second second						
A STREET STREET						

Proceed as detailed below.

	Surname	
	Forename	
W	Patient ID	
	<u>clear search name</u>	

Enter the patient's surname. As each letter is typed, the database is searched, progressively 'zeroing in' on the correct patient, if they already exist in the database.

All patients found with the entered surname will be listed on the screen, together with their Forename and Patient ID.

Alternatively, patients can be located by entering the patient I.D., or by paging through the database using the 'next page'/'previous page' buttons:

Page 2 / 3.			← previous page	next page 🗲
Patient ID	Surname	Forename		
3465345	Pietersen			
12465	Rue	Emily		
8768574	Sagoo	Mary		

'Point & Click' on the correct patient entry to complete booking the patient in.

If no matching record is found, simply complete entry of Surname, Forename and Patient ID – this is the minimum required to create a new patient record.



Click on 'add this new patient' to create the patient in the database and to book her into the bed.

Note that where Sonicaid Centrale II is interfaced to a hospital information system (HIS) or patient admission system, the technique for searching for patients may vary.

As each installation is customised to local requirements, contact your system administrator for full details on how this has been set up.

When an existing patient record is retrieved, if the elapsed time since the last note was entered for this patient is greater than 126 days, a dialogue box will appear:

VBScript: Confirm Pregnancy				
The last visit for this pregnancy v	was 135 day:	s ago. Do you v	vish to start a new pregnancy?	
	Yes	No		

Select 'Yes' or 'No' as appropriate.

If the chalkboard option is installed, a dialogue window will appear for entering her details into the chalkboard. See below for details.

If this option is not installed, the booking-in process is complete and the patient is automatically logged into the bed. Check that her name* is displayed in the correct bed on the left hand side of the screen.

*Note: for confidentiality reasons, the bed may only display the initials, id number or 'patient selected'. This is a system administrator set-up option.

3.2.1 Entering chalkboard details during booking

nter Chalkboard Data- : Return	
Consultant Dr. Lucas Comments BP 120/80 Midwife Jane	tt n ne
132874 Peart	n Ceri

In the dialogue window, enter the relevant information into each field. Note that the number of fields, the field names and the content of each field are determined by your system administrator.

Save or cancel to continue.

Booking the patient into a bed is now complete.

3.3 Bed Management



All beds on the system are displayed in the 'bed column'. This view is maintained at all times, irrespective of what is shown in the main area of the screen, thus providing instant, easy access to all beds – just 'point & click' to select one. Each bed is identified by a unique identifier - either a name or a number.

The number of beds that can be viewed simultaneously in this column will depend on the size & resolution of each viewing screen.

Within each bed frame, various data / messages are displayed reflecting the current status of the bed as detailed below:

A typical active bed is displayed as shown below:



This includes the following elements:

- 'Bed B' this is the bed name as defined by the system administrator
- '**→**' this indicates that this bed is currently selected in the main screen for single trace view or patient information review / entry
- **'Watson, Mary'** this is the name of the patient currently booked into this bed. Note that there are a number of options for this:
 - Display patient name as shown in above example note that if this exceeds 17 characters in length it will be truncated.
 - Display patient initials only (ie. In the above example, Mary Watson would be shown as 'M.W.')
 - Display patient i.d. number.
 - Display 'Patient selected' this option is selected where patient confidentiality is such that none of the above options are appropriate.
 - The above options are selected by your system administrator
- **'select patient'** if this is displayed in place of the patient identifier (name, intials, etc.) this indicates that the system is receiving data from a fetal monitor but the patient has not yet been booked in (see sections 3.2 & 3.5)
- III this is the signal quality indicator reflecting the signal quality data received from the fetal monitor.
- '**V** 123' this is the FHR for a singleton fetus or for FHR1 in a twins pregnancy.
- '134' this is FHR2 for the second fetus when twins monitoring
- 'V - ' (also applies to FHR2 where applicable) this indicates either that the fetal monitor is active (ie. switched on and connected to the system) but is not currently in use, or that there is loss of signal on FHR1 (or FHR2).
- 'UA = 16' this is the uterine activity, or contractions, data received from the fetal monitor. If the UA signal from the fetal monitor goes outside the normal range, 'UA high' or 'UA low' is displayed as appropriate.
- When the fetal monitor is switched off, or if contact with the monitor is lost (eg. loose cable connection), after a few seconds, the message '**CTG disconnected**' is displayed for 30s, after which it clears and the trace is assumed to have been stopped. The trace record will automatically be saved to the patient file. If this bed is currently being viewed in the main viewing screen, this will revert to the patient menu screen.

3.4 Patient review



The 'Patient Review' frame is used in the same way as a bed to review records for patients not currently on the unit. Patients can be 'booked' into or out of this review frame in the same way as a normal bed.

Note, however, that this review frame is local to the access terminal used. This allows different users, working on different client access terminals, to review different patients at the same time.

Once a patient is 'booked in', the Patient Menu screen is shown for this patient. From this screen, notes, databases and stored traces can be edited / viewed in the same way as for patients booked into a bed.

3.5 Starting a CTG recording session

CTG trace recording is initiated simply by turning the fetal monitor on, ensuring it is connected to the system via the wall socket.

The CTG data will appear in the bed frame as shown below:

🄄 Bed B	
Watson, M	ary
🎹 💔 1 40	UA=16



CAUTION:

In the event of intermittent signal loss between the fetal monitor and the system, the bed frame data may show the heart symbol but no data, & may alternate with the message 'CTG Disconnected'. In this event, check the cable connection between the fetal monitor and the wall socket. Note that data will be lost until the connection problem is resolved.

Once the CTG is started, the patient must be booked into the relevant bed on the system to enable the trace to be viewed and saved to the database.

Note: the data is stored in a temporary file until the patient is booked into the bed. If the patient has still not been booked in when the fetal monitoring is discontinued, or after 24 hours continuous monitoring, the data will be saved to a back-up file. This data is retrievable but not by normal users. Contact your service provider for assistance.

3.6 Ending a CTG recording session

The CTG trace can be stopped in one of two ways:

• Switch the CTG off – after a few seconds the following will be displayed in the bed frame:



After ~30 seconds the trace will automatically be stopped and archived. If this bed is currently selected as the single trace view, this will change to the patient menu screen for this patient.

- Discharge the patient from the bed refer to 'Patient Menu' section for details.
- Transfer the patient refer to section 3.9.1.2

3.7 Ambulatory / mobile monitoring (Upgrade option)

If this option is installed, you can use Sonicaid Centrale II, in conjunction with the Fetal Assist portable fetal monitor, for CTG monitoring while keeping the patient mobile, or for continuous monitoring during patient transfer, for example, from ward to theatre.

In Sonicaid Centrale II, one or more beds, typically in a separate bed group, will have been assigned as 'virtual beds' for use with this option. There will be one virtual bed per Fetal Assist wireless network channel.

3.7.1 wLAN System configuration

The wireless network system comprises a number of Fetal Assist CTG units, each equipped with a wireless network card.

Actual operating range for each receiver is subject to local variables including the building construction.

3.7.2 Wireless networking operation

In normal use, while the Fetal Assist remains in range, management of these 'virtual beds' within Sonicaid Centrale II is no different from any other bed. However, specific messages may be displayed in the bed frame under certain conditions as detailed below:

3.7.2.1 Loss of signal

In the event of loss of signal between the Fetal Assist and Sonicaid Centrale II while monitoring, trace updating will cease and the following 'Out of range' message will appear in the bed frame:



At the Fetal Assist end, the user will be informed that the unit is out of range. However, trace recording continues in the Fetal Assist, with the data being stored locally.

If loss of signal continues for more than 25 minutes, the 'Out of Range' message changes from black text to flashing red text:

and the second	Non-selling and the second second	_
	etal Assist 1	
≌ SI	anger, Davina	
	Out Of Range	
🥎 F	etal Assist 2	
9 Co	orby, Ralphetta	

If contact is re-established within the 30 minutes limit, the stored data in the Fetal Assist is automatically uploaded to Sonicaid Centrale II, the trace on the screen is updated and monitoring continues without any loss of data or discontinuity in the trace.

If contact is not restored within 30 minutes, the trace will be stopped and saved locally on the Fetal Assist, with appropriate user messages to inform the user.

In this event, the section of trace already received by Sonicaid Centrale II will also be saved as a separate trace. In the bed frame view, the 'CTG disconnected' message will appear as per normal end of trace operation (see section 3.6). The full trace, saved on the Fetal Assist, can subsequently be transferred into the Sonicaid Centrale II database via phone.

Refer to the Fetal Assist user manual for further details on wireless network operation.

3.8 Viewing CTGs

Traces can be viewed for any bed at any time, while the CTG is active, simply by clicking on the bed. If a bed is not currently displayed, the bed group to which it belongs can be opened simply by clicking on the bed group header bar.

Clicking on the bed will display a single trace view for that bed only. To view more than one bed simultaneously, see 'Multi-bed view' below.

Welcome Chalkboard	Labour Suite Administration System Help Referen	ce
Patient Review	Potient Menu CTG Trace	Burrows, Emma Bed 4, Delivery Suite
Multi-View VDay Care Unit Reg Bed 1	2 Burrows, Eminio	Start Analysis Stotes Mark Smith Annotation Alarms
Bed 2 senct patient 138 UA=8 Bed 3 Stanger, Andrea	"AMM" PWP mark MMM PWP how	- When particular When parameter and an particular
Mantenatal Clinic	00	60 60
Bod 1 Lawson, Davina UA=13 Bod 2	00 US	0,0 US 0,0 US 12:90 (2507,0000) 1 en/min 12:00 (2507,0000) 1 en/min 10:00%
Voelivery Suite Beid 1 select patient \$150 UA=30	MAMMAN	MMMMMMMMMMMMM
Ped 2 Q Clark, Georgie ↓135 UA=25 Bed 3	Annotations Time Position cursor over annotation mar Event Details Author	kers on chart to view (∎)
Bed 4 Surrows, Emma ♥152 UA=30 ▶Emergency Care	Key Clinical Indicators	
waiting for call		

3.8.1 Single trace view

Note, that the exact data displayed, and the format, will vary depending on the make/model of fetal monitor connected, and the sensors used.

The various elements of the trace screen are detailed below:



Tabs for selecting other screens are displayed above this – these will change depending on current status.



For singleton traces, the FHR is displayed either in black digits and as a black trace, or blue digits & a blue trace, depending on make/model of fetal monitor. For twins, FHR1 data is in black, FHR2 data in blue. The green blocks indicate signal quality / strength, reflecting the signal condition indicator on the CTG.

Date / Time

The date & time are shown on the trace, between the FHR & contractions scales. This is repeated at 10 minute intervals.



Warning:

If traces are viewed from an access terminal on which the date and/or time are incorrectly set, the dates & times shown on the displayed trace will be wrong.

FHR mode

At the bottom of the FHR channel, mode labels indicate whether ultrasound (U/S) or fetal ECG (FECG) is being used to collect the FHR data. This is repeated at 10 minute intervals.

Contractions mode

On the contractions scale, a mode label indicates whether an external contractions transducer (Toco (%)) or an Intra-Uterine Pressure catheter (IUP (mmHg) is being used to measure contractions activity. The units for IUP can be changed to kPa if required – refer to your system administrator.

3.8.2 Single trace view – STAN functionality enabled

The STAN functionality is an aid to clinical management but not a diagnosis, which remains the responsibility of an appropriately qualified physician. Sonicaid Centrale II is merely presenting data from the STAN monitor, and therefore, any clinical significance of the data is down to the user, who should refer to the STAN documentation and Neoventa's guidelines.



As with the single trace view in section 3.8.1, all the elements of the trace screen remain as standard, but with the added STAN functionality. Below the TOCO area lies the STAN graph section. The STAN graph section shows information regarding:

T/QRS data

The T/QRS marks are crosses drawn on the STAN grid area. They represent the relative height of the T wave compared to the QRS amplitude in an average complex computed from the last 30 approved beats. Valid values fall in the range -0.30 to 0.90.

NOTE: The scaling of the STAN area of the trace screen is different to that of a STAN monitor. Users who are familiar with STAN should be aware that data will be scaled differently on Sonicaid Centrale II and could give the impression that the ST rise is lower than it actually is.

Biphasic (BP) value

This is a number 0, 1, 2 or 3. Note that if the number is zero, it is not plotted.

Events

There are three types of event:

1. User event

When a user event is entered, the graphic ! will be displayed at the top of the CTG trace view, as well as the event details being shown below the STAN graph section

2. ST events

When an ST event occurs, the ST graphic (E) will be displayed at the top of the CTG trace view, as well as the ST event details being shown below the STAN graph section. In addition to the (E) graphic a warning sound will be played for each new ST Event, alerting the user of its presence. This is slightly different to what happens on the STAN monitor, where a sound is played and a dialog appears which has to be manually cleared.

3. Other events

When an event occurs, the graphic () will be displayed at the top of the CTG trace view, as well as the event details being shown below the STAN graph section.

NOTE: There is a difference in the way that the event log is displayed between a STAN monitor and Sonicaid Centrale II. On the monitor, the event log can be seen at the same time as the CTG, so the details associated with any event markers on the trace can be seen without changing view. On Sonicaid Centrale II, the event markers are shown on the CTG, but the entire event log can only be viewed by changing to the **Patient Notes** area of the **Patient Menu** screen (See 3.9.5).

Specific event data can be viewed by placing the mouse icon over the event graphic (\blacksquare or 1) and viewing the information in the section under the graph data, as highlighted below.

Annotations		←previous next →		
Time	05 February 2007 10:43:41	(05 February 2007 10:43:41)		
Event	ST EVENT			
Details	Biphasic ST			
Author	STAN ST			
Key Clinical Indicators				



NOTE

If there is a break in the T/QRS data on the STAN graph, and a red question mark has appeared on the STAN graph section, then a communication error has occurred.

STAN monitor modes

A STAN monitor can be set to one of three protocol modes:

- STAN ST
- CTG
- CTG extended (CTG + FSpO2)

When CTG or CTG extended are set, the STAN monitor behaves as a HP50 monitor and the additional STAN data is not sent. In these modes, Sonicaid Centrale II behaves as in section 3.8.1 of this document.

3.8.3 Trace scrolling

After ~25 minutes, the trace will automatically start to scroll from right to left, with new data appearing on the right-hand side of the screen.

To scroll backwards / forwards to review traces, simply 'drag' the trace using the mouse.

If you drag the mouse pointer off the left / right edge of the trace, it will increase the scroll speed and will continue to the end / start of the trace. The further the pointer is moved off the end, the faster the scroll speed.

If the trace is scrolled to move the live trace point off-screen, the trace will automatically scroll back to the live trace point 60 seconds after stopping scrolling activity.

3.8.4 Function bar

🔮 Burrows, Emma

🕨 Start Analysis 🛯 🌮 Mark 🎒 Print 🖉 Annotation 🕮 Alarms

The following functions are all selected by clicking on the appropriate button on the function bar.

3.8.5 FHR analysis (option)

This option is installed if ' Start Analysis' appears on the function bar. A full description of the analysis, its use and how it is adopted into clinical practice is beyond the scope of this document. Refer to the 'FetalCare' documentation available from your supplier for full information.

It is important that users are fully trained on this before using this feature.



Important: FetalCare Analysis Intended Use

The intended use of FetalCare analysis is for the computerised analysis of antepartum cardiotocograms in pregnancies from 26 weeks gestation onwards (32 weeks in the USA). It can be used on women who are experiencing Braxton-Hicks contractions but is not intended for use in established labour as the fetus is then exposed to additional factors such as labour contractions, pharmacological agents, and epidural anaesthesia.

The analysis provided by FetalCare is intended as an adjunct to - and not a replacement for - the physician's visual assessment of a cardiotocogram. As such, FetalCare analysis is an aid to clinical management but not a diagnosis, which remains the responsibility of an appropriately qualified physician. Indeed, both the physician's visual assessment of a cardiotocogram and the analysis provided by FetalCare should be considered within the context of a full clinical assessment before decisions are made regarding management. Such an assessment may include further tests such as umbilical blood flow velocity waveforms or biophysical profiling.

3.8.5.1 To start analysis

- Click on ' > Start Analysis' on the function bar
- A cursor will appear. Use the mouse to position the cursor at the point where you want the analysis to start.
- Click the left-hand mouse key this will start the analysis at the selected point on the trace.

🗿 Dopplex Centrale 🔀
FHR Analysis
🗠 Cancel
Please confirm the gestational age (weeks-days)

- Enter the gestational age (GA in weeks and days) in the two fields
- Click on 'OK' to proceed



• The user must confirm whether or not the patient is in established labour



Important: The analysis criteria are only valid prior to the onset of labour. If the patient is in established labour, the analysis can still be run and some of the analysis data will still be valid, but the outcome (ie. criteria met or not met) statement is not. For further information refer to the 'FetalCare' documentation available from your supplier.

- Confirm that the patient is NOT in established labour by clicking on 'No'. An annotation mark will appear on the chart to indicate the selected start point and the analysis will start
- If the patient is in established labour, but you still wish to run the analysis, click on 'Yes'.

省 Dopplex Centrale					
FHR Analysis					
Warning: The FHR Analysis is not intended for use in established labour. Do you wish to proceed?					
🗹 Yes 🔀 No					

- Click on 'Yes' to proceed or 'No' to quit. If you choose to proceed, you are accepting full liability for the use of this information – use of this data during labour may result in inappropriate actions and resulting poor outcomes. Refer to the FetalCare literature for further information.
- The analysis requires a minimum of 10 minutes of good quality data to complete the first analysis. The analysis is then repeated every 2 minutes, based on the entire trace up to that point. This will continue for 60 minutes. The analysis will stop after 60 minutes whether the criteria have been met or not.



Important: If the criteria have still not been met after 60 minutes, this should be interpreted as meaning that the fetus is compromised. Further tests and assessments of fetal condition must be made immediately and appropriate action taken. This analysis is an adjunct to clinical judgement only, it is not a clinical management tool and must not be used to replace expert clinical judgement – if in any doubt as to fetal condition, seek urgent expert opinion.

3.8.5.2 Viewing analysis results

When a new analysis data set is available (this will be immediate if there are 10 minutes or more data already available from the selected start point), the 'Start Analysis' icon on the function bar changes to an animated 'Analysis Results' icon. An 'Analysis' tab will also appear above the trace. Click on the tab or the function bar icon to go the analysis trace view.



A full understanding of the data presented in this analysis screen is beyond the scope of this document. For further information, refer to the Sonicaid FetalCare Clinical Application Guide.

To set the focus on any particular analysis data set, click on the minutes counter above the relevant data set. This will highlight the section of trace used for this particular analysis on the compressed trace and display the data in the results field against the parameter labels as shown below:

Status	Results	14	10	12	14	16	18	20	22	24	26	28	30
	Signal loss (%)	3	2	4	3	3	4	3	3	4	4	3	3
	Contractions	4	3	4	4	5	6	6	6	8	8	8	10
	Movements	0	0	0	0	0	0	0	0	0	0	0	C
	Basal Heart Rate (bpm)	134	134	134	134	134	134	134	134	134	134	134	134
Dawes/Redman criteria	Accelerations	8	7	8	8	10	12	12	14	16	16	17	20
MET by EHR1 (hpm) at	Decelerations	0	0	0	0	0	0	0	0	0	0	0	C
14 minutes.	High minutes (mins)	13	10	12	13	16	18	20	22	24	26	28	30
	Most lost beats	0	0	0	0	0	0	0	0	0	0	0	C
	Short Term Variation (ms)	10.99	11.34	11.22	10.99	11.23	11.09	11.1	11.11	11.07	11.2	11	11.09
			<										>

3.8.5.3 To stop the analysis

The analysis will stop automatically after 60 minutes.

To stop the analysis manually, click on the ' Stop Analysis' icon on the function bar in either the standard CTG trace view or in the analysis screen view.

3.8.5.4 To view stored analysis results

- Retrieve the CTG from the patient notes (refer to section 3.8.10)
- An 'Analysis' tab will be displayed above the CTG trace view click on this to switch to the analysis view

3.8.5.5 Analysis trend view

This allows you to see a trend view, in graph form, for 3 parameters:

- STV
- Movements
- Basal heart rate

The Trends can show changes over periods of weeks by comparing analysis data for a number of CTGs. Most significantly, a consistent downward trend in STV is an indicator of developing fetal compromise, in particular, the risk of the fetus developing metabolic acidaemia or of intrauterine death. If this trends down towards, or below, 3ms, this may indicate that delivery needs to be expedited. For further information on this, refer to the clinical application guide and published clinical data.

Trend view is only available if 3 or more CTGs, with analysis data, have been recorded for the patient. It is not available for twin or multiple pregnancies.

• To view trend data, click on the 'Trend' tab (if this tab is not displayed, trend data is not available for this patient).



• This view can be changed to show all data, data from the last fortnight or the last four weeks. To change views, click on the drop-down button in the field in the top right corner of the trend view frame, and select the required view.



A summary of data from each CTG for which analysis data is available, is shown in table form below the trend graphs:

Date	Gestation age	Length	Basal Heart Rate (bpm)	High minutes (mins)	Short Term Variation (ms)	Long Term Variation (ms)	Movements	Decelerative Trace	Signal loss (%)	-
05/09/06	26	59	139	35	9.89	14.57	378	Yes	7	7
05/10/08	26									_
05/10/08	26									
05/11/08	26	17	146	0	7.1	0	121	Yes	20)

3.8.6 Notes

This allows trace related notes to be entered directly from the trace screen. Note that these notes will also be added to the patient notes and can be viewed from the 'patient notes' screen as well.

Click on 'V Notes'.

This opens a dialogue box, type in text as required. Save or cancel changes to continue.

These notes can be reviewed / edited by returning to this dialogue box. They can also be viewed, but not edited, from the 'patient notes' screen as well.

3.8.7 Mark / Print

3.8.7.1 Mark

The 'Mark' function allows you to select a segment of a trace by highlighting the required section using cursors prior to printing.

Click on \mathbb{N} Mark'. A cursor appears on the trace – use the mouse to position this at one end of the section you want to print. Click the left-hand mouse button to lock the cursor position.

Click on 'W Mark' again. A second cursor appears – position this at the other end of the required section as above. The selected section of trace is highlighted as shown below:

Click on '🗃 Print'.

Pr	rint				? ×
	Printer				
	Name:	\\PRINT_SERVER\kyo 1800-	marketing 🔽	Pro	perties
	Status:	Ready			
	Type:	Kyocera Mita FS-1800			
	Where:	88.1.0.9:PS			
	Comment:				
	– Print range		Copies		
	● All		Number of co	pies:	1 🕂
	C Pages	from: to:		-57	
	C Select	ion		33	Conate
			OK		Cancel

Select which printer you want the printout to be printed on.

Click on 'OK' to print.

To remove the marks, simply click on the 'CTG' tab.

3.8.8 Annotating the trace

This allows you to annotate the trace to record clinical actions directly on the trace.

Click once on 'S Annotation'.

The mouse pointer changes to a cursor. Move the cursor to the required position on the trace & click to open the dialogue box:

🖉 Dopplex Centrale 🔀						
	New An	notation				
	Event					
	Lven	`				
	Details	<u> </u>				
		<u> </u>				
	Author					
		Save Annotation				
		Cancel				

- Event
 - Select a standard annotation from the drop-down list.(▼).
 Note: this list can be customised by your system administrator.
 - o Or enter free text (max 35 characters).
- Details
 - Enter any additional notes (max 100 characters).

• Author

 Enter your name or initials If enabled, an additional 'Password' field may be displayed (this is an option set by your system administrator). If this field is present, a valid user name and password must be entered in these fields. This does not have to be the same as the current logged on user, so allows other authorised users to annotate traces, without the logged on user having to log off first.

If this option is not enabled, entry into the 'Author' field is voluntary. Click on 'Save Annotation'.

A marker (!) will appear on the chart in the position selected. Note that if annotations are added to a previously stored trace, the marker will be grey to indicate that this was done after the trace had been stopped.

The details of this marker will appear immediately below the trace:

Annotations		←previous	next 🗲
Time	28 October 2003 10:54:09	(28 October 2003 1.	1:06:08)
Event	Pethidine		
Details	Seen by Dr. Johnson		
Author	FHG		



IMPORTANT: The system allows retrospective annotations to be made anywhere on the trace. The system will also log the actual date/time that the annotation is created (shown at right of frame).

3.8.9 Review annotations

To view details of an annotation, pass the mouse pointer over the marker (!) on the chart. The details will be shown in the annotation frame. Alternatively, use 'Previous' or 'Next' to move between annotations.

Annotations can also be viewed from the 'patient notes' screen, and a summary report is included at the end of trace printouts.

3.8.10 Alarms

The system includes alarms for tachycardia, bradycardia, loss of contact and, for twins, cross-channel verification.

Note that these alarms operate independently of the local alarm system of each connected fetal monitor and the settings may be different.



Caution:

These alarms are not clinical alarms, they are user alerts.

Although it has become standard practice in the industry to refer to these as, for example 'Tachycardia alarm', implying by its name some clinical significance, this is not the case. They do not interpret the FHR data in any way, they simply draw the user's attention to the fact that the FHR has been outside a user defined range for a user defined period of time.



For example, the 'Tachycardia alarm' simply indicates that the FHR has been above a certain level for a set period of time. This is not necessarily a clinical tachycardia – the fetus may just be very active with a prolonged accelerative pattern.

In the event of an alert, or user alarm, it remains the responsibility of the user to determine what has caused the alert, whether there is any clinical risk, and to ensure appropriate management

3.8.10.1 Tachycardia alarm

If FHR rises above the threshold, **& remains above it continuously for the set time***, the tachycardia alarm will be triggered.

3.8.10.2 Bradycardia alarm

If FHR falls below the threshold, **& remains below it continuously for the set time***, the bradycardia alarm will be triggered.



*Caution:

Note that the alarm system does allow for a small amount of drop-out and/or transient return(s) to a normal rate within the set time. So long as this is less than 25% of the FHR data, the alarm will still trigger. If the cumulative drop-out and/or return to normal rate within the set time exceeds 25%, the alarm will not be triggered. These 'alarms' should be treated as 'alerts' to a potential problem only, and must not be relied on as an indicator of actual fetal status. The use of the terms 'tachycardia' & 'bradycardia' in this context refer to periods of high or low FHR on the trace. They do not necessarily reflect actual clinical tachycardia or bradycardia conditions in the fetus.

3.8.10.3 Loss of contact alarm

The loss of contact alarm alerts users to loss of FHR signal from the fetal monitor. Check the fetal monitor in the room and confirm fetal condition as appropriate.

As loss is often intermittent, the alarm condition is defined by the cumulative loss of FHR data being greater than a percentage of a time period. For example, typical settings might be 50% of 10 minutes. The system constantly monitors the FHR data over the last 10 minutes. The durations of periods of signal loss within this 10 minutes are summed – if this sum exceeds 5 minutes (i.e. 50% of 10 minutes), the alarm is triggered.

3.8.10.4 Adjusting alarm settings

If authorised, you can adjust these individually for each bed as follows:

Clear any active alarm condition (see below).

Click on the static ' Alarms' icon.



Adjust the settings for each alarm by editing the values in each field as required.

To set time to less than one minute, the 'minutes' field must first be set to '0'. This enables the 'seconds' field – use the drop-down to select the required time.

3.8.10.5 Alarm notification

If an alarm is triggered, a ' \bigtriangleup ' is displayed on the trace at the point where the alarm occurred and a note is entered into the patient notes. Also, the ' \bowtie alarms' icon will become animated and will turn red (\bowtie).

The alarm condition is also shown in the bed frame by the heart symbol (\P) alternating with a bell symbol (\clubsuit). This ensures that alarms are visible even when the trace is not currently selected to view.

If an alarm is triggered on a bed in a bed-group which has been minimised, the alarm sound will still be heard. Open any minimised bed groups to find which bed the alarm is on.

An alarm bleep may also be heard on one or more access terminals – the type of sound and the volume are preset by your system administrator. Note that your administrator may have disabled this sound completely.

3.8.10.6 To cancel an active alarm

To cancel an alarm, the single or multi trace view for the bed must be selected. Click on the alarm icon \bigotimes to clear the alarm.

A \bowtie graphic is displayed on the trace to document this action. An entry will also be made in the patient notes.

3.8.10.7 Cross-channel verification alarm – Twins monitoring only

When monitoring twins, you may be monitoring the same fetus on both channels simultaneously without realising it. The cross-channel verification alarm will indicate any section of trace where the two FHR traces correspond within pre-defined limits.

To clear this alarm, check that the two channels are picking up different fetuses, repositioning the ultrasound transducer(s) as required.

Cancel the alarm as above.

3.8.11 Multi-trace view

Traces can be viewed from all active beds in any combination required.

Traces are auto-scaled to fit the screen.

To select multi-trace view, click on 'Multi-view' in the bed column. A drop-down menu will appear listing the following options:

All Traces
Day Care Unit
Antenatal Clinic
Delivery Suite
Emergency Care
Custom

Select the option required.

All traces – this option displays all active traces.

Select a bed group – this will display all active traces within the selected bed group.

Custom – this will select any combination of active traces, selected as required from all bed groups.

A typical 4 bed view is shown below:

Welcome Chalkboard	Labour Suite Administration System Help Referer	12:27:57
Patient Review	multi-bed chart view - <u>Selec</u>	t column layout and/or beds to view
2 No Patient Selected	2 Burrows, Emma 🕨 🎸 📑 😵 😂	Dones, Nancy 👂 🎸 🎒 😵 💭
Multi-view	143 10	136 180
	Allow a reserved and Allow a support of allow.	warmen in allowing the second which we have
▼Antenatal Clinic	is in how when a her we and how and a new and	Marana A. Rad and Whilewar by na and Minhanas
Jones, Nancy	100	100
Bed 2	60	30 60
[™] Delivery Suite	10055	100%
Bed 1 Morgan, Victoria		
■ ♥150 UA=18	and Marsh bold Marsh bold	March V bal March V bal Mar
Select patient	9 Morgan Victoria 🕒 💋 🎒 🕅 205	🖉 Phillins Rhiannon 🕨 🖉 🎒 🕅
Sed 3		200
	150 100	
Phillips, Rhianno	he and some the second of the second of the second of the second	When another and in the another and the
Emergency Care	· [h. 1 . h	······································
A Remote Monitor	88	58
🧼 waiting for call	60	60
	100%	100%
新生产的 有效	VIII ANDINA ANDI	VALO ANALIS AND
	MUMMM & MUMMM & M	the MM Marin the MM Marine M

To configure or change the custom view, click on 'select beds to view' at the top of the screen.

Welcome Chalkboard	Labour Suite Administration System Help Reference 12:28:37
Patient Review	multi-bed chart view
Multi-View → ▶Day Care Unit ♥Antenatal Clinic	Select the check-box of the currently monitored patients you wish to view, then click on the VIEW button below.
Sed 1 2Jones, Nancy 142 UA=30 Sed 2	 ✓ Antenatal Clinic , Bed 1 ✓ Delivery Suite , Bed 1 ✓ Delivery Suite , Bed 4 Number of columns: ○ One ● Two
VDelivery Suite Bed 1 Worgan, Victoria ₩ ↓ 137 UA=26	View Cancel
Sed 2 Select patient ₩ ♥ 145 UA=14 Sed 3	
Bed 4 Phillips, Rhianno 144 UA=19 Demogency Care	
 Rémote Monitor waiting for call 	

An active bed is one for which live CTG data is currently being received. Patients booked into rooms but not actively being CTG monitored will not be included.

Click on the check boxes to select / de-select beds.

Traces can be viewed in one or two columns. Select the view required.

Single column view provides a longer term 'trend' view of all active beds, as shown below:

Welcome Chalkboard	Labour Suite Administration System Help Reference 12:29:05
M Patient Review No Patient Selected Multi-View ⇒ Pay Care Unit	multi-bed chart view - <u>Select column layout and/or beds to view</u>
Vantenatal Clinic Bed 1 Jones, Nancy Value 2 Value	Mun Mun Mun M 2 Jones, Nancy 141 when Mille support Mille support Male support Male support Mille support Mille support Mille support Male support
Bed 1 Bed 2 Bed 2 Bed 2 Bed 3 Bed 3 Bed 4	MuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMuMu
Phillips, Rhianno 146 UA=23 Emergency Care Remote Monitor waiting for call	MunaMapunaMapunaMapunaMapunaMapunaMapuna Phillips, Rhiannon 146 Manyam Manyam Manyam Maryam Maryam Maryam Manyam Manyam Manyam Manyam Manyam Manyam Maryam Maryam Manyam Manyam Manyam Manyam
	Man

Click 'View' to display the selected traces.

Note - In multi-trace view, each trace can still be independently scrolled, annotated, etc. as per single trace view.

3.8.12 Reviewing stored CTGs

If the patient is still booked into a bed, select the required CTG to view from the patient notes.



Note that a new tab 'Stored Trace' appears.

If the patient is not currently booked into a bed, use the 'Patient Review' function to view stored CTGs. See section 3.4 for further details.

3.8.13 Viewing traces received by phone from Fetal Assists

CTGs can be transmitted into the system from Fetal Assist portable fetal monitors.

When a trace is received, an animated message '**received new trace**' will appear in the 'Remote Monitor' frame:



Depending on system settings, a printout may also be generated automatically at the same time.

To view this trace, click on this frame.



A list of patients from whom traces have been received is listed in reverse chronological order, with the latest at the top. For this latest patient, the details will be shown on the right of the screen.

Click on the trace details shown under 'Trace received' to view the latest trace.

Other traces in the database for this patient will also be listed in this screen, and can be reviewed by clicking on the relevant trace.

3.9 Patient Menu

Click on the 'Patient Menu' tab from the single trace view, partogram or Stored trace screen.

Welcome Chalkboard	Labour Suite Administration System	Help Reference	12:38:10
Patient Review	Patient Menu CTG Trace Analysis	Trends	Burrows, Emma Bed 2, Day Care Unit
Wildt-view VDay Care Unit Bed 1 Bed 2 Bed 3 Value Antenatal Clinic Delivery Suite Emergency Care Remote Monitor waiting for call	Actions Discharge this patient Start Partogram Potient Details Surname Firstname Hospital ID Date State Height Weight Partty Due Date Number of Foetuses attanuate	Edit Details K.C.I.	Patient Notes Add Note Current Pregnancy Image: View Pregnancy Details 26 July 2006 08:56 CTG Started 09:25 Analysis run for 44 minutes. Criteria were MET. Gestation age 29 weeks (Started at 09:33) 09:33 Admitted to Bed 2, Day Care Unit 10:09 Analysis run for 60 minutes. Criteria were MET. Gestation age 29 weeks 11:10 Analysis run for 60 minutes. Criteria were MET. Gestation age 29 weeks (Started at 11:10) 25 July 2006 28 June 2006
	Onset of labour (time): Method of delivery Perineum Baby 1 Born at (time): Born on (date): First name Sumame Sex Birth weight Height		

3.9.1 Actions

Actions
Discharge this patient
 Transfer patient to another bed
 Start Partogram
Create Form

This provides the following functions:

3.9.1.1 Discharge this patient

Click on this to discharge the patient from the system.

3.9.1.2 Transfer patient to another bed

Click on this to transfer a patient from one bed to another.

This opens a dialogue box to select the bed group and bed you wish to transfer the patient to. Beds already occupied are greyed out and cannot be selected.

🖉 Dopplex Centrale			×			
Please select a group and bed						
🛳 Cancel						
Group Bed	Delivery Suite Theatre	~				

- Select the bed group & bed from the drop down list that you wish to transfer the patient to
- Click on 'OK'

The patient will be transferred. However, if a live CTG recording is in progress at this time.



Click on 'Proceed' to confirm the transfer

Alternatively, click on 'Cancel changes' to abandon the transfer.

3.9.1.3 Print patient reports (Upgrade option)

This option allows reports to be generated automatically using pre-defined templates.

Which have been set up by your system administrator- refer to local protocols/documentation for details.

Click on 'Print patient reports'

Dopplex Centrale	×
Patient Reports	select a report style
< Return	Print Selected Report
Discharge Letter Referral Letter	C ©
Number of Copies	3

Select the report form required by clicking on the adjacent button.

Enter the number of copies required in the 'Number of Copies' field.

Click on 'Print Selected Report'.

3.9.1.4 Start Partogram (upgrade option)

Click on 'Start Partogram' to run the partogram – refer to section 3.9.2 for details.

3.9.2 Partogram (Upgrade option)

Selected from the 'Actions' menu (see section 3.9.1.2) this is only available if the Partogram is not currently active – click on 'Start partogram' to run it. If it is currently active, it can be selected by clicking on the 'Partogram' tab.

Partogram layout & content varies widely – it has been customised to local requirements by your system administrator.

Typically, data is entered into the chart every 15, 30 or 60 minutes. The data set entered at each time interval is also determined by the system administrator.



The partogram form may all appear within the screen, may extend vertically (use the scroll bar to scroll up/down to view) or may be spread over any number of pages. This is determined by the system administrator.

For labours longer than about 10 hours (dependent on display resolution) the chart can be scrolled horizontally, using the mouse in the same way as for scrolling the CTG trace (see section 3.8.2).

Contact your system administrator or clinical trainer for details on using your particular partogram configuration.

3.9.2.1 Entering data into the partogram

To enter data into the partogram, click on ' \heartsuit Update Partogram' in the function bar at the top of the chart.

Using the mouse, position the cursor on the chart at the required time position on the chart – it will 'snap' to the nearest grid line.

A dialogue box will appear containing a set of data fields determined by your system administrator and may vary depending on whether the quarter, half or hourly time grid line is selected.

🖉 Dopplex Centrale			×
Partogram	Please enter	the new partogra	m data
< Return			
Fetal Hea Syntocino Contracti Strength Maternal Systolic E Diastolic	rt Rate on ons per 10 mins. of Contractions Heart Rate Blood Pressure Blood Pressure		✓

Enter data as required

When data entry is complete, click on 'Save changes' to enter the data into the chart.

3.9.2.2 To enter delivery details after birth

When the baby is born, the partogram can be closed with the outcome, method of delivery, etc. entered on the partogram.

Click on ' 🛱 Baby delivered'.



Enter details as appropriate.

On completion, the following dialogue box will then appear for entering details into the Pregnancy Details database. Note that the fields within this database are determined by your system administrator and may vary from those shown in this example:

Welcome Chalkboard	Labour Suite A	ministration System Help Reference 14:24:38
V Patient Review Wno Patient Selected Multi-View	Patient Menu	Trends Burrows, Emma Partogram CTG Trace Analysis Bed 2, Day Care Unit
♥Day Care Unit	🙎 Partogram s	carted at 14:15:40 26/07/2006 🚽 Print 🕫 Baby Delivered 🌶
Sed 1	Time (hrs.)	14 15 16 17 18 19 20 21 22 23 0 1 2 3 4
Bed 2	Fetal Heart Rate	Dopplex Centrale
V143 UA=21		Pregnancy Details editing pregnancy details
		≪ Return
♥Antenatal Clinic		Onset of labour (time):
Bed 1 ØJones, Nancy	Liquer	Perineum
■ V145 UA=30	Cervix	Baby 1
	(om)/Descent : - Abdo (Black) - PV (Red)	Born at (time):
VDelivery Suite	At Snine	Born on (date): dd-mm-yy First name
[©] Morgan, Victoria ■♥149 UA=23	A opine	Sumame Sex
Select patient	Presentation	Birth weightkg Height
Sed 3	Syntocinon (Mu/MIN)	Apgar 1 minute Apgar 5 minutes
Bed 4	Contractions per 10 mins.	Apgar 10 minute
VPhillips, Rhianno V139 UA=10		Baby 2
Remote Monitor	Other Drugs (incl. Epidural)	Born at (time): hn-mm Born on (date): dd-mm-yy
waiting for call	Blood pressure	First name Surname
	and pulse	

Note: This database can also be accessed for entering or editing data at any time from the Patient Menu screen – refer to the 'Patient Menu' section for details.

On completion, the time of delivery and delivery notes will then appear as vertical text across the partogram form.

For twins, triplets, etc., details can be entered for each baby by repeating the above procedure.

3.9.2.3 To view the partogram

Once started, the partogram can be viewed at any time by clicking on the 'Partogram' tab above the single trace view or the patient menu screen, or by clicking on the 'partogram started' entry in the Patient Notes section of the Patient Menu screen.

3.9.3 Patient Details

The patient details database contains any number of fields relating to patient information. This is fully customisable; the exact content of this database is set by your system administrator.

3.9.3.1 To view details

The details are displayed under the 'Patient Details' header bar in the 'Patient Menu' screen. For large databases, use the scroll bar to scroll up/down as required.

💼 Patient Details	🔀 Edit Details

If the data is not visible, the database may have been minimised. To open the database, click on the yellow folder (\Box) .

To minimise the database, click on the yellow folder again.

Note: Adjacent to any of the fields shows that this field has been tagged as a Key Clinical Indicator – see 'Key Clinical Indicators' for details.

3.9.3.2 To enter / edit details

Click on 'W edit details'.

Dopplex Centrale			······································	×
Patient Details	editing patient de	tails		
소 Return				
		Key Clin	ical Indicator	~
Surname	Burrows			
Firstname	Emma			
Hospital ID	20382932			
Maiden Name				
Date of birth		dd-mm-yy		
Address				
				=
Telephone				
Height		metres		
Weight		kg		
Parity				
Due Date				
Number of Foetuses				
Allergies				
GP				
Midwife				
Paediatrician				~

Enter / edit details as required.

3.9.3.3 Key Clinical Indicators (KCI)

This function allows any data field to be 'tagged' as a key clinical indicator. All tagged data will be displayed in single trace view:

```
Key Clinical IndicatorsHeight1.3Weight120
```

This ensures that, in an emergency, critical information is immediately available to anyone reviewing the trace.

To tag/de-tag a field, use the tab key to move across to the adjacent check box and press the 'space bar' or use the mouse.

3.9.4 Pregnancy Details

The 'Pregnancy Details' database contains any number of fields relating to the newborn baby and delivery details. This has been customised by your system administrator.

Viewing and data entry/editing is performed as for the Patient Details database.

Note that this database is also entered automatically for data entry when the 'Baby born' function in the partogram is used.

3.9.5 Patient Notes



The patient notes include details logged automatically by the system and notes entered manually.

Organised in folders, a folder (\square - closed folder, \square - open folder) is shown for each pregnancy listed in reverse date order. Previous pregnancies are numbered 1, 2, etc.

Within each pregnancy folder, there is a folder for each calendar day for which data is logged.

The day folders include the following automatically generated data. For each entry, the time when the entry was logged is shown:

- When CTG started if trace still active
- Time and length of CTG trace for old traces
- When patient was created
- When patient was booked into a bed
- When a partogram was started
- Which bed & bed group the patient was booked into
- When the patient was discharged or transferred from a bed / bed group
- Other data may also be automatically generated depending on options installed

Manually entered data is also logged in these folders. Data can be entered directly by clicking on ' Add note'.

🚈 Dopplex Centrale	<u>×</u>
Patient Notes	adding patient note
🗠 Return	
Enter Patient Note	

Enter notes as required.

For each pregnancy, click on ' \oplus view pregnancy details' to open the pregnancy details database for viewing / editing.

CTGs listed in the patient notes can be viewed by pointing and clicking on the required trace.

To print patient notes, simply click on the printer icon i in the pregnancy folder bar.

3.10 Chalkboard (Upgrade option)

This optional feature provides an overview of the current status of all beds on the unit. The number of columns of information, and the titles and type of data in each column, are all customised by your system administrator. The following screen images are shown as examples only.

3.10.1 To view the chalkboard

Click on the 'Chalkboard' button on the system function bar at the top of the screen.

Welcome Chalkboard	Labour Suite	Administ	tration Sys	stem Help R	eference	David	22:32:26
Patient Review						С	halKboard
Multi-View	Consultant	Parity	Gestation	Problems	Comments		Midwife
▶ Day Care Unit							
♥ Antenatal Clinic							
Sed 1 ØMOLLER, Louise ■ Ø137 UA=21	MMR	Primip	36.4	Previous Labour Problems	Sr. Jones		
Sed 2 No Patient Selected - No Data -							
[▼] Delivery Suite							
Sed 1	MBM	G4P2	39.3	Previous Caesarian Section	Sr. Smith		
Bed 2 2 No Patient Selected - No Data -							
Select patient Select patient W144 UA=14							
Select patient Select patient UA=16							
Emergency Care							
A Remote Monitor							

The chalkboard is organised by bed group – each bed group can be minimised or opened as required.

3.10.2 Entering / editing chalkboard details

Position the mouse pointer within the chalkboard area on the row for the required bed and click.

Note: the pointer must be in the chalkboard area, NOT on the bed frame itself – this will select single trace view!

	Dopplex Centrale		Doctors on U	san	
	Labour Suite Admi	nistration edit	ing the board		
/	😪 Return				
anne : Shakhan'i Jayon Son annon mayon : (gane :: ang : Salawang) Kalan Laboutr Suites Authinister Jelon	14 Consultant			lkhljk	1
Labour Suite Administration eding de bord	08:30	12:30	16:30	22:30	-
Counter Days	SPR Ikjhlkjh	ljhlk	jhlkjh	lkjhlkjh	í.
and one loss 120 8.0 208 208 Central	Reg Ikjhlkjh	lkh	jhlk	jhlkjh	ĺ.
Νου Ιμλίρι Ιμλ Ιμλ Ιμλη Ιμλη 910 Ισ Ισ	SHO Ijh	kjhlkjh	jhgbljhg x234	ljhglk	
De Internation	GYNAE kjghjhg	jghkjhg	jhgjkgjk	hgkjghkjhg	
	Anaesthetist U U			lijhlikhlikh x343455	Ī

Enter data as appropriate.



CAUTION: IMPORTANT - This chalkboard display is a live overview of the current status of the unit. This data is not saved.

3.11 Administration (Upgrade Option)

This is included with the chalkboard option.

The administration screen provides a customisable table which is primarily intended to provide an on-call duty rota, including key obstetric staff and other specialists who may need to be contacted in an emergency, and their contact details.

3.11.1 To view the administration screen

Click on 'Labour Suite Administration' on the system function bar at the top of the main screen.

Image: Construction of the second of the	D D9:30 13:00 RSG JPL RSG JPL RSG JPL RSG JPL FRG SHO: Reg:	Labour Suite Ad octors on Call r. Ralph Corby DGS DGS DGS Allstair Nelson Emily Rue Tim Williams	ministration
Multi-View Dete: 15/11/2002 ♥ Delivery Suite Consultant ♥ Bed of Selected S+ Reg ₩ 9156 UA=22 ♥ Bed of 2 SHO ₩ 9130 UA=30 ₩ 8ed 3 UA=40 ♥ Emergency Care Time ♥ Bed 1 10-12	D D D D D D D D D D D D D D	loctors on Call .r. Ralph Corby 17:00 DGS DGS DGS DGS Alistair Nelson Emily Rue Tim Williams Urget	20:30 NL NL NL NL
V Delivery Suite Consultant Bed 1 S+ Reg No Patient Selected Reg W 156 UA=27 Bed 2 G/NAE Mo Patient Selected G/NAE Mo Patient Selected Paediatric Bed 3 UA=40 V Emergency Care Time Bed 1 10-12	08:30 13:00 RSC 3PL RSC 3PL RSC 3PL RSC 3PL SHO: Feg: Message	r. Ralph Corby 17:00 0GS 0GS 0GS 0GS 0GS 4listair Nelson Emily Rue Tim Williams Urget	20:30 NL NL NL NL NL
Bed 1 S+ Reg Plant Selected Reg Plant Selected SHO Sed 2 SHO No Patient Selected GYNAE No Patient Selected Anaesthetist Bed 3 Paediatric No Patient Selected Paediatric Wo Patient Selected Paediatric Bed 3 Paediatric Bed 1 18-12	Us: 20 12:00 RSC JPL RSC JPL RSC JPL RSC JPL RSC JPL / SHO: Reg:	L7700 DGS DGS DGS Alistair Nelson Emily Rue Tim Williams	NL NL NL NL NL NL
Quo Patient Selected S+ Reg Bed 2 GYNAE Quo Patient Selected GYNAE Quo Patient Selected Paediatric Wo Tablent Selected Paediatric Wo Faitent Selected Paediatric Wo Patient Selected Paediatric	RSC JPL RSC JPL RSC JPL RSC JPL RSC JPL SHO: Reg:	Duss Duss Dus Dus Dus Alistair Nelson Ernily Rue Tim Williams	NL NL NL NL NL
IL ♥156 UA=27 Nug Bad 2 SHD GYNAE QNo Patient Selected GYNAE IL ♥ 163 UA=30 Paediatric Paediatric	RSC JPL RSC JPL RSC JPL SHO: Feg: Message	UGS DGS DGS Enily Rue Tim Williams Urget	NL NL NL
SHU SHU Qho Palent Selected GYNAE Anaesthetist Anaesthetist Bed 3 Paediatric Yho Patient Selected Paediatric Yho Patient Selected Filme Yho Patient Selected Time Bed 1 18:12	RSC JPL RSC JPL SHO: Reg: Message	Alistair Nelson Emily Rue Tim Williams	nt Messages
Qho Patient Selected Grave Sthetist Qho Patient Selected Paediatric Qho Paediatric Paediatric	Reg: Message	Alistair Nelson Emily Rue Tim Williams	nt Messages
Aldestificts Bed 3 Constructed Aldestificts Paediatric P	SHO: Reg: Message	Emily Rue Tim Williams	nt Messages
Ded 3 Paediatric 2No Patient Selected Image: Constraint Selected Fenergency Care Time Bed 1 10:12	Reg: Message	Tim Williams	nt Messages
	Key. Message	Urge	nt Messages
Bed 1 18:12	Message		Author
Sed 1 18:12			
27 IOILL	Hello brave new	world	Aldous Huxley
- No Data - 18:12 Hey Jan	. I've gone off for a coffee. Can you Her bp is a little high and I think !	I look after the patient in bed 3. she needs watching.	Dave Bentley
18:17	Hey, isn't this present	ation great	John Lucas

To enter/edit details, move the mouse pointer over the table (anywhere in the table where the pointer changes to a pointing hand) and click. Enter data as required.

	Dopplex Centrale Labour Suite Admi	inistration ed	ting the board	-an
Contract in advance in and in a set of the contract of the con	Consultant			lkhljk
Control Description Description <thdescription< th=""> Description</thdescription<>	08:30 SPR [ikjhikjh Reg [ikjhikjh SHO [ijh GYNAE [kjghjhg	12:30 ijhlk ikh kjhlkjh ighkjhg	16:30 jihikjh jihik jihgbijhg x234 jihgjkgjk	22:30 Ikihikih jihikih lijhgik lijhgik hgkighkihg
	Anaesthetist			ljhlikhlikh x343455

3.11.2 Message board

The message board is an informal message system allowing staff to leave messages for colleagues.

This should only be used for non-critical, non-clinical messages.

To enter a message, click on the 'Message' bar

Dopplex Centrale Message Board	editing a message
C Return	
Message Author	×

Enter details as required.

Multiple messages can be entered. These are displayed in date/time order and are automatically erased by default after a period set by your system administrator (default setting 24 hours).



IMPORTANT: This data is not saved – this facility must not be used for clinical information or important messages.

3.12 System

The 'System' function button on the top control bar is for System administrator use only. Do not attempt to access this if you do not have administrator rights – this will result in the access terminal being locked.

In the event of a system fault, an animated alarm icon will appear in the system button as shown below:



If this occurs and you are not authorised to view the system information, report this immediately to a suitably authorised user, super-user or your system administrator. When such alarms occur, it is important to report this as quickly as possible to allow logs to be viewed before they are lost and for appropriate corrective actions to be taken.

If this occurs and you are authorised to view the system information, click on this button – the following screen will appear:

Welcome Chalkboard Labour Suite Administration S	System Help Refi	erence David	Admin	10:02:18	J
Patient Review System Maintenance	System Log as	of 06/05/2004 10:01:33		🎒 Print	•
Multi-View	Event	Event	Priority	Source	
Bod A	06/05/2004 DC-Ass 09:54:41 Assist fi	ist encountered an error whilst processing a Fetal	1	DC-Assist	
System Users Audit Trail	09:47:10 DC-Ass			DC-Assist	
Bed B	08:46:55 Service	s started.	3	DC- Control	
UA=20	08:43:17 Service	s stopped.	3	DC- Control	
Bed C select patient Manage Bed Group Profiles	08:33:19 Service	s started.	3	DC- Control	
₩ ₩ ₩146 UA=20	05/05/2004 Service 11:46:58	s started.	3	DC- Control	
select patient	04/05/2004 Service	s started.	3	DC- Control	
₩ 158 UA=45	15:26:54 Service	s stopped.	3	DC- Control	
▶Day Care	15:24:30 Service	s started.	3	DC- Control	
∀ Theatre	28/04/2004 Service 11:58:52	s stopped.	3	DC- Control	
Theatre 1	11:58:29 Service	s started.	3	DC- Control	
	11:57:20 Service	s stopped.	3	DC- Control	
	11:57:02 Service	s started.	3	DC- Control	
4	11:55:27 Service	s stopped.	3	DC- Control	
waiting for call	11:52:58 Service	s started.	3	DC- Control	
	11:14:12 DC-Ass Assist fi	ist encountered an error whilst processing a Fetal le		DC-Assist	
	10:45:45 Service	s stopped.	3	DC- Control	
	10:43:02 Service	s started.	3	DC- Control	
	10:42:58 Service	s stopped.	3	DC- Control	
	10:41:57 Service	s started.	3	DC- Control	
	10:36:21 Service	s stopped.	3	DC- Control	•

Print this log by clicking on the print icon in the top right-hand corner and contact your 1st line technical support service.

3.12.1 Manage bed group profiles

The manage bed group profile functionality allows the user to set which bed groups are to be displayed on screen. It also has the ability to turn off alarms in bed groups that are not being displayed.

To access the bed group profile feature, select 'system' from the top level menu.



Select the option 'Manage Bed Group Profiles'.

Welcome Chalkboard	Labour Suite Administration Sy	ystem Help Reference		Administrator 15:57:45
Patient Review No Patient Selected Current Bed Group Profile:	System Maintenance	Please select an exist	ing profile or create a n	ew one.
Multi-View	ČC.	Profile name:	<create a="" new="" profile=""> 💌</create>	
▶Delivery Suite	System Users Audit Trail			Select Profile
▶Delivery suite 2 ▶DS3	 System Configuration System Log 			
⊳ds4	System Performance			
DS5	Manage Bed Group Profiles			
waiting for call				

From the manage bed group profiles page, the user can edit or create profiles.

3.12.1.1 Create a new profile

In the profile name dropdown box, select '<create a new profile>'. Then select the 'Select profile' button.

Welcome Chalkboard	Labour Suite Administration Sy	ystem Help Reference	Administrator	15:58:15
Velcome Chalkboard	Labour Suite Administration System Maintenance System Users Audit Trail System Configuration System Log System Performance Manage Bed Group Profiles	vstem Help Reference Bed Group Profile Details Profile name: Subscribed bed groups Delivery Suite Group Selected Alarms Silenced Delivery suite 2 Group Selected Alarms Silenced DS3 Group Selected Alarms Silenced	Administrator	15:58:15
		Alarms Silenced		
		DS5		
		Group Selected		
		Alarms Silenced		
			Cancel Save	Profile

Enter a name for the profile being created in the 'Profile name' text box. Select the groups that are to be displayed by clicking on the tick boxes.

Choose if any of the bed groups are to have their alarms silenced by clicking on the appropriate tick boxes.

Welcome Chalkboard	Labour Suite Administration S	ystem Help Reference		Administrator 15:59:19	The second
Deatient Review No Patient Selected Current Bed Group Profile: Displaying all groups	System Maintenance	Bed Group Profile Details Profile name:	Profile 1	1	•
Multi-View		Subscribed bed groups			
S Delivery Suite	System Users Audit Trail	Delivery Suite			
Delivery suite 2 ≥DS3	 System Configuration System Log 	Group Selected			
⊳ _{D54}	System Performance	Alarms Silenced			
DS5	Manage Bed Group Profiles	Delivery suite 2			
Remote Monitor		Group Selected			
		Alarms Silenced			
		DS3			
		Group Selected			
		Alarms Silenced	v		
		DS4			
		Group Selected			
		Alarms Silenced	N		
		DS5			
		Group Selected			
		Alarms Silenced			
				Cancel Save Profile	•

Press the 'save profile' button.



When the profile has been saved, the confirmation screen will be displayed.

3.12.1.2 Edit an existing profile

Select the profile to edit in the drop down box. Press the select profile button.

No Patient Review	System Maintenance	Please select an exis	sting profile or creat	e a new one.	
Multi-View	C2	Profile name:	Profile 1	•	
Delivery Suite	System				Select Profile
Delivery suite 2	System Configuration				
 Remote Monitor waiting for call 	 System Log System Performance Manage Bed Group Profiles 				

Welcome Chalkboard	l Labour Suite Administration S	ystem Help Reference	16:09:12
Patient Review No Patient Selected Current Bed Group Profile: Profile 1	System Maintenance	Bed Group Profile Details Profile name:	Profile 1
Multi-View		Subscribed bed groups	
Delivery Suite	System	Delivery Suite	
Delivery suite 2	 System Configuration System Log 	Group Selected	N
waiting for call	■ <u>System Performance</u>	Alarms Silenced	
	Manage Bed Group Profiles	Delivery suite 2	
		Group Selected	
		Alarms Silenced	
		DS3	
		Group Selected	Г
		Alarms Silenced	v
		DS4	
		Group Selected	
		Alarms Silenced	र
		DS5	
		Group Selected	
		Alarms Silenced	অ
			Cancel Delete Profile Save Profile

Make the necessary changes to the profile.

Welcome Chalkboard	Labour Suite Administration Sy	vstem Help Reference	16:09:12
Patient Review No Patient Selected Current Bed Group Profile: Profile 1	System Maintenance	Bed Group Profile Details Profile name:	Profile 1
Multi-View Delivery Suite Delivery suite 2	System	Subscribed bed groups Delivery Suite Group Selected	<u>م</u>
A Remote Monitor waiting for call	 System Log System Performance Manage Bed Group Profiles 	Alarms Silenced Delivery suite 2	п
		Group Selected Alarms Silenced DS3	
		Group Selected Alarms Silenced	п г
		US4 Group Selected Alarms Silenced	п П
		DS5 Group Selected	п -
		Alarms Silenced	Cancel Delete Profile Save Profile 🔹

Press the save profile button.



3.12.1.3 Delete a profile

Select the profile to delete in the drop down box, press the select profile button.

Welcome Chalkboard	l Labour Suite Administration S	ystem Help Reference		16:09:12
Patient Review	System	Bed Group Profile Detai	ils	
Current Bed Group Profile: Profile 1	Walneenance	Profile name:	Profile 1	
Multi-View		Subscribed bed groups	3	
Delivery Suite	System	Delivery Suite		
Delivery suite 2	 System Configuration System Long 	Group Selected		
waiting for call	 System Performance 	Alarms Silenced		
	Manage Bed Group Profiles	Delivery suite 2		
		Group Selected		
		Alarms Silenced		
		DS3		
		Group Selected		
		Alarms Silenced		
		DS4		
		Group Selected		
		Alarms Silenced		
		DS5		
		Group Selected		
		Alarms Silenced		
			Cancel Delete Profile	Save Profile

Press the delete profile button.

Kelcome Chalkboard Labour Suite Administration S	system Help Reference 16:10:13
Image: System Selected Current Bed Group Profile: Profile 1 Multi-View Polivery Suite System Configuration System Log System Performance Manage Bed Group Profiles	The profile has been deleted.

For details of other 'System' functions, refer to the System Administrator manual.

3.13 Help

An on-line help 'manual' is available. To view this, click on the 'Help' button on the system function bar at the top of the screen.



You can browse this using the expanding contents list.

In the patient database screen, help is provided on-screen for searching for a patient and for creating a new patient. To view this, simply 'point & click' on the appropriate text.

3.14 'Protocol *plus*' Reference database

The 'Protocol *plus*' database is divided into two sections. The first contains the international FIGO guidelines for labour CTG interpretation. The second can be customised to include local protocols.

To view this database, click on the 'Reference' button on the system function bar at the top of the main screen.



'About Protocol plus' – select to display information about using this database.

'CTG guidelines' – select to view the international FIGO guidelines and guidelines on labour fetal monitoring.

'Local Protocols' – select to view local protocols. Refer to your system administrator for details.

4 Trouble-shooting

Due to the nature of the system, it is not possible to cover all possible areas of troubleshooting in this manual. This section includes first-line trouble-shooting relating primarily to difficulties in using the system. For more in-depth system support refer to your system administrator.

Problem	Possible solutions / explanations
Screen is blank	-Check screen connected to mains power.
	-Check power is switched on at mains socket
	-Check screen on/off switch is On. On most screens there is a
	small green or amber light – confirm that this is lit.
	-Blank screensaver may have been activated – move/click
	mouse or enter keystroke on keyboard to re-activate screen
	-Computer may have been switched off – refer to 'Re-starting
	an access terminal' for details.
Not receiving data	-Check CTG is switched on and working (note – CTG printer
from CTG	does not need to be running)
	-Check CTG is connected to wall socket in room – check
	cable connectors are secure
	-Book patient into bed – traces cannot be viewed until this is
	done
Unable to annotate	-Traces can only be annotated within the timeframe of the
trace	trace, not on the blank grid area to the right of the trace.
	-You may not have authority to perform this action – refer to
	system administrator
Unable to log on	-Check user name & password. The number of re-tries
	allowed is limited (set by your administrator).
	-The terminal may have been locked by failed log-on attempts
	- Contact your system administrator to unlock the terminal
Message 'You do	Your user name is linked to a user group which has a defined
not have permission	set of authorised actions. If you try to perform actions not
to view this page'	authorised for your group, you will see this message. Your
displayed	group assignment and action authorisations can only be
	changed by your system administrator
Unable to receive	-Check telephone line connections.
traces from Fetal	-Check line with switchboard manager – line priorities may
Assists by phone	have been changed.

System not responding	Check connections between the computer, keyboard, mouse and the network socket.
1 0	Refer to your administrator – the server may need to be shut-
	down and re-started – do NOT attempt to do this unless
	authorised and trained.
All access	Power cut – the main server will be supported for a short time by
terminals shut-	the UPS (depending on model) – typically about 10-15 minutes.
down and not	After this, if power is not restored, the server will be shut-down.
responding	When power is subsequently restored, the whole system will need
	to be re-started – contact your administrator or IT department
	If power is restored before the server shuts down, simply re-start
	all access terminals – refer to 'Starting an access terminal' for
Manager	details Charle ashle and compaction
Mouse not	Check cable and connection
Kayboard not	Check ashle and connection
responding	Check cable and connection
Print-outs not	Check printer is switched on, is 'On-line' and has sufficient paper
printing	loaded.
	For ink-jet printers, ink cartridge may need replacing – refer to
	printer manual for details.
	For laser printers, toner may need replacing – refer to printer
	manual for details.
System error	During system maintenance, while shutting down or re-starting
message appears	the system, error messages may appear – these will normally clear
on screen	themselves after a short delay. If the message does not clear after
	~1 minute, contact your system administrator or first line support
	team.

4.1 Starting an access terminal

Access terminals should not normally be turned off. If they are turned off, either for maintenance or through user error, Sonicaid Centrale II can be re-started as follows:

- Start the computer & log-in to Windows
- When system log-on is complete, click on the 'start' button in the bottom lefthand corner of the screen.
- This opens a menu proceed as follows:
 - Select 'Programs' Select 'Sonicaid Centrale II'
 - Click on 'Sonicaid Centrale II'
 - Wait while the Sonicaid Centrale II client software is loaded
- The Sonicaid Centrale II 'Log-On' screen will appear.

Note that there is a limit to the number of access terminals which can be active on the system at any one time. If the screen shown below appears, proceed as follows:

- Press & release the 'ESC' key on the keyboard or, while holding down the 'Alt' key, press the 'F4' function key & then release both keys.
- This will shut-down the application
- You will now have to wait until one of the other access terminals stops accessing Sonicaid Centrale II. You can then try again as detailed above.



5 System maintenance

5.1 General maintenance

The only scheduled maintenance required is to back up the database. This is subject to local policy and is normally managed by your IT department. Contact your system administrator or IT department for details.

No other maintenance is required, other than cleaning and checking for damage. This can be included in your routine local equipment maintenance programmes.

If you have maintenance contract cover, this will include a scheduled on-site inspection and maintenance programme – contact your system administrator or supplier for details.

5.2 STAN license functionality

The STAN monitor functionality in Sonicaid Centrale II requires a license in order for communications with STAN monitors to take place.

STAN Expiry date

The expiry date for the STAN functionality in Sonicaid Centrale II contains three stages of expiry:

- Pre-expiry warning The number of days before the product expires (typically one month), allowing the customer time to re-license the STAN functionality.
- Expiry date The date that the product expires.
- Post expiry grace period The product expired grace period (typically 1 week), after which, the STAN functionality will be disabled.

Contact your system administrator for licence renewal.

6 Cleaning



Important - Before cleaning any part of the system, switch the relevant part off and disconnect from mains power. Note that access terminals must be shut-down first – refer to your system administrator or super-user for details.

Computer screens, keyboards, mice, printers etc. can all be cleaned by wiping down with a soft cloth dampened with a mild disinfectant solution.

Clear covers are available for keyboards as an optional accessory for use in environments where contamination is of concern – refer to your supplier for details.

6.1 Infection control

Refer to local infection control policies for details.

7 Service support

If service support is required refer to your system administrator for local contact details.

First-line service support is provided by your local supplier – contact them to initiate support. Where necessary, and only by referral through your local supplier, rapid remote software support is available directly from Huntleigh Healthcare in Cardiff, UK

If a problem occurs, immediately note as much detail as possible as to system status before the problem occurred, what the user was trying to do when the problem occurred and any attempted corrective actions. You should then ensure that your first-line support service is notified as soon as possible. The faster a problem is reported, the easier it is to resolve. If necessary, we can access the system remotely via a phone link and take appropriate corrective action.

This service is provided free of charge during the warranty period. Thereafter it is available at cost, or can be covered by maintenance contracts. Contact your supplier for details.



Medical Devices Directive 93/42/EEC

MANUFACTURED & DISTRIBUTED IN THE UK BY:

Huntleigh Healthcare Ltd Diagnostic Products Division Cardiff CF24 5HN UK Tel: +44 (0) 29 2048 5885 Fax: +44 (0) 29 2049 2520

Email: sales@huntleigh-diagnostics.co.uk www.huntleigh-diagnostics.com

As part of the ongoing development programme, the company reserves the right to modify specifications and materials of the Sonicaid Centrale II without notice.

Dopplex, Huntleigh and 'H' logo are registered trademarks of Huntleigh Technology Ltd.

Microsoft and Windows are either registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries.

©Huntleigh Healthcare Ltd. 2006-2010.