

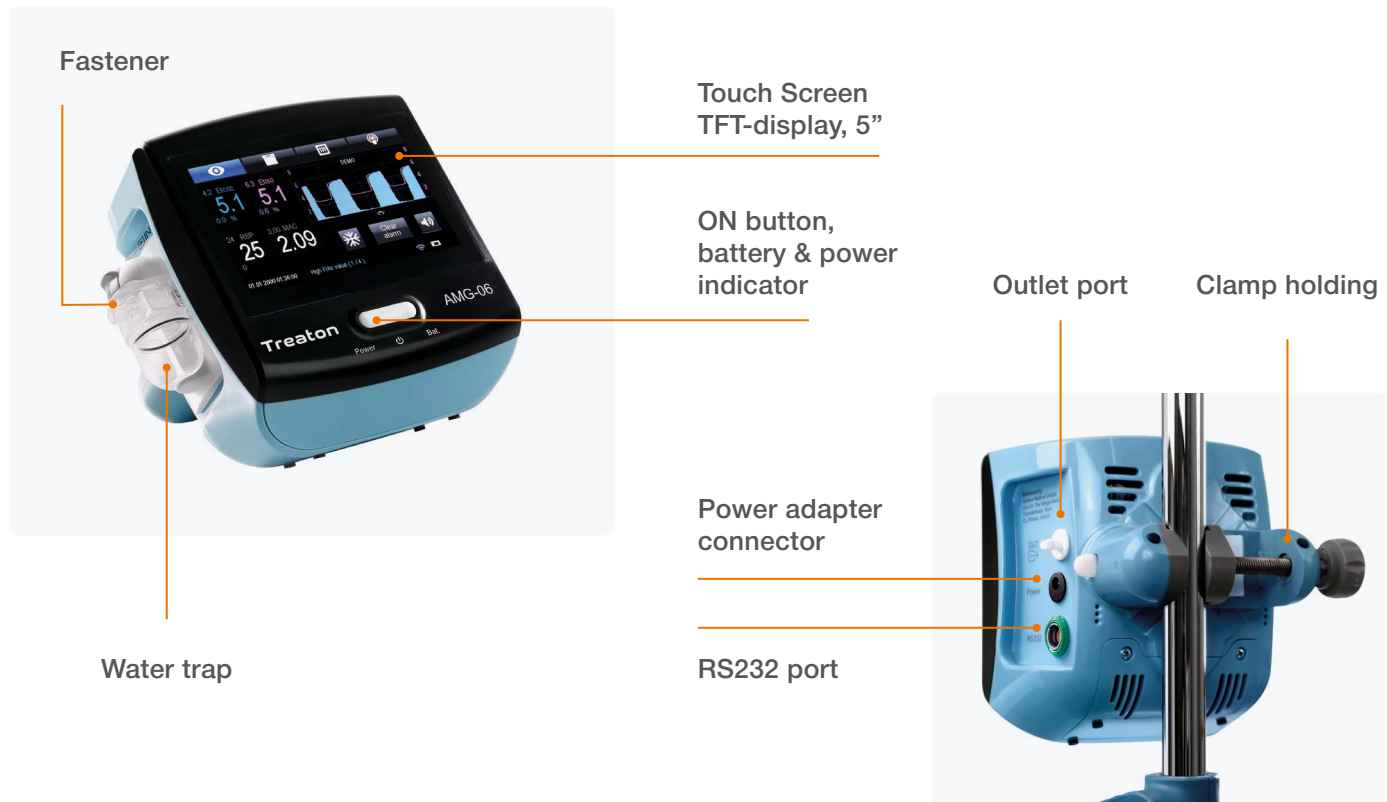
Multigas Analyzer AMG-06



Complete solution for anesthesiologists:
Anesthesia Gas Monitoring



Multigas Analyzer AMG-06 is intended for continuous non-invasive sidestream monitoring of CO₂ & anesthetics concentration in inspired and expired gases. The device also determines RSP, MAC index and measures atmospheric pressure in operating rooms and wards when providing anesthetic support.



AMG-06

Application	Anesthesiology, intensive care during postoperative period, prolonged sedation, resuscitation
Patient groups	Adult, children from 3-year-old
Measured gases	CO ₂ , Sevoflurane, Isoflurane, Desflurane
Operation principle	Non-invasive, sidestream
High measurement accuracy	Technology based on the infrared method of measuring, enables to measure anesthetics and CO ₂ concentration precise and fast due to an in-house high-precision sensor. Measurement accuracy corresponds to the standard ISO 80601-2-55
Patient's safety	Manual selection of the anesthetic type, automatic detection of the incorrect choice. Accurate anesthetic concentration measurement ensures to make safe anesthesia, especially using low-flow method
Built-in battery	Turn-on automatically in the absence of power supply, allows the device to work autonomously up to 2 hours

Advantages

Design

- Simple design, light weight, compact;
- portable device, can be used during intrahospital patient transportation;
- fits into any working environment. The device can be fixed on any surface due to its universal mounting system.

Operation

- Intuitive interface, sensitive touchscreen;
- minimum set of the most necessary functions;
- can be used with high-frequency electrosurgical devices;
- works with an external information system (MIS), possess Wi-Fi function;
- maintenance-free.

Safety for a patient

- Suitable for low-flow anesthesia;
- automatic detection of installed water trap (adult or neonate version);
- displaying of the real time gas concentration;
- extended user friendly alarm system (visual and audible signals, text messages, vibration);
- alarm log and 72 hours trends with intuitive navigation system and alarm filtering, freezing of CO₂ and anesthetic graph in the main screen;
- integrated MAC calculator;
- safe use of consumables: the device has a special valve which prevents the reverse flow of gas through the sampling tube.

Accessories

All accessories are standard and easily accessible worldwide.

Screen Settings

The screenshot shows a medical monitor interface with the following labeled components:

- Trends & alarm log:** Located at the top left of the screen.
- Screen settings:** Located at the top center of the screen.
- Patient data input:** Located at the top right of the screen.
- Digital area:** A box highlights the left side of the screen showing numerical values: 4.2 EtcO₂, 6.3 Etiso, 5.1, 5.1, 0.0 %, 0.6 %, 24 RSP, 3.00 MAC, 25, 2.09, and 0.
- Curves area:** A box highlights the right side of the screen showing a graph with the label "DEMO" and axes for CO₂ and anesthetic.
- Alarm area:** Located at the bottom left, showing the date and time "01.01.2000 01:36:00" and the text "High FIax value (1 / 4)".
- Freeze button:** A button with a snowflake icon located at the bottom center.

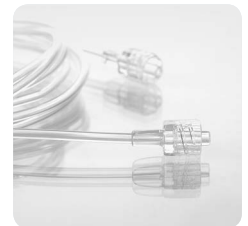
AMG-06

Delivery Kit

Water trap adult



Sampling tube adult



Water trap pediatric / neonate



Sampling tube neonate



Exhaust gas tube



Technical Specification

Patient groups	Adult, children from 3-year-old	Mains supply	100–240 V, 50/60 Hz
Display	Touch Screen TFT-display, 5"	Built-in battery	2000 mA·h, Ni-Mh, up to 2 h of operation
Measurement	Non-dispersive infrared (NDIR)	Trends	72 h
Measured gases	CO ₂ , Sevoflurane, Isoflurane, Desflurane	Dimensions	170x155x135 mm
Measuring parameters	FiCO ₂ , FiDES, FiISO, FiSEV, EtCO ₂ , EtDES, EtISO, EtSEV, Respiratory rate (RSP)	Weight	1.5 kg
Measurement range	CO ₂ 0–15.0 Vol% (resolution 0.1) DES 0–17.0 Vol% (resolution 0.1) ISO 0–5.0 Vol% (resolution 0.1) SEV 0–7.0 Vol% (resolution 0.1)	Working surface	The device is portable and it can be placed on working surface or suspended and fixed at any surface near patient
Accuracy	CO ₂ ± (0.43% + 8% of gas level) DES ± (0.2% + 15% of gas level) ISO ± (0.2% + 15% of gas level) SEV ± (0.2% + 15% of gas level)	Recording patient information	Age, gender, weight, height, admission date, admission diagnosis, clinical diagnosis, notes
Sampling gas flow rate range	50–250 ml/min ±10 ml/min (or ±10% whichever is greater)	Languages	Multi-language
Display of registered parameters	Concentration of CO ₂ , anesthetics in digital and graphical form	Standards	Meet the requirements: ISO 80601-2-55, IEC 60601-1, IEC 60601-1-2
Response time	2.5 s	Calibration	Automatic and manual zero calibration. No routine calibration required
Respiration rate range	0–160 breath per minute (BPM)		
Alarms	Visual and audible. 3 levels of priority, physiological and technical alarms and events		
Warm up time	ISO accuracy within 45 s (warming-up time). Full accuracy within 10 min (in normal mode)		

Application

To equip any type of anesthesia machines by multigas option



It was explored the potential therapeutic role of volatile anesthetics during mechanical ventilation in the late stages of the disease

COVID-19 is thought to hit the human body via five major mechanisms: direct viral damage, immune overactivation, capillary thrombosis, loss of alveolar capillary membrane integrity, and decreased tissue oxygenation.

The literature suggests that these effects could be directly countered by using volatile anesthetics for sedation. These agents possess multiple properties that affect viral replication, immunity, and coagulation.

Sci. Pharm. 2021, 89, 6:
doi.org/10.3390/scipharm89010006

Approved for usage in combination with a ventilator and AnaConDa by Sedana Medical



Scientists have identified the benefits of using volatile anesthetics for patients on prolonged mechanical ventilation

“ In the early days of the COVID-19 pandemic, intravenous sedatives — sleep-inducing medications patients require to tolerate the uncomfortable procedure of being put on a breathing machine. [...] There is some evidence to suggest that these drugs may also have therapeutic properties that reduce lung inflammation, which may speed up recovery and reduce the time patients spend on a ventilator. ”

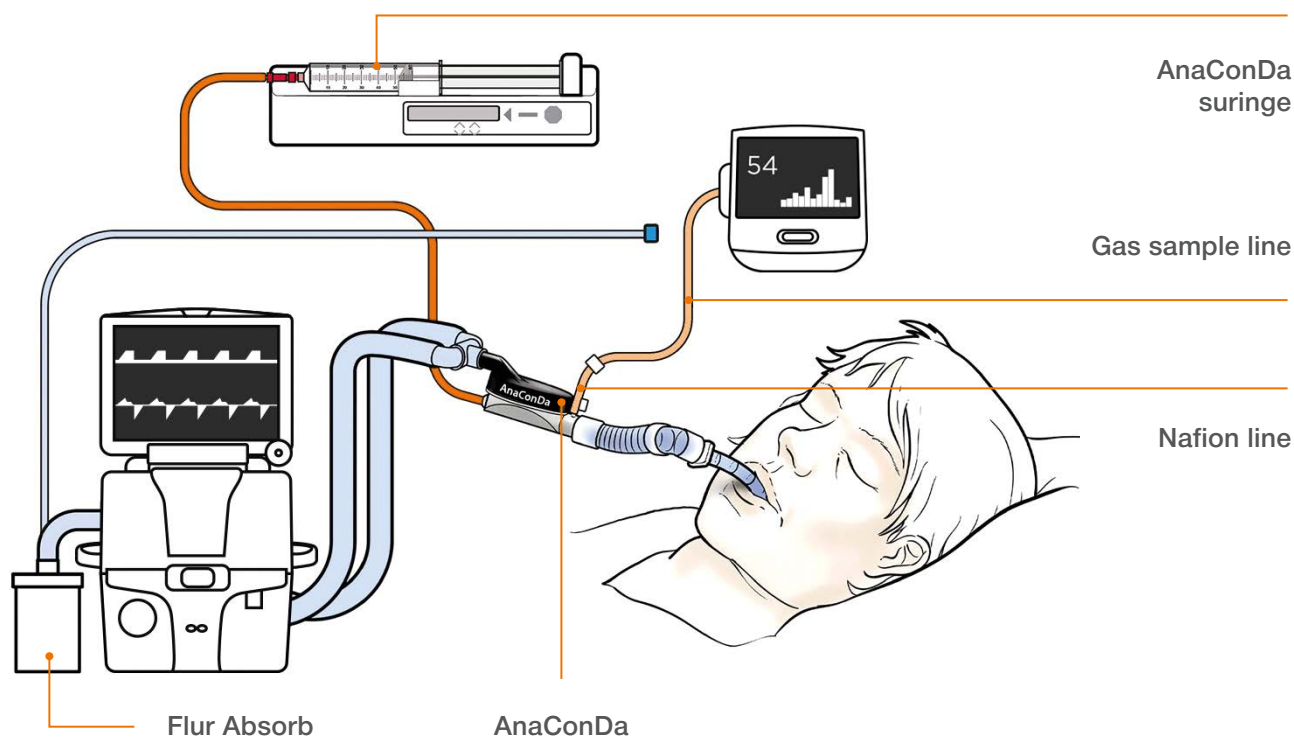
Samantha Sexton:
health.sunnybrook.ca/research/practice-change-icu-sedative-pandemic

Different studies show that when the patient is under prolonged sedation, especially in the context of the Covid pandemic, the use of volatile anesthetics is much more effective than intravenous anesthetics.

“ In COVID-19 patients, the maximum recommended propofol dose of 4 mg·kg⁻¹·h⁻¹ ABW may not always be sufficient. In contrast, isoflurane provides sufficiently deep sedation with less polypharmacy, less NMBA use and lower opioid doses. ”

Journal of Anesthesia volume 35, pages 625–632 (2021):
doi.org/10.1007/s00540-021-02960-6

In the absence of an anesthesia machine, volatile anesthetics can be delivered using a ventilator. To control the concentration of the supplied anesthetics, it is necessary to use AMG-06 monitor



Inhalational sedation is practical, of low cost, and easily controlled. It also meets ASA safety guidelines for COVID-19 patients' sedation

Inhalational agents may mitigate the progression of the disease through many mechanisms: near-balanced immunosuppression, antiviral properties, antithrombotic effects, preservation of membranous and cellular integrity, improvement of tissue oxygenation and bronchodilation.

Sci. Pharm. 2021, 89, 6:
doi.org/10.3390/scipharm89010006

The severity of lung injury in COVID-19 patients correlates with levels of cytokines and viral load. Convincing preclinical data from others and us have shown that inhalational anesthetic drugs attenuate lung inflammation and dilate airways.

Sedating ventilated COVID-19 patients with inhalational anesthetic drugs Beverley A. Orsera,b,c, *, Dian-Shi Wangb, Wei-Yang Lud:
doi.org/10.1016/j.ebiom.2020.102770

Bedside end-tidal gas monitoring is very important, especially in the treatment of patients with COVID-19.

Bedside end-tidal gas monitoring (correlate of cerebral concentration) can be used to ensure gas delivery, assess concentration of drug needed to achieve a specific clinical sedation endpoint, re-breathing of carbon dioxide and device obstruction. Monitoring can be performed using a portable monitor or gas module compatible with the ICU monitoring system.

Angela Jerath, Niall D. Ferguson and Brian Cuthbertson
 Intensive Care Med (2020) 46:1563–1566:
doi.org/10.1007/s00134-020-06154-8

We continuously improve the technological principles and implement new profitable solutions based on market demands



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Quality management
system certified
as meeting
the requirements
of EN ISO 13485

Second
revision
September
2021

