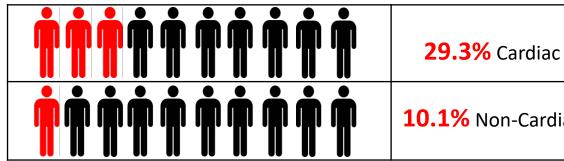


Cost Avoidance Using the Argos Cardiac Output Monitor

Incidence of Acute Kidney Injury (AKI)



29.3% Cardiac Surgery Patients¹

10.1% Non-Cardiac Surgery Patients²

Goal-Directed Therapy guided by cardiac output monitors in patients after cardiac surgery is associated with reduction in the incidence of AKI³

	Cost Assumptions	Annual Cost of AKI	Cost Avoidance
Current Standard	\$11,000 in excess costs per AKI ⁴	\$3.22MM*	\$0
Goal-Directed Therapy	\$11,000 in excess costs per AKI ⁴	\$1.75MM**	\$1.47MM
27 40 40 11 MM	Estimated Savings per Treated Patient		\$1,474

^{*}Based on 1000 cardiac surgery patients per year with a 29.3% AKI incidence rate

The consistent accuracy of the Argos Cardiac Output Monitor can guide care to help reduce the incidence of AKI. The Argos setup takes less than one minute and does not require the use of costly consumables. Therefore, per patient savings can be maximized.

^{**13.4 %} absolute reduction in AKI using goal-directed therapy with cardiac output monitoring⁴

^{1.} Lei VJ et al. Risk Stratification for Postoperative Acute Kidney Injury in Major Noncardiac Surgery Using Preoperative and Intraoperative Data. JAMA Network Open. 2019;2(12)

Jin J et al. Postoperative diastolic perfusion pressure is associated with the development of acute kidney injury in patients after cardiac surgery: a retrospective analysis. BMC Nephrology (2019) 20:458

Thomson R, et al. Goal-directed therapy after cardiac surgery and the incidence of acute kidney injury. J Crit Care. 2014 Dec;29(6):997-1000.

^{1.} Silver SA, Chertow GM. The Economic Consequences of Acute Kidney Injury. Nephron. 2017;137(4):297-301. doi: 10.1159/000475607. Epub 2017 Jun 9. PMID: 28595193; PMCID: PMC5743773.