



# Venue™

Ultrasound for the critical moment.



# FOCUSING ON THE CRITICAL PATIENT

**Shock**  
IN ITS MANY FORMS,  
is a **leading** cause  
**of death**  
around the world<sup>1</sup>



## RECOGNIZING THE CRITICAL CAREGIVER

- The economic and clinical challenges of managing patients in shock has been well-documented in academic literature.<sup>2,3</sup>
- Applying those findings to the daily use of ultrasound has been difficult to achieve.
- GE is closing the gap between what is possible and what can be delivered in critical care settings.

## SIMPLIFYING ULTRASOUND

Ultrasound is useful in helping you identify the cause of shock. But it can require many manual steps and the guidelines can be complex. Venue, a new ultrasound system, simplifies complicated steps.

# Designed for many applications.

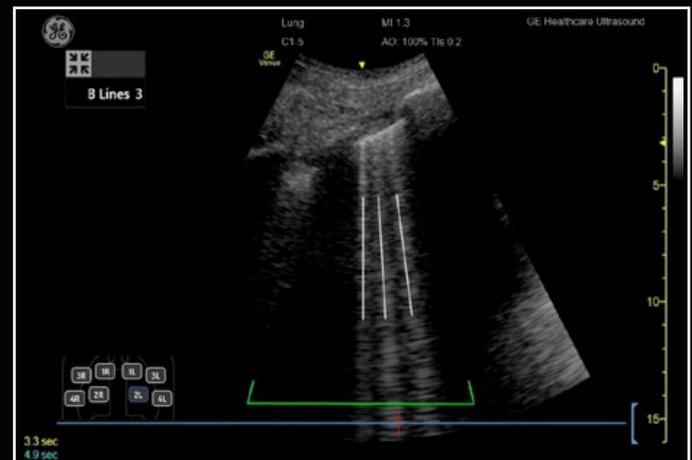
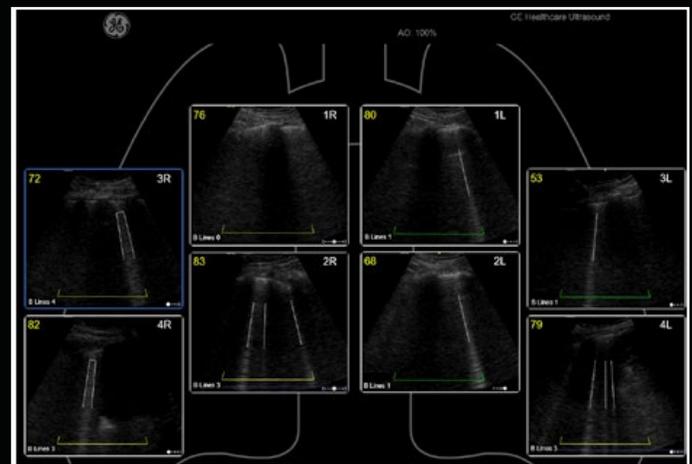
Venue is a multi-purpose point of care system designed to meet the needs of a wide variety of patients and clinical challenges. It helps you deliver care in a more streamlined way. It is also well suited to help you manage patients in shock. Venue includes automated tools that enable you to quickly get the information you need to make fast decisions when triaging patients in medical shock.

Our Shock Toolkit is a set of features that focus on some key indicators of patient status – the heart, lungs and IVC. It is designed to assist you in gaining insights needed to help in the determination of the cause of shock.

## FAST ASSESSMENT FOR TOUGH DECISIONS

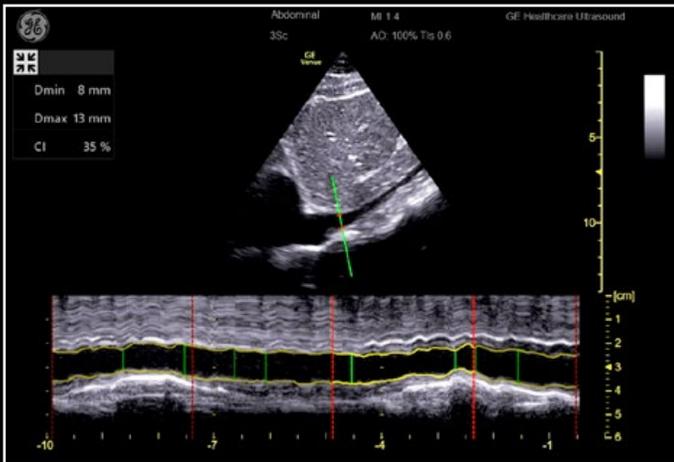
Our Auto B-line tool makes short work of assessing extravascular lung water. The Auto VTI tool helps you assess flow through the left ventricular outflow tract. And the Auto IVC tool makes assessment of the IVC collapsibility surprisingly simple. You stay in charge – approving or discarding the result according to your judgment.

## Are the lungs wet?



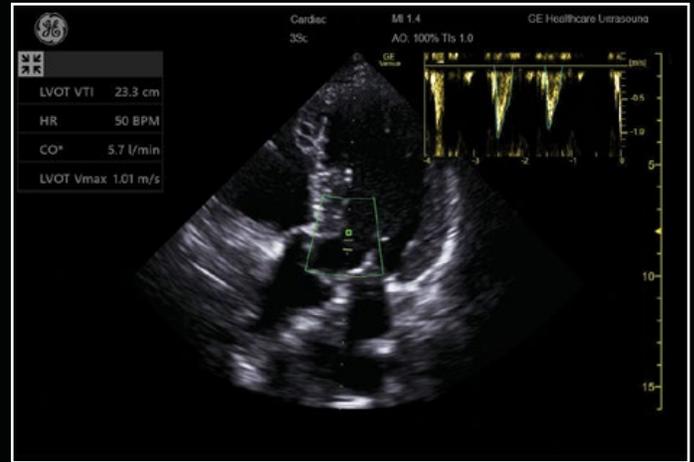
The **Auto B-line** tool highlights and counts B-lines in real-time. Hit freeze and Venue displays the frame with the highest B-line count. The Lung Tool keeps track of your segmental lung assessment. Like the other tools, it can be helpful in showing trends in response to therapy.

## Is the tank empty?



The **Auto-IVC** tool measures IVC collapsibility. IVC diameter changes are measured and displayed in real-time upon completion of each respiratory cycle.

## Is the pump failing?



The **Auto-VTI** tool calculates the velocity time integral (VTI) and cardiac output in a single step. Like the other tools, it includes a quality indicator to assist with image acquisition.

## Did my intervention work? Is the patient status changing?



After running the Auto VTI tool, **VTI Trending** will allow you to quickly visualize the trend and help you determine a next course of action in treatment.

# DESIGNED FOR THE EMERGENCY DEPARTMENT AND CRITICAL CARE

Simple. Fast. Precise.

## Convenient button probe

Control the system with programmable buttons on the probe handle. Three-handed procedures become two-handed procedures.

## Seamless flat display

Make cleaning a breeze.

## Just go to work

It is a cockpit, but not complicated.

## Backed by a five year warranty

Support you can count on.

## Ready when you need it

Up to 4-hour battery and easy to see count-down timer changes color when you are running low.

## 19" articulating monitor

See the image across the room; reposition it for procedures.

## Designed for cable management

Four probes connected and ready to go. Probe hangers help keep cables off the ground.

## Big wheels. Small footprint.

Maneuver Venue where you want it.





## References

- 1 2015 WSD Fact Sheet, [www.word-sepsis-day.org](http://www.word-sepsis-day.org) (2015).
- 2 The RUSH Exam: Rapid Ultrasound in SHock in the Evaluation of the Critically Ill, Phillips Perera, MD, RDMS, FACEP, Thomas Mailhot, MD, RDMS, David Riley, MD, MS, RDMS, Diku Mandavia, MD, FACEP, FRCPC Emerg Med Clin N Am 28 (2010) 29–56.
- 3 Point-of-care multiorgan ultrasonography for the evaluation of undifferentiated hypotension in the emergency department G. Volpicelli, A. Lamorte, M. Tullio, L. Cardinale, M. Giraud, V. Stefanone, E. Boero, P. Nazerian, R. Pozzi, M. F. Frascisco. Intensive Care Med (2013) 39:1290–1298.

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Imagination at work

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