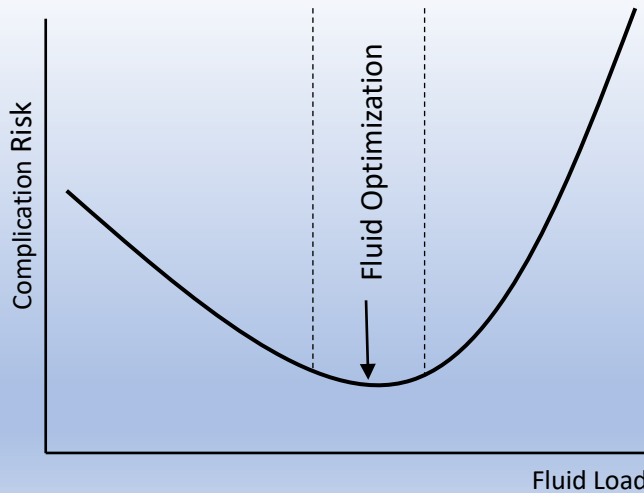


Hemodynamic Management of Burn Shock

Burn patients receive a larger amount of fluids in the first hours than any other trauma patient,¹ and giving the right amount is a challenge

Too Little Fluid [Hypovolemia]

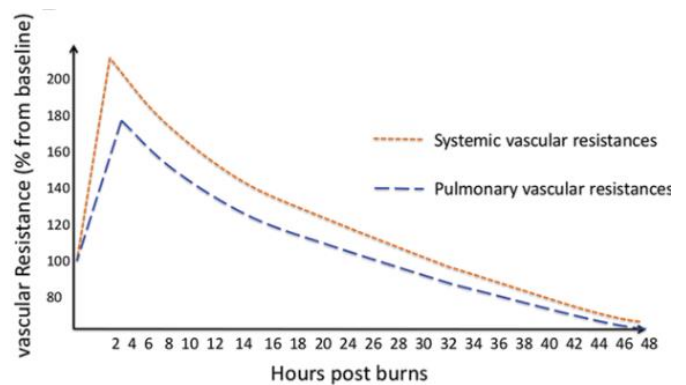
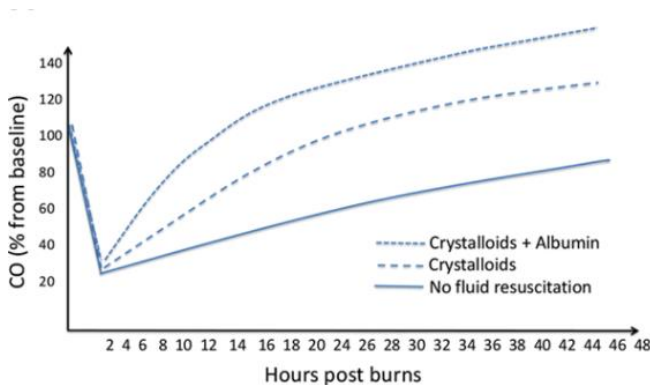
Tissue Hypoperfusion
Tissue Hypoxia
Organ Failure
Insufficient Perfusion



Too Much Fluid [Hypervolemia]

Tissue Edema
Organ Failure
Increased ICU/
Ventilator Days
Increased Mortality

Burn shock leads to a hemodynamic pattern that changes within the first 48 hrs²



The Argos Cardiac Output Monitor with Multi-Beat Analysis (MBA™)



A goal-directed fluid management strategy guided by SVI, CI, and SVRI can improve the hemodynamic resuscitation of critically-ill burn patients¹

¹P. Guilabert, G. Usúa, N. Martín, L. Abarca, J.P. Barret, M.J. Colomina, Fluid resuscitation management in patients with burns: update, British Journal of Anaesthesia, Volume 117, Issue 3, 2016, Pages 284-296,

²Sabri Soussi, François Dépret, Mourad Benyamina, Matthieu Legrand; Early Hemodynamic Management of Critically Ill Burn Patients. Anesthesiology 2018; 129:583-589

The Argos Cardiac Output Monitor

Use the existing arterial line
with *no additional disposables*



Single cable connection to the bedside monitor

Consistently accurate^{1,2}
hemodynamic
profile in seconds

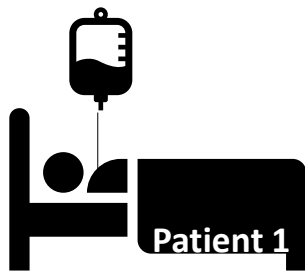
Compatible with different patient monitors



Argos Monitor input



Easy setup to *quickly* meet the monitoring needs of each burn patient



- 1 Saugel B *et al.* Cardiac output estimation using multi-beat analysis of the radial arterial blood pressure waveform: a method comparison study in patients having off-pump coronary artery bypass surgery using intermittent pulmonary artery thermodilution as the reference method. *Journal of Clinical Monitoring and Computing.* August 5, 2019.
- 2 Greiwe G *et al.* Cardiac output estimation using multi-beat analysis of the radial arterial blood pressure waveform versus intermittent pulmonary artery thermodilution: a method comparison in patients treated in the intensive care unit after off-pump coronary artery bypass surgery. *Journal of Clinical Monitoring and Computing.* August 5, 2019.