


HKN-500AB

Infant Radiant Warmer

Brief Introduction

- 8-inch LCD color touch screen;
- Three temperature control modes: pre-warm mode, manual mode and baby mode servo control;
-  MASIMO SpO₂ pulse oximetry function to measure blood oxygen and pulse effectively during motion and low perfusion* (optional);
- The horizontal angle of warmer module is adjustable, which is convenient for clinical care;
- Electric tilting system conveniently adjusts the angle of the bed, and the transition is smoother;
- The transparent panels surrounded bassinet can be turned downward or disassembled;
- Dovetail shape column from both sides for installing more medical devices;
- X-ray cassette under the bassinet.

- Integrated observation lamp is adjustable to reduce the impact of light stimulation on newborns;
- Foldable tray, easy to put aside without dismantlement;
- Independent over-temperature protection system, multiple failure alarm indications to provide multiple safety protection;
- APGAR timer;
- Hands-free alarm silence, Non-contact alarm mute function to maintain a clean and quiet nursing environment (optional);
- Bilirubin phototherapy treatment function, LED light source, effective lifespan 50000 hours (optional);
- Low pressure suction function, T-piece resuscitation function and air/oxygen blender function (optional);
- Built-in weighing system to conveniently measure the weight of children and monitor the trend of weight changes (optional);
- RS232 connector to support data transmission.

Standard Configuration

Warmer module, controller, skin temperature sensor, bassinet, tray, IV pole, stand, electric tilting system, drawers.

Optional Configuration

SPO₂ pulse oximetry monitoring device, phototherapy unit, low pressure suction, T-piece resuscitator, air/oxygen blender, air and oxygen cylinder, weighing system, hands-free alarm silence, VHA stand, observation lamp.

*<Performance of Three New-Generation Pulse Oximeters during Motion and Low Perfusion in Volunteers.> Shah N., Ragaswamy H.B., Govindugari K., Estanol L. J Clin Anesth. 2012 Aug;24(5):385-91.

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■ T-piece resuscitator (optional)

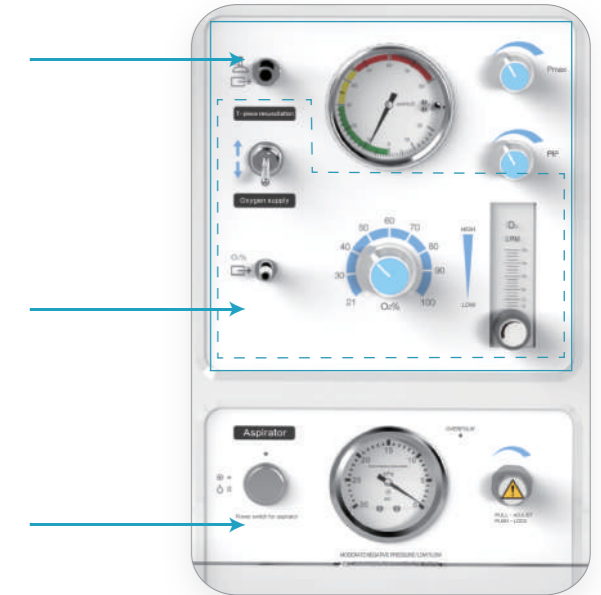
It can provide controlled and stable peak inspiratory pressure (PIP) and positive end expiratory pressure (PEEP), ensure functional residual capacity (FRC), improve lung compliance, and provide safe and effective respiratory resuscitation ventilation management for premature infants.

■ Air / oxygen blender (optional)

Provide accurate control of air-oxygen mixed gas to patients who need oxygen; As a gas supply device, it can be used in conjunction with other clinical respiratory therapy systems (such as nCPAP, HFNC).

■ Low pressure suction (optional)

Professionally used to clean the respiratory tract of newborns.

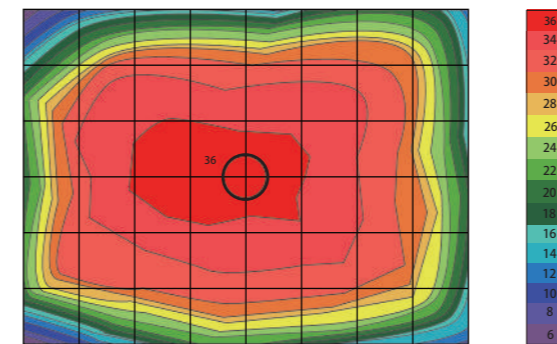


Hands-free alarm silence (optional)

■ LCD screen

8-inch color LCD touch screen, large characters, clearly visible from a long distance, which is convenient for medical staff to operate and observe. With data storage and trends display.

Heat radiation distribution map



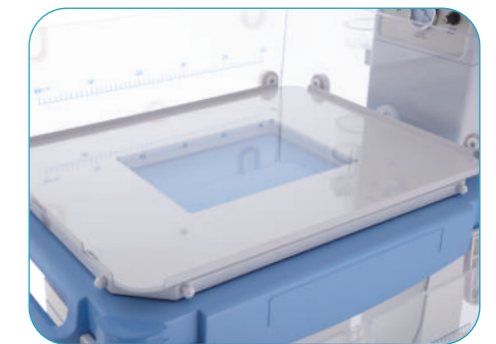
■ Warmer module

The radiation area is more concentrated, ensuring that the mattress is evenly heated, and at the same time avoiding the surrounding nursing staff from feeling overheated.



■ Electric tilting system

Press the button of the electric bed to easily control the angle of the bassinet.



■ Weighing system (optional)

Built-in weighing system, convenient to measure the weight of children, and monitor the trends of weight changes.



■ VHA stand (optional)

The height of the cabinet can be adjusted freely while operating to meet the requirements of medical staff of different heights.

■ Masimo® Pulse oximetry monitoring function (optional)

CCHD screening

When combined with clinical evaluation, the sensitivity of screening for severe congenital heart disease (CCHD) can be increased to 93%.

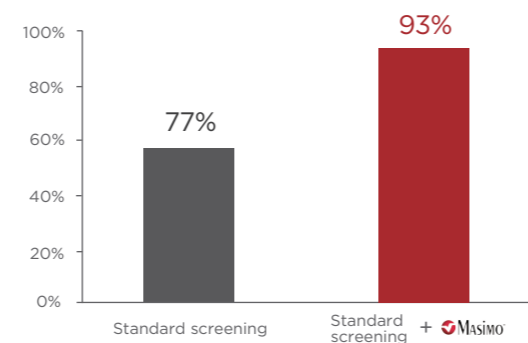
Retinopathy of prematurity

Can significantly reduce the incidence of severe retinopathy (ROP) in premature infants.

During physical activity and hypoperfusion

With 3% false alarms and 5% false alarms.

Independent Clinical Evaluation Versus Improved Screening Sensitivity of Critical Congenital Heart Disease (CCHD)



*Zhao et al. Lancet.2014 Aug 30;384(9945):747-54.



SpO₂ probe extension cable



Adhesive sensor