

**JIPMER TERTIARY BURN CARE CENTRE (JTBC)
DEPARTMENT OF PLASTIC SURGERY
JIPMER, PUDUCHERRY**

No.JIP/BURNS/ERRC/2015/9

Dated:10.02.2015

To

Sir,

Sub: Supply of Adult Ventilator- Limited tender- Invited – Regarding

Please quote your lowest rates for supply of the Adult Ventilator as per the list attached in Annexure-1, subject to the following terms and conditions:

1. Rates should be quoted only for the items which are available in stock and can be supplied immediately on receipt of order.
2. Only 5% CST is applicable
3. No insurance charges are payable as per the rules in the Government. As such, the firms before quoting should take into consideration all the risks in the transit and then furnish Limited Tender which should cover insurance charges also. If any point is raised as regards insurance charges after orders are issued, the same will not be entertained and the firms thereafter should effect the supply at their own cost.
4. Rates should be quoted F.O.R. Pondicherry, Extra packing; forwarding charges etc. should not be quoted.
5. Delivery is required urgently. Tenders should please state the guarantee delivery period they can offer. As delivery date is essential for the contract, this should be strictly adhered to by the successful tenders.
6. No supply which is not according to the specifications and not meeting our requirement will be accepted.
7. The Director shall have the right of rejecting the Limited Tender in whole or part without assigning any reason therefore.
8. In case of high precision instruments the firms should give a guarantee certificate for their satisfactory performance.
9. Limited Tenders should be sent only by Registered Post. Hand Quotations are not accepted. Please furnish your Limited.Tender in a sealed cover super scribing as:

Limited Tender for EQUIPMENT Adult Ventilator

Enquiry No. : No.JIP/BURNS/ERRC/2015/9 Dated 10.02.2015

Due Date: 24.02.2015.

Limited Tender should reach this office on or before 24.02.2015.

Limited Tender received after the due date will be summarily rejected.

- NOTE:**
1. Quotation may please be address to:
The Director, JIPMER, Puducherry-6.
 2. The Sealed Cover (quotation) may please be sent directly to:
The Head, Dept. of Plastic Surgery, S.S. Block,
IV Floor, JIPMER, Puducherry-6.

Yours faithfully,

For DIRECTOR

**JIPMER TERTIARY BURN CARE CENTRE (JTBC)
DEPARTMENT OF PLASTIC SURGERY
JIPMER, PUDUCHERRY**

No..JIP/BURNS/ERRC/2015/9

DUE DATE: 24.02.2015

Dated:10.02.2015

NAME OF THE EQUIPMENT: ADULT VENTILATOR

SPECIFICATION:

- ICU ventilators provide artificial respiratory support to the critical patients in all the types of Intensive Care Units with altitude compensation for volume and BTPS correction for monitoring.
- Should be microprocessor Controlled ventilator with integrated facility for Ventilation monitoring suitable for Pediatric to adult ventilation.
- The unit should be compressor based for precise gas delivery.
- Hinged arm holder for holding the circuit.
- Should have Colored Touch screen, 12 Inch or more.
- Should have Facility to measure and display.
- 3 waves- Pressure and Time, Volume and Time and Flow and Time.
- 3 loops- P-V, F-V, P-F with facility of saving of 4 Loops for reference.
- Graphic display to have automatic scaling facility for waves.
- Status indicator for Ventilator mode, Battery life, patient data, alarm settings, clock etc.
- Should have Trending facility for 72 hours.
- Should have Automatic compliance & Leakage compensation for circuit.
- Should have following settings for all age groups.
 - Tidal Volume 5 ml to 2500 ml
 - Pressure (insp) 2- 100 cm H₂O
 - Pressure Ramp/ Flow patterns
 - Respiratory Rate 1 to 150 bpm, Insp. Time 0.1 to 3 sec, I : E Ratio 5:1 to 1:599
 - Insp. Flow (resultant) 0.2 to 180 LPM, continuous Flow 0-40 lpm (in TCPL ode)
 - CPAP/PEEP 0-50 cmH₂O
 - Pressure support 2-100 cmh₂O
 - FIO₂ 21 to 100%
 - Pause Time 0 to 2 sec
 - Flow Trigger 0.2 to 15 lpm . Pressure Trigger 0.5 to 20 cmH₂O
 - Expiratory trigger 5-80-% of flow
- Should have Monitoring of the following parameters.
 - Airway Pressure (Peak & Mean)
 - Tidal volume (Inspired & Expired)
 - Minute volume (Expired)
 - Spontaneous Minute Volume
 - Total Frequency
 - FIO₂ dynamic
 - Intrinsic PEEP and PEEPi Volume (or trapped Volume)
 - Plateau Pressure
 - Resistance (R_{insp} & R_{exp})& Compliance (C_{dyn} & C_{stat})
 - Use selector Alarms for all measured & monitored parameters
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- Should have Modes of ventilation
 - Volume controlled
 - Pressure Controlled

- Pressure Support
 - SIMV (Pressure Control and volume control) with pressure support
 - CPAP/PEEP, PSV + assured tidal volume
 - Non Invasive ventilation
 - MMV+PSV
 - APRV
- Apnea /backup ventilation
 - Expiratory block should be autoclavable and no routine calibration required
 - Should have below advanced monitoring
 - Intrinsic Peep & Intrinsic PEEP Volume (Trapped Volume)
 - Occlusion Pressure(P0.1) , Max Inspiratory pressure (Pi max)
 - Non-forced Slow Vital Capacity , physiologic Dead space, RSBI, Imposed work of Breathing (WOB_i), Expiratory Time constant (T_{cexp})
 - Facility to calculate lower and upper inflection point (P/V Flex points)
 - Patient circuit compensation
 - Should have Nebulizer with capability to deliver fine particle size of to be used in On line
 - Should have Ideal Body Weight facility
 - Should have interface for communications with networked devices.
 - Should be supplied with reusable Masks (Small, Medium, Large) with each machine.- 02 sets each
 - System should be supplied with below Accessories, spares and consumables
 - ICU Ventilator with trolley - 01
 - Adult , Pediatric Circuit -02 each
 - Reusable and autoclavable Flow sensor and exhalation valve - 2 each
 - Hinged Support Arm – 1 No
 - Air and Oxygen Hose - each 1 No
 - Optional Accessories / Software /hardware
 - Medical Air Compressor (Optional)
 - Humidifier -Servo controlled with digital monitoring of inspired gas temperature complete with heating wire-01 (Optional)
 - Power and Gas inlet requirement
 - Power input to be 220-240VAC, 50Hz
 - Gas input(air and oxygen) - 50-100 psi
 - Standards, Safety and Training
 - Should be US FDA and CE approved product
 - Should have local service facility .The service provider should have the necessary equipment recommended by the manufacturer to carry out preventive maintenance test as per guidelines provided in the service/maintenance manual.

Note:

- * **Demonstration of the equipment is essential**
- * **Warranty for Three Years**
- * **AMC for next five years**
- * **Please quote preferably in Indian Rupees.**

(DR.RAVIKUMAR CHITTORIA)