# 3880 MRI Patient Monitor System Reference Chart

#### SELECT PATIENT PROFILE

a. Press Button
on the 3880Q Monitor

b. Press Store/Recall Setups Button



c. Press stored setting and then press Recall Button



#### **MONITOR BUTTONS**



Monitor Settings Button (Access main menus)

(Access vital sign trends)

(Start/Stop Base Station printer)



StandBy (Alarm Off) Button

(Indefinitely pauses audio and visual alarms, Terminates NIBP cycle) (Does NOT put monitor to sleep)



**NIBP (Star/Stop) Button** (Activates NIBP measurement/cycle) Pressing button for 3 seconds starts stat reading



Alarm Silence (Audio Alarm Off) Button

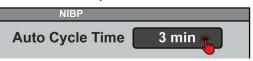
(Silences audio alarms for 120 seconds, visual alarms continue to flash)

## NON-INVASIVE BLOOD PRESSURE (NIBP)

a. Select NIBP cycle time

**Trend Button** 

**Record Button** 



b. Press Button to initiate NIBP cycle

- \* The monitor will not auto cycle NIBP when in Stand-By Mode
- \* Neonate or Infant size NIBP cuffs can only be used with Neonate Mode

## WIRELESS POD CHANNEL CONNECTIVITY



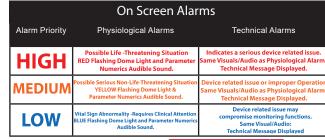
a. Press **o** to power **ON** POD.

b. Verify Connected light is illuminated.

c. If not Connected:

- Press to snyc POD with Monitor.
- Continue pressing until Connected light is ON.
- ALT Channels light will illuminate if on CH 5 8.

## MONITOR ALARM OVERVIEW



**Alarm Examples:** 

High Priority MESSAGE X

Med Priority MESSAGE X

Low Priority MESSAGE X

#### SPO<sub>2</sub> PULSE OXIMETRY APPLICATION

## Adult & Pediatric Disposable SpO<sub>2</sub> Wrap

a. Apply disposable  $S_pO_2$  wrap on patient's finger or toe with  $\P$  symbol over nail bed. Wrap wings of  $S_pO_2$  wrap around patient's finger or toe.













- b. Insert white tipped cable with **red light** into opening on grip with **\* symbol.**
- c. Insert black tipped cable tip into grip's bottom opening with symbol.
- d. Fiber-optic tips must face each other.

## Neonate and Infant/Adult Disposable SpO<sub>2</sub> Wraps

- a. Apply disposable wrap with \* symbol over nail bed, top of foot, or hand.
- b. Insert white tipped cable with **red light** into opening on 👉 grip.
- c. Insert black tipped cable tip into grip's bottom opening marked by with symbol.
- d. Fiber-optic tips must face each other.



## Reusable SpO<sub>2</sub> Grips

- a. Apply grip with **number** over nail bed and facing away from patient.
- b. Insert white tipped cable with red light into opening with number on nail bed.
- c. Insert black tipped cable into grip's bottom opening on finger pad.
- d. Fiber-optic tips must face each other.



#### **SCAN FOR TRAINING VIDEOS**























## **ECG ELECTRODE APPLICATION**

Place **electrodes & lead-wires** on patient as follows:









Separate electrodes for Adult ECG application

**Pediatric** 

Infant

## **Leadwire Management**

- Route PODs & leadwires away from RF Coil. Place PODs in "Line of Sight" with Monitor.

## Three Lead Placement

a. Remove & wires from ECG POD

b. Place electrodes as follows



## **ECG Trouble Shooting:**

1. QRS waveform amplitude should be larger than the white bracket.

2. Ensure 3880 Monitor's MRI Filter is set to MRI or MRI 2 to filter out RF interference on waveform.



## 3. Change Leadview if needed.

4. Prep Skin with Nuprep and apply new electrodes.

## **Potential Causes of Waveform Noise**

- 1. Weak ECG amplitude due to placement
- 2. Non-MR Safe or expired ECG electrodes
- 3. Alcohol based skin prep products
- 4. Damaged ECG leadwires
- 5. POD or ECG Leadwire under MRI coil
- 6. New gradient sequence

### **INVASIVE BLOOD PRESSURE**

a. Power ON and Connect transducer cable to P1 or P2 on ipPOD. DO NOT ATTACH TRANSDUCER TO PATIENT SKIN. Transducer must be maintained at applicable level for invasive pressure per hospital policy.

\*Must use MR compatible transducer cable (not sold by IRadimed) with 3883-1 Universal ipPOD.







b. Keep transducer and ipPOD OUTSIDE of MRI bore.

3883-1(Universal)\*

3883-2 (Truwave)

3883-3(Transpac)

- c. Select IBP section on monitor's screen. Select IBP label and set Scale as applicable. Turn transducer stopcock "OFF TO PATIENT/OPEN TO AIR."
- d. Remove non-vented cap from stopcock and Press "CAL ZERO" in IBP section of monitor screen corresponding with IBP1 or IBP2 as applicable.
- e. When 00/00 is displayed in the IBP parameter section, turn stopcock "OPEN TO PATIENT/ CLOSED TO AIR." Replace non-vented cap on stopcock.

## ART sys/dia Label 25 mm/s 150 mmHg Scale

### EtCO<sub>2</sub> FROM MONITOR (INTERNAL)

a. Attach EtCO2 Sample Line with Disc Filter to CO<sub>2</sub> port on monitor

b. Connect Sample Line to patient's airway adapter, nasal cannula, or mask



## Factors that may affect accuracy:

- Leaks, kinks, or moisture in Sample Line or Filter
- Airway pressure
- Use of masks or extra extension tubing.
- Incompatible accessories for breathing style

\*\*1841 micron disc filter is single patient use only.\*\*

## EtCO<sub>2</sub> FROM 3886 MULTI-GAS MODULE (EXTERNAL)



MR Conditional up to 600 Gauss

Multi-Gas Module provides CO<sub>2</sub> waveform and anesthetic agents measurements

- a. Power Multi-Gas Module ON using switch on rear side
- b. Insert Nomoline into Multi-Gas Module





c. Attach Sample Line between Nomoline & patient's

airway adapter/cannula CO<sub>2</sub> OCCLUSION MESSAGE: Check and/or replace Sample Line or Nomoline.

\*\*1850 nomoline can be reused for up to 14 days.\*\*