### Rapidly manufactured Ventilator System

#### Team:







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Guidance

## Rapidly manufactured ventilator system specification

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### Open-source projects: based on BVM

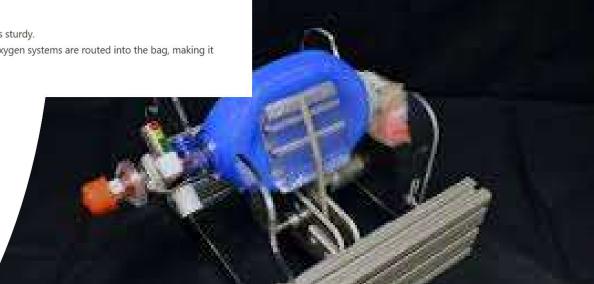


Caution (Medical Info from frontline specialist discussions)

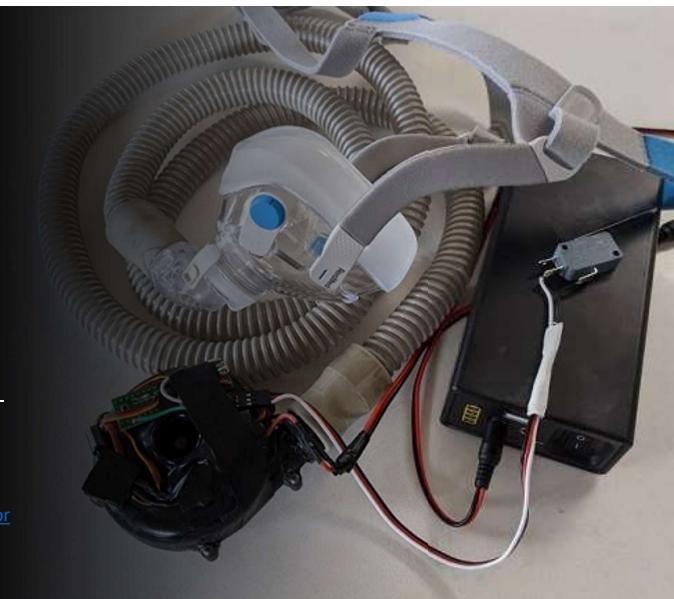
• The Ambu-Bag (and similar compression ventilators) are designed for <10 hours of operation and encounter several common issues:

- o the valves get sticky with condensed liquid
- o dangerous levels of CO2 accumulate
- o reuseable Ambu-Bag systems are not common, meaning the ones available are less sturdy.
- When there are a lack of ventilators (like in the COVID-19 crisis), the built-in, tank-fed oxygen systems are routed into the bag, making it difficult to track the balance of gasses over time.
- Professionals are sitting bedside, tending to the manual ventilator setups.

https://opensourceventilator.ie/faq



Low-Cost Open-Source Ventilator-ish Device or PAPR



https://github.com/jcl5m1/ventilator

# Speaking to doctors working on COVID-19 patients

- The covid-19 patient needs higher flow rate than usual treatment.
  - Flow rate 30-40l/min of air and oxigene (from 30% FiO2 to 60-70%)

    Note: Flowmeter in the Italian hospital have a range 0-15l/min. And also venturimeter (to create the mix o2 and air) are not design for such a high flow
- The covid-19 patient needs a treatment with a constant positive pressure of 5-10mbarg AND breathe cycles with pressure rising the level to 20-25 mbar.
- No need for synchronizing the breath rate of the patient to the
- They may need a peek pressure of 2mbar higher than the plateau pressure of 20-25 mbar (to be confirmed)
- They really need something!!!



### MVM Mechanical Ventilator Milano

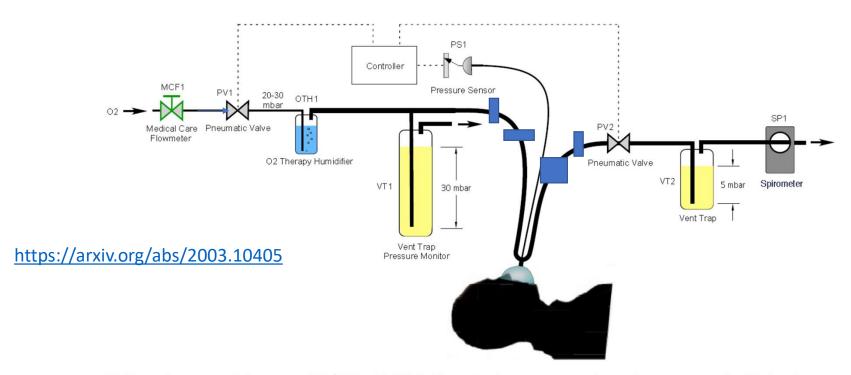


FIG. 1. Conceptual design and P&ID of MVM. Note: 1 mbar corresponds to the pressure of a  $\rm H_2O$  columns of 1 cm height.

#### MVM Mechanical Ventilator Milano

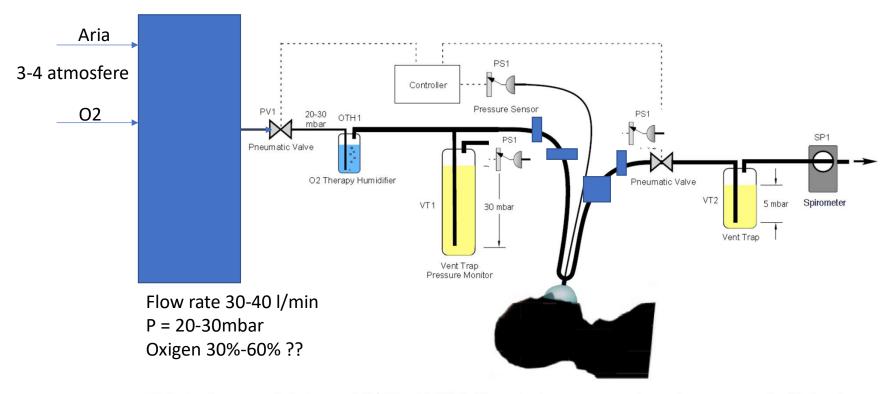


FIG. 1. Conceptual design and P&ID of MVM. Note: 1 mbar corresponds to the pressure of a  $\rm H_2O$  columns of 1 cm height.

https://arxiv.org/abs/2003.10405