HP 8040A INTRAPARTUM FETAL MONITOR

- Includes dual heart rate, direct fetal ECG and ultrasound methods for monitoring fetal heart rate (FHR) and external TOCO for monitoring uterine activity.
- Wide beam ultrasound transducer allows for quick and easy application
- Reliable variability with ultrasound method.

### Specifications

**Power Requirements**
115 or 230 V (+10%, -22%). Frequency: 50/60 Hz. Consumption: 40 W maximum.

**Dimensions**
Height: 157.4 mm (6.2”). Width: 428 mm (16.9”). Depth: 389 mm (15.3”). Weight: 12.5 kg (28.2 lb).

**Numerical Display**
Type: large size (14 mm) 7-segment LED’s. US method FHR range: 50-210 bpm. DECG method FHR range: 30-240 bpm. Abd. ECG method: 50-210 bpm. Uterine activity range: 0-127 relative units for external labor, 0-127 mmHg/0-16.9 kPa for intrauterine pressure.

**Instrument Displays**
Mode display: US mode will be displayed when both ECG and US sockets are engaged. Signal quality indicator: green, yellow, and red indicator lamps light up to show signal quality. Acceptance lamp: flashes with valid heart rate measurement. Logic: LOG lamp on – indicates that FHR logic is disabled.

**Inputs**
ECG socket accepts 15240A direct ECG cable or 15241A electrode patient cable. US socket accepts 15245A ultrasound transducer. TOCO socket accepts 15248A external TOCO transducer, 1290A IUP transducer, or 1290 C IUP transducer. The instrument automatically selects the correct operating mode.

**Direct ECG/Abd. ECG Mode**
Input impedance: >10 MΩ. CMRR: with patient cable, 51.5 kΩ/0.047 µF imbalance at the line frequency <100 dB. Noise: <4µVp. Input voltage large: direct ECG: 20µVp to 3 mVp, abd. ECG: fetal ECG 15µVp to 0.7 mVp, maternal ECG: 80µVp to 4mVp. Patient leakage current: <10µA. Patient auxiliary current: <0.1µA (dc). Dielectric strength: >3000 Vrms. Logic switch: in the direct fetal ECG mode, a switch located behind the recorder table allows the artifact rejection logic (pen lift) to be switched off to facilitate observation of arrhythmias. In LOGIC ON mode, beat-to-beat validity limits for continuous writing are ±28 bpm for direct ECG method.

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