

Bringing Clarity to cardiac care through connectivity

1 titler filter 12 Lead Analysis ECG Anne: Ventricular Rate 120 /min SINUS TACHYCARDIA PR Interval: 142 ms MRN OTHERWISE NORMAL ECO **QRS** Duration Date: 09 Feb 2018 82 ms ACI-TIPI PROBABILITY OF ACUTE CARDIAC QT/QTc: Time: 13:09 302 / 426 m P-R-T Axis: Real-time View Reference Report ---OR LEFT ARM PAIN IS THE 55 43 50 IS MALE 41 TO 50.NO SIGNIFICANT ABNORMA SEGMENT DEVIATION DET Print S Delete aved Reports

gehealthcare.com

Decision-making throughout the cardiac care continuum may be blurred by many challenges, including:

- Alarm fatigue
- Undetected arrhythmia and ischemic events
- Underestimated severity and extent of cardiac events

CARESCAPE Cardio Clarity

CARESCAPE[™] Cardio Clarity is GE Healthcare's connected cardiac solution that supports quick and accurate decision-making when and where needed throughout monitoring, diagnosis and prognosis, thereby bringing clarity to cardiac care.



for **monitoring** clarity

10,000 alerts may signal throughout a hospital each day, creating a cacophony that can overwhelm, distract and desensitize health workers. **Yet 85%–90% of these alerts are false or nuisance alarms.**¹





EK-Pro advanced arrhythmia analysis **accurately alarms** for a broad range of cardiac events² and helps reduce false alarms



Remote alarm adjustment Event review in **full disclosure** context

TO HELP ACCURATE MONITORING OF PATIENTS FOR A BROAD RANGE OF CARDIAC EVENTS

for **diagnosis** clarity

" In the clinical suspicion of MI, ECGs should be repeated and, when possible compared with previous recordings. "³

> CARESCAPE Monitor & MUSE

Marquette 12SL ECG functionality embedded in the monitor enables acquisition, storing and viewing of 12 lead ECGs at the bedside. Access to historical ECG data and the ability to compare previous and recent ECG data with Marquette 12SL Serial Comparison.

ST-segment analysis to help the clinician rapidly detect ischaemic changes. QT/QTc monitoring helps clinicians to prevent life-threatening torsades de pointes events.

TO HELP QUICK AND ACCURATE DIAGNOSIS

for **diagnosis** clarity

Up to 90% of ischemic episodes are clinically silent.^{4,5}

CARESCAPE

Central Station

+25% increased risk of death or MI at 5 and 30 days with each transient ischemic event.⁶



MUSE Cardiology Information System

12SL reports can be printed and archived on the CARESCAPE Central Station.

The continuous ST-segment monitoring on the CARESCAPE Central Station provides **ST segment trends** that are key to **accurately detect ischemic episodes.**⁷



Access to ECG test data **anytime via secure online connections.**

TO HELP ACCURATE, LIFE-SAVING RECOGNITION OF ISCHEMIC CHANGES OVER TIME

for **prognosis** clarity

Identification of high-risk patients after acute MI is essential for successful prophylactic therapy.⁸ Continuous ST segment monitoring can help to identify patients who may benefit from long-term blood thinning therapy, reducing the risk of mortality, MI and revascularization⁹: **-34%** (p=0.01)

CARESCAPE Central Station



The continuous ST-segment monitoring on the CARESCAPE Central Station provides **ST segment trends** that are **key to identify high-risk post-MI patients** and **help the choice of prophylactic therapy.**

CardioDay Holter



A full Holter analysis on ECG waveforms acquired via bedside monitors or telemetry can be **performed immediately**, without the need for a separate Holter hook-up, thereby saving both time and resources.

> TO HELP ACCURATE PROGNOSIS AND IDENTIFICATION OF FOLLOW-UP TREATMENT

GE Healthcare's connected cardiac solution that supports quick and accurate decision-making when and where needed throughout the cardiac care continuum.



BRINGING CLARITY TO CARDIAC CARE





Postfach Stadtweg 24 CH-8245 Feuerthalen Switzerland

Tel. +41 848 800 900 info@anandic.com www.anandic.com

References

1. Kierra Jones. Alarm fatigue: a top patient safety hazard. CMAJ 2014; 186(3):178.

2. Sitzman, D, Kaski, M, Rowlandson, I, Sivonen, T, Vaisanen, O. EK-Pro The choice for quality ECG arrythmia monitoring.

3. ESC Task Force. 2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. European Heart Journal 2018; 39:119-177.

4. International Working Group. ST Segment Monitoring practice guideline. American Journal of Critical Care 1999; 8(6):372-88.

5. Flanders, S.A. Continuous ST-segment monitoring: raising the bar. Crit Care Nurs Clin North Am. 2006; 18:169-177.

6. Akkerhuis KM, Klootwijk P, Lindeboom W, et al. Recurrent ischaemia during continuous multilead ST-segment monitoring identifies patients with acute coronary syndromes at high risk of adverse cardiac events. Eur Heart J. 2001; 22:1997-2006.

7. American Association of Critical-Care Nurses. AACN practice alert: ST-segment monitoring. [Online.] http://www.aacn.org/WD/ Practice/Docs/ ST_Segment_Monitoring_04-2008.pdf. Accessed April 2008.

8. Schmidt G et al. Heart rate turbulence after ventricular premature beats as a predictor of mortality after acute myocardial infarction. Lancet 1999;353:1390-96.

9. Jernberg T et al. Continuous multilead ST-monitoring identifies patients with unstable coronary artery disease who benefit from extended antithrombotic treatment. Eur Heart J. 2002; 23(14):1093-1101.

GE imagination at work

© 2018 General Electric Company – All rights reserved.

GE Healthcare reserves the right to make changes in specifications and features shown herein, or discontinue the product described at any time without notice or obligation.

GE, GE Monogram, CARESCAPE and MUSE are trademarks of General Electric Company.

GE Healthcare, a division of General Electric Company.