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No. AIIMS/R/CS/GM-GS/293-50/19/OT Dtd:20/06/2019

Corrigendum

Subject:- Supply and Installation of High End ICU Ventilator for Department of General Surgery & General Medicine at AIIMS Raipur.

Tender ID No.2019_IMSRP_451585_1

Page /Point no in the NIT	**Existing**	**To be read as**
Page No .16	Should be a microprocessor controlled ventilator with minimum of 12 ''colour TFT touch screen integrated graphics and easy to use rotary knob operation providing support to Adult/pediatric and upgradable to infant/neonatal patient range .	No Change
Page No .16	Should have Air supply through integrated ultra-quiet turbine or external compressor of the same manufacturer .	No Change
Page No .16	Should be based on reliable flow measuring technology with proximal/distal flow sensor which ensures the most precise flow and pressure measurements for better patient assessment .	Should be based on reliable flow measuring technology with proximal/distal flow sensor which ensures the most precise flow and pressure measurements for better patient assessment .Sensor should be covered under warrenty
Page No .16 Page No .16	Following Ventilation m odes should be available as standard in the ventilator : Assist /Control Mandatory Ventilation)A/C :(SIMV; CPAP; Pressure Support Ventilation)PSV(; APRV, DuoPAP / BiPAP /BiPhasic; , Combination /Dual modes like PRVC /APV or VAPS/automode/autoflow; Apnea Back -up and any other mode for safe ventilations offering both volume guarantee & lung protective strategies like volume limit etc . It should have one of the advanced ventilation modes like NAVA/ASV/PAV/Bilevel VG /Smartcare as standard .	No Change
Page No .16	It should have enhanced Invasive as well as Non-Invasive Ventilation)NIV /NPPV (modes with facility of effective leak compensation .	No Change

Page /Point no in the NIT	**Existing**	**To be read as**
Page No .16	Volumetric EtCO2 should be available and following parameters should be displayed Integrated EtCO2 monitoring on Ventilator screen by Mainstream Technique	Volumetric EtCO2 should be available and following parameters should be displayed Integrated EtCO2 monitoring on Ventilator screen by Mainstream / Sidestream Technique
Page No .16	Ability to display Trend as well as waveform and Numerical Values of ; CO2, FetO2, PetCO2, SlopeCO2, VTALV, VTAIV /min, V'CO2 /min, VDaw, VDaw/VTE, VeCO2, ViCO2	Point Deleted
Page No .16	Ventilator should be upgradable to nCPAP, High -Flow Oxygen Therapy, SPO2,	No change
	Controls :	
Page No .16	Tidal volume should be minimum 20 ml to 2000 ml in Volume Control Mode or better	No change
Page No .16	Respiratory rates 4 to 150 BPM or better,	Respiratory rates 4 to 100 BPM or better
Page No .16	Peak flow setting from 0 to 240 lpm or better	Peak flow setting from 0 to **180 lpm** or better
Page No .16	Trigger sensitivity -:Flow 1 to 20 l/min	Trigger sensitivity -:Flow 1 to 15 l/min
Page No .16	PEEP :0 to 35 cm H2O or better .	No Change
Page No .16	FiO2 :21 to 100 .%	No Change
Page No .16	I:E ratio 1:9 to 4:1)DuoPAP/BiPAP/BiPhasic 1 :599 to 149:1 (	No Change
Page No .16	Inspiratory time)TI (1 to 12 s	No Change
Page No .16	Pressure control 3 to 60 cmH2O, added to PEEP/CPAP	No Change
Page No .16	Pressure support 0 to 60 cmH2O, added to PEEP/CPAP	No Change
Page No .16	Pressure ramp 0 to 2000 ms	Pressure ramp 0 to 2000 ms or equivalent in graphs
Page No .16	Expiratory trigger sensitivity)ETS (5 to 80 %of inspiratory peak flow	No Change
Page No .16	Should have facility of Manual breath, O2 enrichment, standby, screen-lock, apnea backup ventilation, inspiratory hold, screen-shot, suctioning tool, dimmable screen,	Should have facility of Manual breath, O2 enrichment, standby, screen-lock, apnea backup ventilation, inspiratory hold, screen-

Page /Point no in the NIT	Existing	To be read as
	configurable Quickstart-Settings, start- up over body height and IBW	shot, suctioning tool, configurable Quick start -Settings, start -up over IBW
Page No .16	Facility to permanently deactivate the O2 alarm, if the O2 cell is depleted or defective .	Deleted
Page No .16	Should have inbuilt integrated nebuliser synchronized with inspiratory cycle .	The Ventilator should supply with reusable, electrically operated, independent of Flow, Aeroneb Pro nebulizer .It should follow Vibrating Mesh technology to produce < 4-micron uniform particle size to save drug wastage
Page No .16	**Alarms ::**	
Page No .16	low/high Minute Volume , Low/high Pressure, Low/high tidal volume, low /high Rate , Apnea time, low/high oxygen, Oxygen concentration, disconnect ion, loss of PEEP, exhalation obstruction, flow sensor, power supply, batteries, gas supply	No Change
	Display :	
Page No .16	Should have Real-time visualization of the lungs with representations of tidal volume, lung compliance, resistance, and patient activity	Should have Numeric Values of tidal volume, lung compliance, resistance, and patient activity and optional Real-time visualization of the lungs with representations
Page No .16	Should have Visual representation of ventilator dependency, grouped into oxygenation, CO2 elimination, and patient activity	deleted
Page No .16	Should have Graphic display of target and actual parameters for tidal volume, frequency, pressure, and minute ventilation	Should have display of target and actual parameters for tidal volume, frequency, pressure, and minute ventilation
Page No .16	Should have Real-time waveforms Paw, Flow, Volume, Ptrachea)Optional (	Should have Real-time waveforms Paw, Flow, Volume, Ptrachea)Optional/(PAux
Page No .16	Should have facility to show at least 1 Loops :P -V, V -Flow, P-Flow	No change
Page No .16	Should have either graphical or tabular trends for minimum of 1h, 6h, 12h, 24h, 72 hours with 1 minute resolution .	No Change

Page /Point no in the NIT	**Existing**	**To be read as**
Page No .17	Should display 41 monitoring parameters including Exhaled tidal volume, Breath rate, I:E ratio, FiO2, Peak Pressure, Mean Airway Pressure, etc .	
Page No .17	Should have permanent O2 cell or it should be covered under warranty)05 years (and CMC .	
Page No .17	Source input pressure of oxygen :40 to 60 psi .Facility to also input low pressure O2 is also desirable .	Source input pressure of oxygen and air :40 to 60 psi.
Page No .17	Should work with double limb and single limb non-proprietary patient circuit both reusable & disposable	Should work with double limb non-proprietary patient circuit both reusable & disposable
	Ventilator should be supplied with the following accessories : o HME filter :300 nos per ventilator . o Reusable Silicon Breathing circuits 2 Nos .for Adult o Expiratory valve assembly 2 units autoclavable . o 10 disposable flow sensors per ventilator . o The complete unit must be mounted on an original imported pedestal stand from the same manufacturer for easy movement of the complete ventilator within hospital .	***Ventilator should be supplied with the following accessories :*** o HME filter :300 nos per ventilator . o Reusable Silicon Breathing circuits 2 Nos .for Adult o Expiratory valve assembly 2 units autoclavable with life time warranty o2 -reusable autoclavable flow sensors per ventilator with life time warranty o The complete unit must be mounted on an original (OEM) pedestal stand for easy movement of the complete ventilator within hospital .
	Internal rechargeable battery with minimum operating time of at least 3 hours for complete Ventilator including inbuilt or external compressor should be supplied .	Internal rechargeable battery with minimum operating time of at least 80 minutes for Ventilator
	Should have Interface connectors USB, RS -232 as standard .	Should have Interface connectors USB /RS -232 as standard, VGA

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	Demonstration of the equipment is a must .	No change
	For High End Ventilator 1 .Screen Size 15 ”or more 2 .It should have TPP with waveform of Tracheal Pressure and Plateau Pressure with numerical values . 3 .PEEP should be 47 or higher .	Deleted

Store Officer
AIIMS Raipur (CG)