Continuum of care. Simplified workflow.

Introducing Trilogy EV300

Smooth patient transitions

Transitions are part of the daily routine in hospital settings – particularly when it comes to respiratory care. But hospital respiratory care teams are understaffed and overburdened, which can make patient transitions challenging and stressful.

Developed specifically for hospitals, the Philips Respironics Trilogy EV300 lets you move patients through different hospital departments while they remain on one device – reducing disruptions and providing continuous peace of mind.

Simplified workflow

Trilogy EV300 ventilators feature an easy-to-use 8-inch touchscreen and intuitive menu navigation. On-screen help and alarm guidance aid user proficiency–making it easy for clinicians to rapidly feel confident.

Proven performance in noninvasive and invasive ventilation

The Trilogy EV300 ventilator delivers enhanced performance in noninvasive (NIV) and invasive (IV) ventilation, so patients can be treated with a single device throughout their hospital stay, regardless of changing conditions. Comprehensive, advanced NIV auto-titrating therapy modes include AVAPS-AE, and invasive ventilation is available with single- and dual-limb circuits and leak compensation.

Elevating respiratory care

The Trilogy EV300 ventilator is designed to treat the varying needs of respiratory insufficiency throughout the patient's stay. The Trilogy EV300 advanced measurement system estimates lung compliance, airway resistance, AutoPEEP and plateau pressure without requiring an inspiratory or expiratory hold maneuver. AVAPS-AE – an auto-titration mode of noninvasive ventilation with multiple algorithms that work simultaneously – meets the changing needs of your patients. AVAPS automatically adjusts to breathing, while Auto EPAP proactively adjusts to the lowest effective pressure for peak comfort. Auto Backup delays a machine breath until the patient has exhaled, to reduce air trapping.

Enhancing patient comfort

Designed to make breathing more comfortable, Auto-Trak provides an automated breath triggering and cycling algorithm that adjusts to the patient's natural breathing patterns and maintains exceptional performance in the presence of leaks. It assists with ventilator-to-patient synchrony without manual adjustments. With sensitive Auto-Trak, Trilogy EV300 can now deliver quality therapy to smaller patients (2.5 kg and above). In addition, the EtCO2 mainstream measurement allows for confirmation of artificial airway placement, as well as for continuous ventilation monitoring. The continuity of monitoring can facilitate proactive decision-making and assist with weaning patients off the ventilator.[1]

Extended battery life

Designed for portability and durability, Trilogy EV300 has a 15-hour battery life* with an internal and detachable battery. Additionally, the hot swappable detachable battery provides uninterrupted power – delivering maximum portability for transitions between therapies and different areas within the hospital.

Long service intervals

Trilogy EV300 has a four-year service interval. Additionally, it can be field-serviced with standard service tools, making Trilogy EV300 both easy and affordable to maintain.

Lower costs

In addition to reduced maintenance costs, keeping patients on one device for noninvasive and invasive ventilation throughout their hospital stay may allow for additional cost savings by reducing the number of circuits and filters used per patient.

Advancing hospital respiratory care

Choose Trilogy EV300 to help provide smooth transitions across your patients' changing environments as their disease improves or deteriorates, from admission to discharge

Simple
Easy-to-learn user interface, configurable to the care environment

Portable
15 hours of battery life*
to enable on-the-go use

Adaptable
Stays with patients throughout the hospital as their needs change

Reliable
Durable, rugged design to support use throughout the hospital

Learn more at **philips.com/philips.com/EV300**

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*Nominal run time per method in International Electrotechnical Commission (7.5 hour/battery).
Detachable battery charge time 0% to 80% is 2.5 hours, internal battery charge time 0% to 100% is 3.5 hours.

Reference: 1. Berkenbosch JW, Lam J, Burd RS, Tobias JD. Noninvasive monitoring of carbon dioxide during mechanical ventilation in older children: end-tidal versus transcutaneous techniques. *Anesth Analg.* 2001;92(6):1427-1431.

Caution: Federal law restricts this device to sale by or on the order of a physician.

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