



# Alaris™ Infusion Central

## Central surveillance of infusion pumps

**Nurses lose valuable time looking for information or dealing with predictable alarms. Increasingly, patients are placed in individual rooms to prevent infections. This makes managing infusion pumps even more difficult.**

### Complex infusion data

To cut through complexity, you can see all infusion data centrally. You will see all infusion lines on a central screen, including events and alarms; and recognise syringe and volumetric pumps at a glance. Additionally, you can easily identify critical infusions, such as inotropes, enteral and sedatives.

### Alarm fatigue

Nurses encountering frequent alarms often suffer from alarm fatigue: desensitisation to patient alarms. Viewing alarms centrally helps make staff more efficient while reducing predictable alarms.

### Missing critical infusions

For some unstable patients, missed inotrope transitions are risky. A recent study<sup>1</sup> revealed most patients experience haemodynamic instability during such transitions. To help reduce risk, you can visualise relays of critical infusions and keep complete control of the process.



### Managing fluid balance

Some fragile patients need constant fluid assessment. This is challenging when delivering multiple medications or nutrients simultaneously. An automatic chart based on delivered medication captures information electronically or subsequently be printed. Electronic health records<sup>2</sup> can also improve vascular access care.

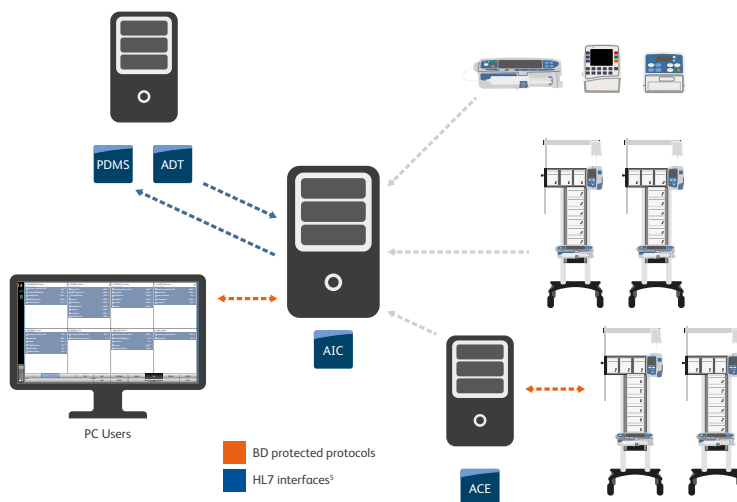
### Making workflows mobile

To make information accessible and actionable everywhere, some hospitals are giving their nurses smart technologies. With Alaris Infusion Central, nurses can view infusions centrally and on a purpose-built smartphone called Myco™.



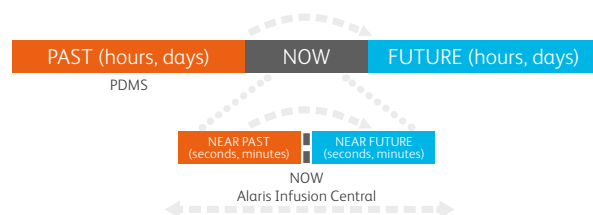
## Capturing and sharing infusion data, events and alarms

Alaris Infusion Central connects to individual Alaris and CME pumps, Alaris Gateway Workstations (AGW), and the Alaris Communication Engine Platform (ACE). Bidirectional connection with the hospital information system allows you to import patient data and export infusion data to the Patient Data Management System<sup>5</sup> (PDMS).



## Completing your Patient Data Management System

Alaris Infusion Central completes your PDMS by using knowledge of what is happening now to help you decide what to do next.



## Specifications

### Minimum requirements (server)

Intel® Xeon, 4 GB memory (8 GB recommended), 120 GB storage, 1024x768 monitor, 65,000 colours

### Minimum requirements (standalone or client)

Intel® dual-core processor (i3 supported for client), 4 GB memory (8 GB suggested for standalone), 60 GB storage (client) or 120 GB storage (standalone), 1024x768 monitor (1280x1024 suggested), 65,000 colours

### Operating systems (server)

Microsoft® Windows® Server 2012 R2

### Operating systems (standalone or client)

Microsoft® Windows® 7 SP1 x86/x64 Professional  
Microsoft® Windows® 8.1 x86/x64 Professional  
Microsoft® Windows® 10

### Maximal number of clients

99 simultaneous clients per server instance

### Database engine

SQL server or 2012/2014 or MS SQL Express 2014

### Supported pump servers

Alaris Communication Engine (ACE) 1.1 (required for AGW 1.6)

### Supported docking stations

Alaris Gateway Workstation (AGW) 1.1.x, 1.2, 1.6

### Supported infusion pumps

Alaris GH, CC, PK, Enteral and TIVA syringe pumps (serial or docking station)  
Alaris GP, VP volumetric pumps (docking station)  
GW, GW800, SE volumetric pumps (serial or docking station)  
CME Bodyguard 545, 575, 595 volumetric pumps (serial)

### Maximal number of beds/docking stations/pumps

Up to three docking station per beds, no theoretical limit on the number of beds, or pumps per bed<sup>3</sup>

### Bandwidth utilisation

Average bandwidth to the server for every docking station 1.5 KB/second; average bandwidth for each client 0.6 KB/second

### Virtualisation<sup>4</sup>

Tested with VMware Vsphere

### Cybersecurity

Firewall and antivirus recommended. Tested with ESET NOD32 antivirus  
Optimised attack surface: no web server, reduced number of open ports  
Password policies forcing auto-renewal and/or complex password  
Connections protection by IPSec tunnelling between AIC server and AIC clients/PDMS/ADT/ACE (optional)  
SQL database encryption using SQL enterprise (optional)

### Enterprise integration/interfaces<sup>5</sup>

Active Directory (LDAP)  
ADT HL7 inbound interface (version 2.5)  
HL7 outbound interface: infusion data, events and fluid balance (version 2.6, supporting PCD-01 and PCD-10 IHE profiles)

<sup>1</sup>Predictors of haemodynamic instability during changeover. Cour et al. Ann. Intensive Care (2016) 6:38. <sup>2</sup>JAVA, Vol 21 No 1, 2016. Quality Improvement in Vascular Access Care Through the Use of Electronic Health Records. Gillian Strudwick & Richard Booth. <sup>3</sup>Multiple screens may be required for more than 24 bed spaces; large number of pumps for one bed space may be aggregated into one unique status. <sup>4</sup>Virtual machine installation requires a USB port server (such as Digi® AnywhereUSB®) for licensing purpose. <sup>5</sup>AIC enterprise edition only.

Manufactured by Ascom UMS srl unipersonale [www.ascom.it](http://www.ascom.it)

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