**الموضوع: المواصفات الفنية لأجهزةقسم الخداج**

**Technical Specifications for *Baby Incubator***

|  |  |  |
| --- | --- | --- |
| **No.** | **Technical Specifications** | **Min KAUH Requirement** |
| 1 | Manufacturer | Please specify manufacturer and country of origin |
| 2 | Model Number | Please specify model number of the offered equipment |
| 3 | Safety Standard | FDA approval or CE marking |
| 4 | Control Panel | * Microprocessor control panel. |
| 5 | Display | * LCD display (infant temperature, air temperature, humidity). |
| 6 | Control Modes | * Skin. * Air. |
| 7 | General Specification | * Height adjustable. * Integral x-ray tray, mattress tilling. * Low noise level. * Air distribution system with micro-air filter. * Failure alarm, (temperature Probe, air failure, power failure). * Mounted on four casters with locks. * Strong storage drawers. * Oxygen servo (optional). * Rotating mattress(optional). * IV stand(optional). * Scale(optional). |
| 8 | Hand ports | To be mentioned. |
| 9 | Double wall | Required. |
| 10 | Main Power | 220 - 240 VAC , 50 Hz |

**Un code :**42191802

**Technical Specifications for *Intensive Phototherapy Unit***

|  |  |  |
| --- | --- | --- |
| **No.** | **Technical Specifications** | **Min KAUH Requirement** |
| 1 | Manufacturer | Please specify manufacturer and country of origin |
| 2 | Model Number | Please specify model number of the offered equipment |
| 3 | Safety Standard | FDA approval or CE marking |
| 4 | Application | Treatment of hyperbilirubinemia in neonates. |
| 5 | Number of bulbs | Please specify |
| 6 | Irradiance Mw/cm2/nm | * For Fluorescent Lamps NOT less 5. * For LED lamps not less 20. |
| 7 | Accepted bulbs type | Fluorescent lamp or LED lamp. |
| 8 | Bulb exchange | Easy Accessible &replacement , please specify. |
| 9 | Features | * Heavy duty & compact design. * Freestanding unit, mobile with brake, circular shape. * High quality materials. * LCD screen. * Baby skin temperature monitoring with alarms. |
| 10 | Bulbs expected life | * Fluorescent lamp Not less than 2000 hours * LED lamps not less 20000 Hours. |
| 11 | Cooling System | Included |
| 12 | Hour meter | Included |
| 13 | Timer | Included |
| 14 | Main Power | 220 - 240 VAC , 50 Hz |

**Technical Specifications for *Whole Body Cooling (Cooling Blanket)***

|  |  |  |
| --- | --- | --- |
| **No.** | **Technical Specifications** | **Min KAUH Requirement** |
| 1 | Manufacturer | Please specify manufacturer and country of origin |
| 2 | Model Number | Please specify model number of the offered equipment |
| 3 | Safety Standard | FDA approval or CE marking |
|  | Features | * Provides cooling with mild systemic hypothermia to prevent or reduce the severity of neurologic injury. * Treatment: In full-term infants with clinical evidence of moderate to severe hypoxic ischemic encephalopathy. * Maintain the patient’s rectal temperature at 33.5º ±0.5ºC for the 72-hour period. * Fluid cooled mattress covers from infant to pediatric (To offer Reusable and disposable). * Temp monitoring (To offer Reusable and disposable sensors). * Servo controlled core temp. * All needed parts to be included in offer. * Original Trolley. |
| 4 | Cooling Fluid | * To be specified. |
| 5 | Display | * LCD Display with audiovisual alarm. |
| 6 | Main Power | 220 - 240 VAC , 50 Hz |

**Un code : 42142105**

**الموضوع: المواصفات الفنية لأجهزة قسم الاطفال**

**Technical Specifications for *Cerebral Function Monitor***

|  |  |  |
| --- | --- | --- |
| **No.** | **Technical Specifications** | **Min KAUH Requirement** |
| 1 | Manufacturer | Please specify manufacturer and country of origin |
| 2 | Model Number | Please specify model number of the offered equipment |
| 3 | Safety Standard | FDA approval or CE marking |
| 4 | System Features | * Cerebral Function Monitor for EEG monitoring of infant and pediatric. * Diagnosis and detection of seizures and neurological status. * Integrated chart recording and can view data at PC. * Provides Real time measurements of an EEG. * At Least 2 channels. * Software Marker Points. * Print out report. * Optional: - synchronized video facility and spectra analysis. * On original mobile Trolley. * Provides FOC Complete Kit for 100 cases with enough shelf life. * All needed parts to be included in offer. |
| 5 | Display | * LCD with Touch Display not less than 7 inch. |
| 6 | Data Storage | * To be mentioned. |
| 7 | Main Power | 220 - 240 VAC , 50 Hz |

**Technical Specifications for *Transport Incubator***

|  |  |  |
| --- | --- | --- |
| **No.** | **Technical Specifications** | **Min KAUH Requirement** |
| 1 | Manufacturer | Please specify manufacturer and country of origin |
| 2 | Model Number | Please specify model number of the offered equipment |
| 3 | Safety Standard | FDA approval or CE marking |
| 4 | General Specification | * Incubator with air/skin mode heating, foldable trolley with provision to keep refillable oxygen cylinder and battery. * Incubator with Double Wall Canopy, Front and Head End Access Doors with Access portholes and Tubing Access Ports. * Digital Displays of set range temperature: - Air 17° C – 38.9° C and Baby Skin Temperatures 34° C –37° C. * Indicators for Mains and Battery Modes of Operation. * Large LED Digital Display or LCD. * AC and DC Power: -An Internal rechargeable battery for at least 2hr during ventilation modes. * Front mounted gas content display. * Comprehensive Alarm System: Alarm indicators for High temp, Power failure, Sensor fault, Air flow failure, Low battery. * Includes Accessories: - I.V pole, Oxygen cylinder, pressure regulator (Preferred to be built-in), mattress, reusable skin probe, high intensity exam light with LED Light and infant positioning straps. * Air filter. * Controller Displays: On/standby Illuminates when “On”. * Trolley: Sturdy trolley, sturdy & shock absorbing Wheels and Space for accessories with trolley weight maximum 90 Kg. Also with wheels lock (At least 2 wheels lock). * Strong storage drawers.(OPTIONAL). |
| 5 | Portable ventilator modes | * Apnea assists control pressure. * ACV,CPAP Pressure backup, CPAP Volume backup, NIV BI-Level SIMV-Pressure, SIMV Volume. |
| 6 | Main Power | 220 - 240 VAC , 50 Hz |

**Un code : 42192204**