Argos[®] Cardiac Output Monitor

Advanced Multi-Beat Analysis Algorithm – Better Data Saves Lives

No Disposables · 1 Minute Set Up · Consistently Accurate





Argos® Cardiac Output Monitor

Advanced Multi-Beat Analysis (MBA[™])

The advanced algorithm called Multi-Beat Analysis built into the Argos monitor was developed at Massachusetts Institute of Technology (MIT) and Michigan State University. Unlike other monitors that analyze only one beat at a time, the Argos MBA algorithm analyzes multiple heart beats from the blood pressure signal to model the patient's vascular resistance directly. This algorithm provides accurate hemodynamic data even during changes in vasomotor tone, low cardiac output, and arrythmia. Our technology enables healthcare professionals to provide individualized data driven treatment to high risk surgical and critically ill patients.

Comprehensive monitoring of vital data

You deserve accurate comprehensive hemodynamic data to help you give your patients the care they need. The innovative Argos monitor provides the following parameters:

- Cardiac output (CO)
- Cardiac index (CI)
- Blood pressure (BP)
- Heart rate (HR)
- Stroke volume (SV)
- Stroke volume index (SVI)
- Mean arterial pressure (MAP)
- Systemic vascular resistance (SVR)
- Systemic vascular resistance index (SVRI)
- Pulse pressure variation (PPV)



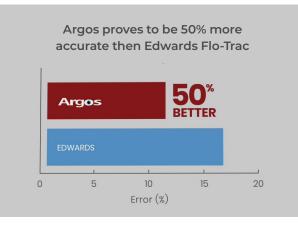
Detect and Treat Shock Before It Becomes An Emergency



Accurate

Trusted accuracy with MBA technology validated in US, France and Germany.

- In a head-to-head comparison study against the leading competitor, the Argos system proved to be 50% more accurate.¹
- Proven in the toughest patient populations: cardiac surgery, liver transplant, off pump cardiac surgery, neurosurgery, major abdominal surgery and post-surgery in the ICU.²⁻⁶
- Accuracy maintained with arrythmia patients, changes in vasomotor tone changes and low flow states.⁴⁻⁶
- 25,000 patients monitored to date



Argos accurately tracks changes when vasopressors are given. $^{\rm 4,6}$



Easy-to-Use

1 minute set up that any clinician can do.

- 1 cable connection Connect and monitor at any time without losing the invasive blood pressure signal, even during periods of hemodynamic instability.
- No calibration required
- Intuitive multi touch screen interface
- Training in under 5 minutes
- Start monitoring in less than 1 minute



The Argos simply connects to the analog output of the blood pressure signal from a compatible multi-parameter monitor.





Cost Effective

Eliminate costly proprietary disposables - Unlimited use

- Unlimited use makes it affordable to use on any high risk patient with an A-line
- Internal data shows an average yearly cost saving of \$63,000 in the OR
- 250 patients monitored in the OR per year x \$250 per disposable
- Reduce and save on costly complications such as AKIs, MINS, and SSIs by implementing hemodynamic care protocols⁷
- Increase ICU bed turnover via improved weaning from fluids and vasopressors guided by hemodynamic data⁸



Better data supports enhanced recovery and rapid discharge.

Leading Academic, and Highly Regarded Medical Centers Rely on the Argos Cardiac Output Monitor

- 3 out of the top 5 leading academic medical centers have implemented the Argos Cardiac output monitor for critical patient care
- Leading Level 1 trauma centers across the US and 14 countries
- Over 25,000 patients monitored to date









...And More

Clinically proven to effectively monitor hemodynamic data

"The accuracy of the Argos is really superior to other monitors that are currently on the market. It remains precise across a myriad of hemodynamic conditions and enables rapid and intelligent decision-making. It really is, quite simply, a leap forward in technology."

- Benjamin Kohl; Vice Chair of Critical Care Medicine, Thomas Jefferson University

Join our growing network of clinicians who rely on the Argos monitor to protect their High Risk Patients.

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- 7. Thomas R, et al. Goal directed therapy after cardiac surgery and the incidence of acute kidney injury, Journal of Critical Care. 2014Dec,29(6);997-1000.
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