With ICON... Shock Differential Diagnosis in 2 minutes





ICON®
Window to the Heart®



ICON is the only Non Invasive Hemodynamic monitor approved for Neonates, Pediatrics and Adults

Flow (COP/SV)
Fluid (SVV/TFC)
Contractility (ICON/EF)
Resistance (SVR)
O2 delivery (DO2)

It is a challenge and time consuming for the ER and ICU team to differential diagnose shock if it is cardiogenic or non cardiogenic, and if non cardiogenic, is it anaphylactic, Septic or Hypovolemic

With ICON in 2 minutes non invasive test, differential diagnosis of shock had become so easy and quick. ICON in Shock differential diagnosis helps save lives

With ICON... No trial and error of hypertension medications



As per statistics, only 33% of hypertension patients are controlled, that's because we are not able to know the underlying reason of the high blood pressure.

And if we manage to reduce SBP by 10 mm Hg and DBP by 5 mm Hg, we lower stroke death by 40%. Lewington S, et al

With ICON we can easily know in 2 minutes easy non invasive test the underlying cause of hypertension and hence easily prescribing the right medication (Vasodilator, Diuretics or B-Blocker) without trial and error of medications.



Non Invasive Cardiac Output and Hemodynamic Monitor

Quick Differential Diagnosis

Perfect Drug Titration

Reduce Length of Stay and Mortality

Improve Quality of Life

Fluid Managment is so easy with ICON



Fluid management is a very important goal in ER, OR, ICU and NICU to avoid shock or over hydration.

And (Fluid calculation based on body weight, body surface area, or urine output is inadequate for conducting fluid resuscitation. Kraft et al.)

With ICON (SVV, FTC and TFC) parameters which give us indication about the (Pre-Load, intravascular fluid and extra vascular tissue fluid)

Detecting early changes in pre-load or tissue and pulmonary edema had become so early and easy, rather than waiting for late changes in blood pressure or performing daily X-Ray, which enable healthcare professional to perform proper fluid management and avoid hypovolemic shock or pulmonary edema.