

Hospital, City, ST _____ Department _____

Clinical/Sales/Service Representatives _____

Date _____ Software Version _____ Signature, Title _____

Maintenance				
General	Display Auto Off: 1 min <input type="checkbox"/> 2min <input type="checkbox"/> 5min <input type="checkbox"/> 15 min <input type="checkbox"/> 30min <input type="checkbox"/> Off <input type="checkbox"/>			
	Language: English			
	Device Location:		Facility:	
	Department: Fixed <input type="checkbox"/> Unfixed <input type="checkbox"/>		Department:	
	Patient Location	Bed/Room: Fixed <input type="checkbox"/> Unfixed <input type="checkbox"/>	Room No.:	Bed No.:
	Patient Info Display: Auto <input type="checkbox"/> Patient Name <input type="checkbox"/> Patient ID <input type="checkbox"/> Bed No. <input type="checkbox"/>			
	Notch Filter: 60 <input type="checkbox"/> 50 <input type="checkbox"/> Off			
	ECG lead label : AHA <input type="checkbox"/>			
	SpO2 Massimo <input type="checkbox"/> Nellcor <input type="checkbox"/>			
	SpO2 tone: Mode1 <input type="checkbox"/> Mode 2 <input type="checkbox"/>			
	Date/Time	Time: 12 hr <input type="checkbox"/> 24 hr <input type="checkbox"/>	Date: DD/MM/YYYY <input type="checkbox"/> YY/MM/DD <input type="checkbox"/>	MM/DD/YY <input type="checkbox"/>
	Resp	On <input type="checkbox"/> Off <input type="checkbox"/>		
Alarms	Style ISO <input type="checkbox"/> Mode1 <input type="checkbox"/> Mode2 <input type="checkbox"/>			
	Minimum Alarm Volume			
	Reminder tone On <input type="checkbox"/> Off <input type="checkbox"/>			
	Reminder Interval 1 min <input type="checkbox"/> 2min <input type="checkbox"/> 3min <input type="checkbox"/> 5min <input type="checkbox"/> 10min <input type="checkbox"/>			
	ECG Lead off Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/>			
	SpO2 sensor off Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/>			
	Alarm Reset By Other Bed: On <input type="checkbox"/> Off <input type="checkbox"/>			
Quick Keys				
Screen lock	Off <input type="checkbox"/> Locked <input type="checkbox"/> View Only <input type="checkbox"/>			
Auto Enter Mon. Mode	No Central Monitoring <input type="checkbox"/> Lethal Arrhy. Alarm <input type="checkbox"/>			
Alarms				
*See alarm report printout				
Review				
Tabular Trends	Interval:			
Display Setup				
Portrait		Landscape		
Rows 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Rows 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Order		Order		
Default Orientation	Portrait <input type="checkbox"/> Landscape <input type="checkbox"/>			
Brightness				
Audio volume	Tech alarm:	Touch screen click:	Systole Beep:	

Parameters								
ECG Setup	Cable type Adu: Auto <input type="checkbox"/> 3 lead <input type="checkbox"/> 5 lead <input type="checkbox"/> 6 lead <input type="checkbox"/> Ped: Auto <input type="checkbox"/> 3 lead <input type="checkbox"/> 5 lead <input type="checkbox"/> 6 lead <input type="checkbox"/>							
	Monitored lead (3lead) I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>		6 Lead: Va: Vb:					
	Smart Lead (5/6 lead) On <input type="checkbox"/> Off <input type="checkbox"/>							
	Filter		Monitor <input type="checkbox"/> ST <input type="checkbox"/>					
	Color Adu:			Ped:				
	St Analysis On <input type="checkbox"/> Off <input type="checkbox"/>			QT Analysis On <input type="checkbox"/> Off <input type="checkbox"/>				
	All lead size mm/mV		1.25 <input type="checkbox"/> 2.5 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> Auto <input type="checkbox"/>					
	Speed		6.25mm/s <input type="checkbox"/> 12.5mm/s <input type="checkbox"/> 25mm/s <input type="checkbox"/>					
	Markers		Line <input type="checkbox"/> Dot <input type="checkbox"/> Off <input type="checkbox"/>					
SpO2 Setup	Massimo				Nellcor			
	NIBP Simul: On <input type="checkbox"/> Off <input type="checkbox"/>							
	Display PI On <input type="checkbox"/> Off <input type="checkbox"/>							
	Sensitivity: High <input type="checkbox"/> Normal <input type="checkbox"/> APOD <input type="checkbox"/>							
	Avg time: 2-4s <input type="checkbox"/> 4-6s <input type="checkbox"/> 8s <input type="checkbox"/> 10s <input type="checkbox"/> 12s <input type="checkbox"/> 14s <input type="checkbox"/> 16s <input type="checkbox"/>							
	Fast Sat On <input type="checkbox"/> Off <input type="checkbox"/>							
	Display SIQ On <input type="checkbox"/> Off <input type="checkbox"/>							
	Color Adu:			Ped:				
	Speed 6.25mm/s <input type="checkbox"/> 12.5mm/s <input type="checkbox"/> 25mm/s <input type="checkbox"/>							
*NIBP Setup	BP10 Date/Time format Clock <input type="checkbox"/> Interval <input type="checkbox"/>							
	Mode	Adu			Ped:			
		Manual <input type="checkbox"/>			Manual <input type="checkbox"/>			
		Auto <input type="checkbox"/>			Auto <input type="checkbox"/>			
		Interval: 1m <input type="checkbox"/> 2m <input type="checkbox"/> 2.5m <input type="checkbox"/> 3m <input type="checkbox"/> 5m <input type="checkbox"/>			Interval: 1m <input type="checkbox"/> 2m <input type="checkbox"/> 2.5m <input type="checkbox"/> 3m <input type="checkbox"/> 5m <input type="checkbox"/>			
		10m <input type="checkbox"/> 15m <input type="checkbox"/> 20m <input type="checkbox"/> 30m <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/>			10m <input type="checkbox"/> 15m <input type="checkbox"/> 20m <input type="checkbox"/> 30m <input type="checkbox"/> 1h <input type="checkbox"/> 1.5h <input type="checkbox"/>			
		2h <input type="checkbox"/> 3h <input type="checkbox"/> 4h <input type="checkbox"/> 8h <input type="checkbox"/>			2h <input type="checkbox"/> 3h <input type="checkbox"/> 4h <input type="checkbox"/> 8h <input type="checkbox"/>			
	Sequential <input type="checkbox"/>		Interval	Duration	Sequential <input type="checkbox"/>		Interval	Duration
	P1				P1			
	P2				P2			
P3				P3				
P4				P4				
P5				P5				
Initial Pressure Adu:			Ped:					
Color Adu:			Ped:					
*Resp Setup	Resp: On <input type="checkbox"/> Off <input type="checkbox"/>							
	NCM/Apnea Alarm Delay Adu:			Ped:				
	Color Adu:			Ped:				
	Gain							
	Speed							

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B	CR 44309 07/06/2018	Updated to Rev B
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