**Technical Specifications for *Pneumatic Compression Machine***

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| **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 | Main Feature | * Easy to use. * Automatic Refilling Time (Vascular Refill Detection). * **Adjustable Pressure from 30-140 mmHg approx..** * Automatically detects the type of garment. * When the upper chamber inflates, the lower should not deflate; to prevent distal pooling of blood. * Empty the veins at every cycle. * Bed Mound. * Slowly inflation rise time. * Sleeve soft. |
| 5 | Bladder Position | * Multiple. |
| 6 | Average Compression Duration | * **Not less than 8 sec.** |
| 7 | Average Cycle Duration | * Not Exceeded 60 sec. |
| 8 | Sleeve Location | * To be mentioned**.(sleeve type: calf thigh, any combination and size)** |
| 9 | Compression Mode | * To be mentioned. |
| 10 | Pressure Pattern | * Sequential. |
| 11 | Battery Backup | * For 4 hours or better. |
| 12 | Main Power | 220 - 240 VAC , 50 Hz |