**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 30-140mmHg.
* 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.
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| 9 | Compression Mode | * To be mentioned.
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| 10 | Pressure Pattern | * Sequential.
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| 11 | Battery Backup | * For 4 hours or better.
 |
| 12 | Main Power | 220 - 240 VAC , 50 Hz |