



BeneVision WS/Vs Default Settings

Hospital, City, ST _____ Department _____

Clinical/Sales/Service Representatives _____

Date _____ Software Version _____ Signature, Title _____

Device Assignment									
Display#	Devices assigned								
System Setup									
Recorder	Duration 8s <input type="checkbox"/> 16s <input type="checkbox"/> 32s <input type="checkbox"/>		Sweep Speed 25mm/s <input type="checkbox"/> 50mm/s <input type="checkbox"/>				Grid On <input type="checkbox"/> Off <input type="checkbox"/>		
Printer	Printer:								
	Sweep Speed 12.5mm/s <input type="checkbox"/> 25mm/s <input type="checkbox"/> 50mm/s <input type="checkbox"/>			12 Lead Sequence: Sequential <input type="checkbox"/> Simultaneous <input type="checkbox"/>			Grid On <input type="checkbox"/> Off <input type="checkbox"/>		
	Scheduled report On <input type="checkbox"/> Off <input type="checkbox"/>		Start time		Interval				
General	Alm Vol (1-10) High: Alm Vol + 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>		Waveform rendering Color <input type="checkbox"/> Mono <input type="checkbox"/>				Grid On <input type="checkbox"/> Off <input type="checkbox"/>		
Units	NIBP mmHg <input type="checkbox"/> kPA <input type="checkbox"/>		I/O Fluid ml <input type="checkbox"/> L <input type="checkbox"/>						
	CO2 mmHg <input type="checkbox"/> kPA <input type="checkbox"/>		IBP mmHg <input type="checkbox"/> kPA <input type="checkbox"/> cm/H2O <input type="checkbox"/>						
	Temp F <input type="checkbox"/> C <input type="checkbox"/>		Gas CO2 mmHg <input type="checkbox"/> kPA <input type="checkbox"/> % <input type="checkbox"/>						
	ST mm <input type="checkbox"/> mV <input type="checkbox"/>		Gas O2 mmHg <input type="checkbox"/> kPA <input type="checkbox"/> % <input type="checkbox"/>						
	Vascular Resistance DS/cm ⁵ <input type="checkbox"/> kPa-s/l <input type="checkbox"/>		Device Integration Pressure cm/H2O <input type="checkbox"/> mbar <input type="checkbox"/> hpa <input type="checkbox"/>						
	Hb Unit g/dl <input type="checkbox"/> g/L <input type="checkbox"/> mmol/L <input type="checkbox"/>		CO2 mmHg <input type="checkbox"/> kPA <input type="checkbox"/> mbar <input type="checkbox"/> hpa <input type="checkbox"/>						
	Glucose mmol/L <input type="checkbox"/> mg/dl <input type="checkbox"/>		tcpCO2/tcpO2 mmHg <input type="checkbox"/> kPA <input type="checkbox"/>						
Factory Set up (Password protected)									
Date and time (exit to windows) long form mmm/dd/yyyy short form m/d/yyyy Time 12h <input type="checkbox"/> 24h <input type="checkbox"/> Time zone:									
Admin Setup (Password protected)									
Color White Gray 1-3 Red 1-3 Orange 1-3 Yellow 1-3 Green 1-3 Cyan 1-3 Blue 1-3 Purple 1-3									
Parameter	Color	Factory default	Parameter	Color	Factory default	Parameter	Color	Factory default	
ECG		<input type="checkbox"/>	CVP		<input type="checkbox"/>	ICG		<input type="checkbox"/>	
Resp		<input type="checkbox"/>	Pcvp		<input type="checkbox"/>	Paw		<input type="checkbox"/>	
Temp		<input type="checkbox"/>	LAP		<input type="checkbox"/>	Flow/vol		<input type="checkbox"/>	
SPO2		<input type="checkbox"/>	RAP		<input type="checkbox"/>	BIS/ BIS L		<input type="checkbox"/>	
SPO2b		<input type="checkbox"/>	ICP		<input type="checkbox"/>	BIS R		<input type="checkbox"/>	
ΔSPO2		<input type="checkbox"/>	UVP		<input type="checkbox"/>	EEG1		<input type="checkbox"/>	
NIBP		<input type="checkbox"/>	LV		<input type="checkbox"/>	EEG2		<input type="checkbox"/>	
CO		<input type="checkbox"/>	IAP		<input type="checkbox"/>	EEG3		<input type="checkbox"/>	
IBP1		<input type="checkbox"/>	P1		<input type="checkbox"/>	EEG4		<input type="checkbox"/>	
IBP2		<input type="checkbox"/>	P2		<input type="checkbox"/>	NMT		<input type="checkbox"/>	
IBP3		<input type="checkbox"/>	P3		<input type="checkbox"/>	TOF-Count		<input type="checkbox"/>	
IBP4		<input type="checkbox"/>	P4		<input type="checkbox"/>	DBS-Count		<input type="checkbox"/>	
Art		<input type="checkbox"/>	P5		<input type="checkbox"/>	ST-Ratio		<input type="checkbox"/>	
Art2		<input type="checkbox"/>	P6		<input type="checkbox"/>	ST-Count		<input type="checkbox"/>	
pArt		<input type="checkbox"/>	P7		<input type="checkbox"/>	PTC		<input type="checkbox"/>	
PA		<input type="checkbox"/>	P8		<input type="checkbox"/>	T1%		<input type="checkbox"/>	
Ao		<input type="checkbox"/>	CO2		<input type="checkbox"/>	CCO		<input type="checkbox"/>	
UAP		<input type="checkbox"/>	Gas N2O		<input type="checkbox"/>	SvO2		<input type="checkbox"/>	

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BAP		<input type="checkbox"/>	Gas CO2		<input type="checkbox"/>	ScvO2		<input type="checkbox"/>
FAP		<input type="checkbox"/>	Gas O2		<input type="checkbox"/>			<input type="checkbox"/>

Arrhythmia Mark Colors								
White Gray 1-3 Red 1-3 Orange 1-3 Yellow 1-3 Green 1-3 Cyan 1-3 Blue 1-3 Purple 1-3								
Arrhythmia	Color	Factory default	Arrhythmia	Color	Factory default	Arrhythmia	Color	Factory default
Asystole		<input type="checkbox"/>	R on T		<input type="checkbox"/>	Tachy		<input type="checkbox"/>
Vfib		<input type="checkbox"/>	Multi PVC		<input type="checkbox"/>	Brady		<input type="checkbox"/>
VFib/VTach		<input type="checkbox"/>	Pauses/min		<input type="checkbox"/>	PNC		<input type="checkbox"/>
VTach		<input type="checkbox"/>	Run PVCs		<input type="checkbox"/>	PNP		<input type="checkbox"/>
Vent Brady		<input type="checkbox"/>	Couplet		<input type="checkbox"/>	Missed Beat		<input type="checkbox"/>
Extreme Tachy		<input type="checkbox"/>	PVC		<input type="checkbox"/>	Nonsus VTach		<input type="checkbox"/>
Extreme Brady		<input type="checkbox"/>	Bigeminy		<input type="checkbox"/>	Pause		<input type="checkbox"/>
PVC's Too High		<input type="checkbox"/>	Trigeminy		<input type="checkbox"/>	Afib		<input type="checkbox"/>
Vent Rhythm		<input type="checkbox"/>			<input type="checkbox"/>	Irr Rhyth		<input type="checkbox"/>

Display set up		
Screen size: 19" LCD <input type="checkbox"/> Other: <input type="checkbox"/>		
Multibed display: Measurement units On <input type="checkbox"/> Off <input type="checkbox"/> Patient Name On <input type="checkbox"/> Off <input type="checkbox"/>	Layout Rows: Columns:	ECG Sequence: Standard <input type="checkbox"/> Cabrera <input type="checkbox"/> Soft Keyboard On <input type="checkbox"/> Off <input type="checkbox"/> Device Assignment PW (Zip) On <input type="checkbox"/> Off <input type="checkbox"/>
Name Displaying hotkey:		
Auxiliary window Setup:	Page 1	Page 2

Alarm	
Min Alarm Vol	Alarm Audio ISO <input type="checkbox"/> Mode1 <input type="checkbox"/> Mode2 <input type="checkbox"/>
	High Interval
	Med Interval
Simulated alarm light On <input type="checkbox"/> Off <input type="checkbox"/>	Low Interval

Trend Group	
Custom Name	Parameters

Other		
Language: English	User PW: Zip Code	Time Setup: Master Sever <input type="checkbox"/> NTP Server <input type="checkbox"/> Manual <input type="checkbox"/>

Hospital Name:				
Remote control	Patient Mgmt: Pt. Info On <input type="checkbox"/> Off <input type="checkbox"/> D/C On <input type="checkbox"/> Off <input type="checkbox"/> Standby On <input type="checkbox"/> Off <input type="checkbox"/>		Parameter Alarms: Activation On <input type="checkbox"/> Off <input type="checkbox"/> Priority On <input type="checkbox"/> Off <input type="checkbox"/> Limits On <input type="checkbox"/> Off <input type="checkbox"/> Apnea delay On <input type="checkbox"/> Off <input type="checkbox"/> Sat-sec On <input type="checkbox"/> Off <input type="checkbox"/>	Pacer Rate On <input type="checkbox"/> Off <input type="checkbox"/> Reject On <input type="checkbox"/> Off <input type="checkbox"/> Define ST Point On <input type="checkbox"/> Off <input type="checkbox"/> ECG Learning On <input type="checkbox"/> Off <input type="checkbox"/>
	Alarm Reset On <input type="checkbox"/> Off <input type="checkbox"/> Alarm Pause On <input type="checkbox"/> Off <input type="checkbox"/>			
	NIBP Measure: Start/Stop On <input type="checkbox"/> Off <input type="checkbox"/> Clock On <input type="checkbox"/> Off <input type="checkbox"/> Interval On <input type="checkbox"/> Off <input type="checkbox"/>		Arrhythmia Alarms: Activation On <input type="checkbox"/> Off <input type="checkbox"/> Priority On <input type="checkbox"/> Off <input type="checkbox"/> Threshold On <input type="checkbox"/> Off <input type="checkbox"/>	

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	Privacy mode On <input type="checkbox"/> Off <input type="checkbox"/>			
	Night mode On <input type="checkbox"/> Off <input type="checkbox"/>			
Patient location	Not Specified Cath Lab XRay	MRI CT Scan Ultrasound	Hemodialysis OR Therapy	Custom: