

July 12, 2022

Shenzhen Mindray Bio-medical Electronics Co., Ltd. Li Lei Manager Regulatory Affairs Mindray Building, Keji 12th Road South Hi-tech Industrial Park, Nanshan Shenzhen, Guangdong 518057 China

Re: K213799

Trade/Device Name: N Series Patient Monitors

Regulation Number: 21 CFR 870.1025

Regulation Name: Arrhythmia Detector And Alarm (Including ST-Segment Measurement And Alarm)

Regulatory Class: Class II

Product Code: MHX, DSI, MLD, DRT, DXN, DSK, FLL, DQA

Dated: June 9, 2022 Received: June 10, 2022

Dear Li Lei:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/training-and-continuing-education/cdrh-learn) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Jennifer Shih Kozen
Assistant Director
Division of Cardiac Electrophysiology,
Diagnostics and Monitoring Devices
Office of Cardiovascular Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2023 See PRA Statement below.

510(k) Number (if known)

K213799

Device Name

BeneVision N Series Patient Monitors (including BeneVision N1, BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22)

Indications for Use (Describe)

The BeneVision N12/N15/N17/N19/N22 patient monitors are intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration Rate (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO2), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Cardiac Output (C.O.), Continuous Cardiac Output (CCO), Mixed/Central Venous Oxygen Saturation (SvO2/ScvO2), Carbon Dioxide (CO2), Oxygen (O2), Anesthetic Gas (AG), Impedance Cardiograph (ICG), Bispectral Index (BIS), Respiration Mechanics (RM), Neuromuscular Transmission Monitoring (NMT), Electroencephalograph (EEG), and Regional Oxygen Saturation (rSO2). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

- BIS, RM, CCO, SvO2/ScvO2, PAWP, NMT monitoring, PNP, and PNC are intended for adult and pediatric patients only. CCO using FloTrac is intended for adult patients only;
- C.O. monitoring and A-Fib are intended for adult patients only;
- ICG monitoring is intended for only adult patients who meet the following requirements: height: 122 to 229cm, weight: 30 to 155kg.
- rSO2 monitoring is intended for use in individuals greater than 2.5kg.

The monitors are to be used in healthcare facilities by clinical professionals or under their guidance. They should only be used by persons who have received adequate training in their use. The BeneVision N12/N15/N17/N19/N22 monitors are not intended for helicopter transport, hospital ambulance, or home use. (Continue on next page N1 indications for use)

Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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510(k) Number (if known): Indications for Use (con't)

BeneVision N1 Patient Monitor:

The BeneVision N1 Patient Monitor is intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO₂), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Carbon Dioxide (CO₂) and Oxygen (O₂). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

- PAWP, PNP, and PNC are intended for adult and pediatric patients only;
- A-Fib is intended for adult patients only;

The BeneVision N1 monitor is to be used in healthcare facilities. It can also be used during patient transport inside and outside of the hospital environment, whereas N1 configured with WMTS technology can be used inside the hospital only. It should be used by clinical professionals or under their guidance. It should only be used by persons who have received adequate training in its use. It is not intended for home use.

In accordance with 21 CFR 807.87(h) and (21 CFR 807.92) the 510(k) Summary for the Mindray BeneVision N Series Monitors is provided below.

1. SUBMITTER

Applicant: SHENZHEN MINDRAY BIO-MEDICAL

ELECTRONICS CO., LTD.

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Date Prepared: December 2, 2021

2. DEVICE

Device Trade Name: BeneVision N Series Patient Monitors (Including

BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1)

Device Common Name: Patient Monitor

Classification Name: 21 CFR 870.1025, Class II, Arrhythmia detector and

alarm (including ST-segment measurement and alarm)

Regulatory Class: Class II

Primary Product Code: MHX - Monitor, Physiological, Patient (with

arrhythmia detection or alarms)

Panel: Cardiovascular

Table 1: Secondary Product Codes

Regulation Number/Class	Product Code	Regulation description	Device Common Name
870.1025, II	DSI	Arrhythmia detector and alarm (including ST-segment measurement and alarm)	Detector and alarm, arrhythmia
870.1025, II	MLD	Arrhythmia detector and alarm (including ST-segment measurement and alarm)	Monitor, st segment with alarm
870.2300, II	DRT	Cardiac Monitor (including cardiotachometer and rate alarm)	Monitor, cardiac (incl. cardiotachometer & rate alarm)
870.1130, II	DXN	Noninvasive blood pressure measurement system	System, measurement, blood-pressure, non-invasive
870.1110, II	DSK	Blood pressure computer	Computer, blood-pressure
880.2770, II	DSB	Impedance plethysmograph.	Plethysmograph, impedance
880.2700, II	MUD	Oximeter	Oximeter, tissue saturation
870.2340, II	MLC	Electrocardiograph	Monitor, st segment
870.2370, II	KRC	Electrocardiograph surface electrode tester.	Tester, electrode, surface, electrocardiographic
880.2910, II	FLL	Clinical electronic thermometer	Thermometer, electronic, clinical
870.2700, II	DQA	Oximeter	Oximeter
870.2300, II	MSX	Cardiac monitor (including cardiotachometer and rate alarm).	System, network and communication, physiological monitors
870.2910, II	DRG	Radiofrequency physiological signal transmitter and receiver.	Transmitters and receivers, physiological signal, radiofrequency
868.1400, II	CCK	Carbon dioxide gas analyzer	Analyzer, gas, carbon-dioxide, gaseous-phase
870.1435, II	DXG	Single-function, preprogrammed diagnostic computer	Computer, diagnostic, pre- programmed, single-function
870.1100, II	DSJ	Blood pressure alarm	Alarm, blood-pressure
870.2850, II	DRS	Transducer, blood-pressure, extravascular	Extravascular blood pressure transducer.
868.1500, II	CBQ	Enflurane gas analyzer.	Analyzer, gas, enflurane, gaseous- phase (anesthetic concentration)
868.1500, II	NHO	Enflurane gas analyzer.	Analyzer, gas, desflurane, gaseous- phase (anesthetic concentration)
868.1500, II	NHP	Enflurane gas analyzer.	Analyzer, gas, sevoflurane, gaseous- phase (anesthetic concentration)
868.1500, II	NHQ	Enflurane gas analyzer.	Analyzer, gas, isoflurane, gaseous- phase (anesthetic concentration)

Regulation Number/Class	Product Code	Regulation description	Device Common Name
868.1620, II	CBS	Halothane gas analyzer.	Analyzer, gas, halothane, gaseous- phase (anesthetic conc.)
868.1700, II	CBR	Nitrous oxide gas analyzer.	Analyzer, gas, nitrous-oxide, gaseous phase (anesthetic conc.)
868.1720, II	CCL	Oxygen gas analyzer.	Analyzer, gas, oxygen, gaseous-phase
868.2775, II	KOI	Electrical peripheral nerve stimulator.	Stimulator, nerve, peripheral, electric
882.1400, II	OLW	Electroencephalograph.	Index-generating electroencephalograph software
882.1400, II	OLT	Electroencephalograph	Non-normalizing quantitative electroencephalograph software
882.1400, II	OMC	Electroencephalograph.	Reduced- montage standard electroencephalograph
882.1400, II	ORT	Electroencephalograph	Burst suppression detection software for electroencephalograph
882.1320, II	GXY	Cutaneous electrode.	Electrode, cutaneous

3. PREDICATE DEVICES

• Predicate: K202405 – BeneVision N Series Patient Monitors (Including BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1)

4. REFERENCE DEVICES

- Philips InterlliVue MX600, MX800 patient monitors (K161531): provided as reference devices for SVT and SVCs/min High, Artifact flag of ABP shields alarms function, and combined alarm function.
- GE Carescape B850 patient monitor (K131414) is provided as reference device for SVT and SVCs/min High and SVCs/min value.
- Edwards HemoSphere Advanced Monitor (K180881) is provided as reference device for the Flotrac CCO cable.
- Philips InterlliVue MX850 patient monitors (K210906) are provided as reference devices for the aEEG module.
- Mindray BeneVision central monitoring system (K193391, including TM70 telemetry system) is provided as reference device for the WMTS module of TM70.
- Philips InterlliVue MX series patient monitors (K182979) are provided as reference devices for the Alarm Threshold.

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5. DEVICE DESCRIPTION

The subject BeneVision N Series Patient Monitors includes six monitors:

- BeneVision N12 Patient Monitor
- BeneVision N15 Patient Monitor
- BeneVision N17 Patient Monitor
- BeneVision N19 Patient Monitor
- BeneVision N22 Patient Monitor
- BeneVision N1 Patient Monitor

Mindray's BeneVision N Series Patient Monitors provide a flexible software and hardware platform to meet the clinical needs of patient monitoring.

6. INTENDED USE/INDICATIONS FOR USE

BeneVision N12/N15/N17/N19/N22 Patient Monitors:

The BeneVision N12/N15/N17/N19/N22 patient monitors are intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration Rate (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO₂), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Cardiac Output (C.O.), Continuous Cardiac Output (CCO), Mixed/Central Venous Oxygen Saturation (SvO₂/ScvO₂), Carbon Dioxide (CO₂), Oxygen (O₂), Anesthetic Gas (AG), Impedance Cardiograph (ICG), Bispectral Index (BIS), Respiration Mechanics (RM), Neuromuscular Transmission Monitoring (NMT), Electroencephalograph (EEG), and Regional Oxygen Saturation (rSO₂). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

- BIS, RM, CCO, SvO₂/ScvO₂, PAWP, NMT monitoring, PNP, and PNC are intended for adult and pediatric patients only. <u>CCO using FloTrac is intended for adult patients</u> only;
- C.O. monitoring and A-Fib are intended for adult patients only;
- ICG monitoring is intended for only adult patients who meet the following requirements: height: 122 to 229cm, weight: 30 to 155kg;
- rSO2 monitoring is intended for use in individuals greater than 2.5kg.

The monitors are to be used in healthcare facilities by clinical professionals or under their guidance. They should only be used by persons who have received adequate training in their use. The BeneVision N12/N15/N17/N19/N22 monitors are not intended for helicopter transport, hospital ambulance, or home use.

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BeneVision N1 Patient Monitor:

The BeneVision N1 Patient Monitor is intended for monitoring, displaying, reviewing, storing, alarming, and transferring of multiple physiological parameters including ECG (3-lead, 5-lead, 6-lead or 12-lead selectable, Arrhythmia Detection, ST Segment Analysis, QT Analysis, and Heart Rate (HR)), Respiration (Resp), Temperature (Temp), Pulse Oxygen Saturation (SpO₂), Pulse Rate (PR), Non-invasive Blood Pressure (NIBP), Invasive Blood Pressure (IBP), Pulmonary Artery Wedge Pressure (PAWP), Carbon Dioxide (CO₂) and Oxygen (O₂). The system also provides an interpretation of resting 12-lead ECG.

All the parameters can be monitored on single adult, pediatric, and neonatal patients except for the following:

- PAWP, PNP, and PNC are intended for adult and pediatric patients only;
- A-Fib is intended for adult patients only;

The BeneVision N1 monitor is to be used in healthcare facilities. It can also be used during patient transport inside and outside of the hospital environment, whereas N1 configured with WMTS technology can be used inside the hospital only. It should be used by clinical professionals or under their guidance. It should only be used by persons who have received adequate training in its use. It is not intended for home use.

7. SUBSTANTIAL EQUIVALENCE

Comparison of Indications

Both the predicate devices and the subject devices are multiparameter patient monitors intended to be used under the direction of clinical professionals.

The indications for use statement of the subject BeneVision N12/N15/N17/N19/N22 has been modified to include support for CCO using FloTrac in adult patients. Although this feature is not present in the primary predicate devices, it is present in HemoSphere Advanced Monitor (K180881, including Pressure Cable).

The indications for use statement of the subject BeneVision N1 has been modified to include WMTS technology for use inside the hospital only.

In conclusion, the minor difference in the indications for use statements do not change the fundamental intended use of the N Series monitors as multiparameter monitors.

Technological Comparison

The tables below compare the key technological feature of the subject devices to the predicate device (N series Patient Monitors, K202405). The features in grey are features which are different between the predicate devices and the subject devices.

Table 2: Device Comparison Table (BeneVision 22/N19/N17/N15/N12)

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		Cl	leared in K202	405	1		Sub	ject Devic	e	•
Primary display and touchscreen	22" 1680*1050 pixels.	19" 1680*1050 pixels.	18.5" 1920*1080 pixels.	15.6" 1920*1080 pixels.	12.1" 1280*800 pixels.	No change	No change	No change	No change	No change
Secondary display	display. control and display		Mirrored display. Size: 21.5" Model: ET2203LM.		No change		No change	No chan	ge	
iView	iView is an isolated PC platform that allows the user to run 3rd party applications using a limited set of functions. The iView system is not intended to be used as a primary alarm device. Capacity of RAM: 8GB Model of CPU: N4200 Windows 10			Not supported	1.	No change			No chan	ge
Wireless radio module			onnecting to a n			No change				
Module rack	Must be commain unit to to 8 standard slots.	provide up	Optional for the patient monitor, adding 8 standard module slots to extend the measurement capabilities of the system.			No change				
Power supply	One recharge	eable Lithium-	ion battery or A	C power suppl	y.	No change				
Battery	Chargeable I 10.8 VDC, 5		Chargeable Lithium-Ion, 10.95 VDC, 4500 mAh.			No change No change			ange	

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12	
		(Cleared in K202	2405			Sul	oject Devi	ce		
Data storage	Solid State I (SDD)	Hard Drive	Embedded M	Iulti Media C	ard (eMMC).	No chang	ge				
Data recorder	Supports the recorder mode to be plugge SMR.	dule, needs	the built-in th	Supports the thermal recorder module and the built-in thermal recorder, but they cannot work at the same time. No change							
Speaker			nes (45 to 85 dE d multi-level tor			Provides audible alarm tones (45 to 85 dB), key to QRS tones; support PITCH TONE and multi-levitone modulation. * Replace the manufacturer of the speaker.					
Main control board	CPU module DDR3 capac		CPU module: AM3358 DDR3 capacity: 1GB DD3 capacity: 4 GB * Modifications for main control board. Refer to						nge		
Alarm system			scalation. The al on alarm type.	arm lamp wi	ll light cyan,	will light type. Support auditory Default A	alarm volume cyan, yellow combined ala ALARM SIGAIRM Thres Combined ala Coptimized a Adjustmen Threshold.	or red deparm monit GNALS, Ashold, ala arm monit auditory A	toring, op Adjustmen rm highli toring.	timized nt of ght.	
Support T1/N1 as a Module	Support T1/I	N1 acting as a	a module.			No change					
Connect with Mindray telemetry monitors	Connect with the TM80/TM70 and the BP10 NIBP module to receive ECG, SpO ₂ , RESP, and NIBP waveforms and parameters.										

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Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		C	leared in K2024	405			Sub	ject Devic	e	1
ECG	segment anal ECG, J-point QRS threshold rate (HR). Can be confile ECG arrhyth MPI MPI Supports into HR Measure bpm(adult); ST Measurer 0.8mV~+0.8 range: not splice quality and the surrer of the surrer than the surrer t	lysis, QT analyte Auto detection of Auto detection of Auto detection of Auto detection of Auto-lead gured with either and an another of Accuracy: ±1 ment range: 12 ment range: 20 ment range: 21 ment range: 21 ment range: 22 ment range: 21 ment range: 21 ment range: 22 ment range: 21 ment range: 21 ment range: 22 ment range: 21 ment range: 22 ment range: 22 ment range: 23 ment range: 24 ment range: 25 ment range: 26 ment range: 26 ment range: 27 ment range: 27 ment range: 28 ment range: 28 ment range: 29 ment range: 29 ment range: 20 ment ra	2-lead selectable ysis, an interpret on, Dual Channe ECG synchronicher the Mindray and arrhythmats Mindray or Mohmia alarms 5~350 bpm (need bpm or ±1%, who which will be some the company of the company	tation of resting el Pace detection analysis or Mortara algorithm. ortara algorithm. ortara algorithm onate, pediatric) hichever is greater algorithm. ST segment analysis or Mindray algorithm and algorithm and algorithm and algorithm and algorithm and algorithm	12-lead n, adjustable and heart orithm for , 15~300 ter. , other alysis of and pediatric am s only;	• MF alg Supports int HR Measure pediatric), 1 ±1%, which ST Measure -0.8mV~+0 greater, othe QT Measure ±30ms. Adjustmen Support SV alarm. Support SV	detection, S' interpretation detection, D QRS thresho ation analysis in gured with or ECG arrh detection. PM 3.0: support of the detection and support of the detection arrhed ement range are sement range are range; not be detected and SVC and SVC and SVC and SVC alt mode: Odiatric and significant of the detection arrhed ar	T segment on of restire and Channeld, Multi-less and heart either the ythmia more ports Mindred for Mi	analysis, (and 12-lead el Pace det ead ECG trate (HR) Mindray of mitoring array Algorita ay or Mortarms opm (neona ecuracy: ±1+2.0mV; Algorita	ECG, J- pection, or Mortara and thm. ara ate, bpm or accuracy: aever is acy:

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12	
		•	Cleared in K2	02405	· ·		Su	ıbject Devi	ce	1	
					 This measurement can be used for adults, pediatrics, and neonates, except that: The arrhythmia detection and ST segment analysis of Mortara algorithm in MPM2.0 is intended for adult and pediatric patients only; The arrhythmia detection of Mindray algorithm in MPM2.0 is intended for adult and pediatric patients only; The ST Segment analysis of Mindray algorithm in MPM2.0 is intended for adult patients only. 						
Respiration rate (Resp)	thoracic in Measurem rpm. Accuracy: 0 to 6 rpm	Measure the respiration waveforms and respiratory rate through transthoracic impedance method. Measurement range: Adult: 0 to 120 rpm; Pediatric, neonate: 0 to 150 rpm. Accuracy: 7 to 150 rpm: ±2 rpm or ±2%, whichever is greater; 0 to 6 rpm: Not specified. This measurement can be used for adults, pediatrics and neonates.									
Temperature (Temp)	Module to Measurem Accuracy:	measure tem nent range: 0 t ±0.1°C or ±0	Parameter Modu perature using the to 50°C (32 to 12 0.2°F (without parameter) be used for adult	he thermal residues (22°F). robe).	stance method.	No change	•				
Pulse oxygen saturation (SpO ₂)	measure P compatible saturation: Mindray S Measurem ABS(Adu specified. Masimo S	Pulse oxygen see with the fold: SpO ₂ module ment range: 0~ It/pediatric); pO ₂ module	Parameter Modusaturation. N Service Iowing 3 types of 100 % Accuracy 70%~100%: ±3%	ries patient mon of modules to n y: 70%~100%: % ABS (neonat	e); 0~69%: not	No change	•				

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		1	Cleared in K	202405			Su	ıbject Devi	ce	1
	(neonate) 1~69%: r Nellcor S Measurer (Adult/pe	o, 1~69%: not so not specified. SpO ₂ module ment range: 0~ ediatric); 70%~	100 %, Accurace 100%: ±3% A	motion 70%~100% cy: 70%~100% ABS (neonate);	00%: ±3% ABS, 5 : ±2% ABS 0~69%: not					
	This mea	surement can l	be used for adul	ts, pediatrics a	nd neonates.					
Pulse rate (PR)	Pulse rate module.	e may be obtain	ned from all sou	arces of SpO ₂ , o	or the IBP	No change				
			0~254 bpm (Mi 0 bpm (Nellcor							
	with mot	ion (Masimo S (Nellcor SpO ₂	ndray SpO ₂), ±3 pO ₂); 20~250 b h); ±1 bpm or ±3	ppm ±3 bpm; 25 1%, whichever						
	This mea	surement can l	be used for adul	ts, pediatrics a						
Non-invasive blood pressure (NIBP)	MPM use	es the oscillom (NIBP).	Parameter Modu etric method fo		NIBP. The n-invasive blood	No change				
			g (Adult), 25~2	240 mmHg (Pe	ediatric), 25~140					
	Diastolic mmHg (N		Ig (Adult), 10~	200 mmHg (Pe	ediatric), 10~115					
	Mean: 1: mmHg (N		(Adult), 15~2	15 mmHg (Pe	diatric), 15~125					
	PR:30~30									
	Accuracy									
	NIBP: M									
	PR: ±3 b ₁	pm or ±3%, wl	nichever is grea	ter.						
	This mea									

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12		
		C	leared in K2024	405			Sub	ject Devic	ee			
Invasive blood pressure (IBP)	to measure in invasive blood pressures and The IBP sup Artery Wedg Measurement Accuracy of sensor) This measure	nvasive blood od pressures a d a waveform ports Pulse Pr ge Pressure (P t range: -50~ module: ±2%	or ±1mmHg, wu	nonitor can monolic, diastolic and e. (PPV) and Pul	itor up to 8 and mean monary ater (without	Uses the MPM (Multi Parameter Module) or the Module to measure invasive blood pressure. The monitor can monitor up to 8 invasive blood pressure and displays systolic, diastolic and mean pressure and a waveform for each pressure. Support Pulse Pressure Variation (PPV) and Pulmonary Arter Wedge Pressure (PAWP) function. Measurement range: -50~300mmHg, Accuracy of module: ±2% or ±1mmHg, which greater This measurement can be used for adults, pedia and neonates except that PAWP is not for neon *The Artifact flag of Arterial Blood Pressur (ABP) shields alarms Monitoring Support*						
Cardiac output (C.O.)	output and of thermodilution curve in the value from the Measurement C.O.: 0.1~20 TB: 23~43°C Accuracy: C.O.: ±5% of TB, TI: ±0.1	ther hemodyn on method. The C.O. split screais curve. The trange: 0 L/min. C, TI: 0~27°C r ±0.1L/min,	whichever is gre	s using the right hange is displa- itor calculates t re up to 6 meas	heart (atria) yed as a he C.O.	No change						
Continuous cardiac output (CCO)	Vigilance II in K103094) monitor (clea output (CCO	monitor (clea / EV1000 mo ared in K1633)).	module is used to red in K043103) nitor (cleared in 881) which meas used for adults a	/ Vigileo monit K160552) / He ures continuous	or (cleared moSphere	No change						

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12		
		C	leared in K202	405			Sub	ject Devic	ee	•		
Continuous cardiac output (FloTrac)	Not supporte	ed				Add Conting parameter. FloTrac measurements analysis tee Measurement CCO: 1.0-20 L/min, which Resolution in CCI: 0.0-20 SV: 0-300 in SVI: 0-200 SVR: 0-500 SVRI: 0-99 SVV: 0-99% PPV: 0-99% PPV: 0-99% PR:0~220b Live pressurements MAP/DIA/Accuracy: greater, in This measurements.	easures a pa ni-invasive of chnology. ent range: 0.0L/min; R chever is gre- ratio: 0.1 L/ 0.0 L/min/m nL mL/m2 00 DS/cm5 50 DS-m2/c 6 om, Arms ≤ ure display: EYS display: ±4% or ±4 the range	atient's he method ba deproducible eater. min 2 m5 3bpm range : -3 y range: 0 l mmHg, of -30 mi	emodynan ased on pu bility: ±6% 0-300 mm whicheve mHg to 30	mmHg Hg r is 00 mmHg		
Mixed/central venous oxygen saturation (SvO ₂ /ScvO ₂)	Vigilance II in K103094) monitor (cle- saturation (S	monitor (clear)/ EV1000 mor ared in K1633 SvO ₂) and cent	module is used to red in K043103) nitor (cleared in 81) which meas ral venous oxyg used for adults a	/ Vigileo moni K160552) / He ures mixed ver en saturation (S	tor (cleared emoSphere nous oxygen	ared ere eygen						
Central venous oxygen saturation (ScvO ₂)	spectrophoto Measuremen Accuracy: 50	ometry. nt range: 0 to 9 0% to 80%: ±3	uration (ScvO ₂) 9% 8%, Other range used for adults a	s: Not specified								

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Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		1	Cleared in K202	2405			Su	bject Devi	ce	
Carbon dioxide (CO ₂)	Mindray AC module and Type: Sides Measuremer Accuracy: 0 mmHg: ±5% 100~150mm ISO accurace awRR: <60n Type: Micro Measuremer Accuracy: 0 reading+0.0 71~120rpm: Type: Mains Measuremer Accuracy: 0 reading, 71~120rpm: Type: Mains Measu	G module or Mainstream tream CO2 not range: CC CO2: Full ac of reading, hHg: ±(3mm ey mode: Add rpm, ±1rpm, ostream CO2 not range: CO CO2: 0~38mm 8% of (the re extream CO2 stream CO2 co2: 0~40mm contrange: CO co2: 0~40mm	nodule. D2: 0~150mmHg, curacy mode: 0~4 77~99 mmHg: ± Hg + 8% of readi d ±2mmHg to the 60~150rpm, ±2rp module D2: 0~99mmHg, a mHg: ±2mmHg; 4 eading-38); awRF ~150rpm: ±3rpm module. D2: 0~150mmHg; mHg: ±2mmHg, 4 ±8% of the readi	awRR: 0~150 40 mmHg: ±2r 10% of readining), full accuracy om wRR: 0~150rp 39~99mmHg: R: 0~70rpm: ± 	orpm. nmHg, 41~76 g, mode. bm ±5% of the lrpm, tpm. ±5% of the	CO2 modules, I modules, I module. Type: Side Measurem 0~150rpm Accuracy: ±2mmHg, mmHg: ±1 + 8% of relisor accuracy rawRR: <6 Type: Mic Measurem 0~150rpm Accuracy: 39~99mm reading-38 ±2rpm,12 Type: Mai Measurem 0~150rpm Accuracy: 41~70mm ±8% of the reading; ar	CO2: Full a 41~76 mmH 10% of reading), acy mode: A mode. Forpm, ±1rpm crostream CO ment range: Co 1 CO2: 0~38i Hg: ±5% of 3); awRR: 0- 1~150rpm: ± instream CO ment range: Co ment range: Co ment range: Co ment range: Co	AG module are module are module. CO2: 0~150 accuracy mandles are mandles are mandles accuracy mandles accura	le or thirded Mainstrand Mainstra	-party CO2 eam wRR: mmHg: 77~99 ±(3mmHg ull n RR: f (the 120rpm: wRR:

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Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12	
		1	Cleared in K20)2405	-		Su	ıbject Devi	ice	- 1	
Oxygen (O ₂)	AG modu Measuren Accuracy AG). This meas	s measurement can be used for adults, pediatrics and neonates.									
Anesthetic gas (AG)	CO ₂ , O ₂ , I airway resonairway resonair	N ₂ O, and AA spiratory rate a nent range: F, ISO, SEV, 00 %; 100 rpm acy mode: 0% _{REL} : ±2% _A NF, ISO: 0~1 REL, not specific REL, not specific 1% _{REL} : ±0.15% 3, 10~15% _{REL} : ied; 60rpm, ±1rpm	6 ABS, 1~5% REL: ±	telated numerinum alveolar of the state of t	that include concentration). ±0.2% 3% _{REL} : ±0.4% ~10% _{REL} : ABS, >18% _{REL} ,	patient an waveform respiratory concentra Measuren HAL, EN N2O: 0~1 awRR: 2~ Accuracy: Full accur N2O: 0~2! HAL,ENF ±0.2% ABS SEV: 0~1 5~8% REL: DES: 0~5~10% REI ,15~18% awRR:2~! This meas and neona	The AG module analyzes gas samples from to patient and calculates CO ₂ , O ₂ , N ₂ O, and AA waveforms and related numerics that include respiratory rate and MAC (minimum alveolation). Measurement range: HAL, ENF, ISO, SEV, DES: 0~30 %, N ₂ O: 0~100 %; awRR: 2~100 rpm Accuracy: Full accuracy mode: N ₂ O: 0~20% _{REL} : ±2% _{ABS} , 20~100% _{REL} : ±3% HAL,ENF,ISO: 0~1% _{REL} : ±0.15% _{ABS} , 1~5% ±0.2% _{ABS} , >5% _{REL} , not specified; SEV: 0~1% _{REL} : ±0.15% _{ABS} , 1~5% _{REL} : ±0.2 5~8% _{REL} : ±0.4% _{ABS} , >8% _{REL} , not specified; DES: 0~1% _{REL} : ±0.15% _{ABS} , 1~5% _{REL} : ±0.5~10% _{REL} : ±0.4% _{ABS} , 10~15% _{REL} : ±0.6% _{AB} , 15~18% _{REL} : ±1% _{ABS} , >18% _{REL} , not specified awRR:2~60rpm, ±1rpm, >60rpm, not specified a		A le airway lar 3% ABS; %REL: 2% ABS, l; 0.2% ABS, fied; fied ediatrics		
Impedance cardiograph (ICG)			's hemodynamic ic electrical bioir			No change					

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
			Cleared in K202	2405			Su	ıbject Devi	ce	
Bispectral index (BIS)	Measurement range: C.O.:1.4~15L/min; SV:5~250ml; HR: 44~185bpm. Accuracy: HR: ±2bpm; other parameter: not specified. This measurement can be used for adults. The BIS Module monitors the state of the brain by data acquisition of EEG signals. Bispectral index (BIS) is a processed EEG variable that can be used as an aid in monitoring the effects of certain anesthetic agents. Measurement range: BIS, BIS L, BIS R: 0~100.				No change					
Respiration mechanics (RM)	This measur The RM mo	Accuracy: not specified. This measurement can be used for adults and pediatrics. The RM module measures respiration mechanics for adult and pediatric patients.				No change				
	Infant: ± (0 PAW:-20~1 MVe/MVi: Adult/Pediat Infant: 0.5 to TVe/TVi:	tric: ±(2~120) 5 to 30) L/mi 20 cmH ₂ O; tric: 2~60L/m o 15 L/min tric: 100~150 o 15 L/min Parameters: Orpm;	n nin;	or ±10% of whichever is Infant: 0.5 I of the readin is greater PAW: ±3% MVe/MVi: reading; TVe/TVi:	s greater; /min or ±10% ng, whichever of reading; ±10% of tric: ±15ml or ding, s greater;					

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
	Cleared in K202405					Su	ıbject Devi	ce		
	Pmean:0~1 PEEP:0~12 PEF:2~120I PIF:2~120I PIP: 0~120 Pplat:0~120 Compl: 0~2 RSBI:0~40	CO cmH ₂ O; L/min; L/min; cmH ₂ O; O cmH ₂ O; 200ml/ cmH ₂		±10%×reading, whichever is greater Calculated Parameters: awRR:4~99rpm: ±1rpm, 100~120rpm, ±2rpm; I:E: not specified; FEV1.0: not specified; Pmean: ±10%; PEEP: not specified; PEF: ±10%; PIF: ±10%; PIP: ±10%; Pplat: not specified; Compl: not specified; RSBI: not specified;						
Neuromuscular transmission monitoring (NMT)	block by mestimulating Measureme ST-Ratio:0 TOF-Count TOF-Ratio: PTC-Count DBS-Count DBS-Ratio:	easuring the the dedicate ent range: ~ 200%; to 200%; to 200%; to 20; to		of patients under a neuromuscular muscle reaction after electrically rve.		No chang	ge ge			
Electroencephalograph (EEG)	The EEG module measures the spontaneous, rhythmic electrical activity of the cortex. The EEG module can continuously monitor EEG signals from up to 4 channels. It can also display Density Spectral Arrays (DSA) and Compressed Spectral Arrays (CSA).		spontaneo The EEG	module and ous, rhythmi module can om up to 4 c	c electrical continuous	activity of ly monitor	the cortex. EEG			

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		1	Cleared in K	202405	.		Su	bject Devi	ice	
	Input ran DC offse CMRR: Noise lev Different Electrode whicheve	ge: 4mVpp t: ±500 mV ≥100 dB@51 k vel: ≤0.5 uVrm tial input resist the resistance: 0 er is the greater asurement is in	5Hz~ 5 0Hz(- 3 dI α and 6 0Hz as (1Hz to 3 0 Hz α ance: >1 5 MΩ(α) to 90 kΩ, resolu	B) $ z $ $ 0$ 10Hz $ a$		Spectral the electric function continuous channels. N Series following EEG moder Frequence Input rand DC offsee CMRR: Noise level Different Electrode 10%, who where This mean pediatrics EEG-1 in Frequent Input rand DC offsee CMRR: Noise level Different Electrode or 10%, This mean pediatrics or 10%, This mean pediatrics EEG-1 in Frequent Input rand DC offsee CMRR: Noise level Different Electrode or 10%, This mean pediatrics EEG-1 in Frequent Input rand DC offsee CMRR: Noise level Different Electrode or 10%, This mean pediatric Electrode or 10%, This mean pedi	Spectral Arra Arrays (CSA rical activity of cerebral. To usly monitor patient monity of types of nodule: ry response: (ge: 4 mVpp t: ±500 mV 100 dB @ 5 rel: ≤ 0.5 uV rial input resiste resistance: (gichever is the usurement is its, and neonat	ys (DSA) a). The aEE of the corte The aEEG r EEG signa tors are corn hodules to r 0.5Hz ~ 50 51 k Ω and 0 rms (1Hz t stance: > 1: 0 to 90 k Ω , c greater hended to es. 51 k Ω and rms (1Hz stance: > 50 51 k Ω and c greater hended to es.	Ind Comprose G module ex to monitor module care is from up mpatible with measure E. Hz (-3 dB) and G and G and Hz (-3 d and Hz) be used for the to 30 Hz) and G a	measures or the to 4 ith the EG: 0 Hz : $\pm 1 \text{ K}\Omega$ or adults, B) 10 Hz on: $\pm 1 \text{ K}\Omega$

Feature	N22	N19	N17	N15	N12	N22	N19	N17	N15	N12
		<u> </u>	Cleared in K	202405	<u>.</u>		Sı	ıbject Devi	ce	
						Input rar DC offset CMRR: 2 Noise leve Different Electrode or 10%, v This mea adults, pe Added El	odule: cy response nge: 4 mVp t: ±500 mV ≥ 100 dB @ el: ≤ 0.5 uV ial input re e resistance whichever i surement is ediatrics, an EG-1 modu	p 51 kΩ and rms (1Hz sistance: > : 0 to 90 kΩ s the greate s intended to d neonates	to 30 Hz to 30 Hz) 15 MΩ @ Q, resoluti er. to be used) 10 Hz ion: ±1 KΩ
Regional oxygen saturation (rSO ₂)	of change takes plac change in consumpt	es in regional de in real time the critical basion.	J	on of blood. Th mmediate indic al oxygen deliv	e measurement ation of a very and oxygen	No chang	e			
Device integration	Support E	BeneLink Mo		t Anesthesia, V	entilator, Pump,	No chang	e			
A-Fib overview	Not supp	orted				fibrillation ventricularion interval a	Fib overvie on, atrial fik ar rate, atr and other ro screen disp	orillation w ial fibrillat elated even	rith rapid ion with I ts, and th	R-R long e A-Fib
Accessories			ng ECG, SpO2, 2, AG, RM, EEC	•		* Add ne	ew EEG cal	ble		

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Feature	N22	N22 N19 N17 N15 N12 N					N19	N17	N15	N12
		Cl	eared in K2024	405		Subject Device				
	CCO/SvO2 a	CCO/SvO2 accessories.								

Table 3: Device Comparison Table – BeneVision N1

Feature	N1	N1
	Cleared in K202405	Subject Device
Primary display and touchscreen	5.5", 720*1280 pixels.	No change
External display	Allows the display of mirrored or independent data when connected to an external monitor through the video connector provided by the Dock.	No change
Power supply	Two rechargeable Lithium-ion batteries (without built-in CO ₂ module), one rechargeable Lithium-ion battery (with built-in CO ₂ module), or DC-in power supply.	No change
Battery	Chargeable Lithium-ion 7.2VDC, 2500mAh.	No change
Data storage	Embedded Multi Media Card (eMMC)	No change
Speaker	Gives alarm tones (45 to 85 dB), key tones, QRS tones; support PITCH TONE and multi-level tone modulation.	No change
Alarm system	Supports Alarm Volume Escalation. The alarm lamp will light cyan, yellow, or red depending on alarm type.	Supports alarm volume escalation. The alarm lamp will light cyan, yellow, or red depending on alarm type. Support combined alarm monitoring, optimized auditory alarm signals, Adjustment of Default Alarm Threshold, alarm highlight. Combined alarm monitoring. * Optimized auditory alarm signals. * Adjustment of Default Alarm Threshold. * Alarm highlight.

Feature	N1	N1
	Cleared in K202405	Subject Device
Communication on Interface when N1 is working as a module	Infrared communication interface. Pogo pin communication interface.	No change
ECG	3-lead, 5-lead, 6-lead, or 12-lead selectable, arrhythmia detection, ST segment analysis, QT analysis, an interpretation of resting 12-lead ECG, J-point auto detection, Dual channel pace detection, adjustable QRS threshold, Multi-lead ECG synchronization analysis and heart rate (HR)	3-lead, 5-lead, 6-lead, or 12-lead selectable, arrhythmia detection, ST segment analysis, QT analysis, an interpretation of resting 12-lead ECG, J-point auto detection, Dual channel pace detection, adjustable QRS threshold, Multi-lead ECG synchronization analysis and heart rate (HR)
	Supports intelligent arrhythmia alarm.	Supports intelligent arrhythmia alarm.
	Measurement range:	Measurement range:
	ST: -2.0mV~+2.0mV;	ST: -2.0mV~+2.0mV;
	QT: 200~800ms;	QT: 200~800ms;
	HR: 15~350bpm (neonate, pediatric), 15~300bpm (adult).	HR: 15~350bpm (neonate, pediatric), 15~300bpm(adult).
	Accuracy:	Accuracy:
	ST: $-0.8\text{mV} \sim +0.8\text{mV}$, $\pm 0.02\text{mV}$ or $\pm 10\%$, whichever is greater, other range: not specified;	ST: $-0.8\text{mV} \sim +0.8\text{mV}$, $\pm 0.02\text{mV}$ or $\pm 10\%$, whichever is greater, other range: not specified;
	QT: ±30ms;	QT: ±30ms;
	HR: ±1 bpm or ±1%, whichever is greater.	HR: ±1 bpm or ±1%, whichever is greater.
	This measurement can be used for adults, pediatrics and	Adjustment of QT calculation.
	neonates.	Support SVT, SVCs/min high arrhythmia alarm.
		Support SVCs/min Value
		• adult mode :0~300
		• pediatric and neonate mode:0~350
		Support Multi-lead ECG synchronization analysis.

Feature	N1	N1
	Cleared in K202405	Subject Device
Respiration rate (Resp)	Measure the respiration waveforms and respiratory rate through trans-thoracic impedance method.	No change
	Measurement range: Adult: 0 to 120 rpm; Pediatric, neonate: 0 to 150 rpm.	
	Accuracy: 7 to 150 rpm: ± 2 rpm or $\pm 2\%$, whichever is greater;	
	0 to 6 rpm: Not specified.	
	This measurement can be used for adults, pediatrics, and neonates.	
Temperature	Measures temperature using the thermal resistance method.	No change
(Temp)	Measurement range: 0 to 50°C (32 to 122°F).	
	Accuracy: ±0.1°C or ±0.2 °F (without probe).	
	This measurement can be used for adults, pediatrics, and neonates.	
Pulse oxygen	Integrates one of the 3 kinds of SpO ₂ modules:	No change
saturation (SpO ₂)	Mindray SpO ₂ module board	
	Measurement range: SpO ₂ :0~100 %, Accuracy: 70%~100%: ±2% ABS(Adult/pediatric); 70%~100%:	
	±3% ABS (neonate); 0~69%: not specified.	
	Measurement range: 1~100 %,	
	Accuracy: without motion 70%~100%: ±2% ABS (Adult/pediatric), 70%~100%: ±3% ABS (neonate), 1~69%: not	
	specified; With motion 70%~100%: ±3%ABS, 1~69%: not specified.	
	Nellcor SpO ₂ module board	
	Measurement range: SpO ₂ :0~100 %,	
	Accuracy: SpO ₂ :70%~100%: ±2% ABS (Adult/pediatric);70%~100%: ±3% ABS (neonate);0~69%: not specified.	
	This measurement can be used for adults, pediatrics, and neonates.	

Feature	N1	N1
	Cleared in K202405	Subject Device
Pulse rate (PR)	Obtains pulse rate from SpO ₂ or IBP. Measurement range: 20~254 bpm (Mindray SpO ₂), 25~240 bpm (Masimo SpO ₂), 20~300 bpm (Nellcor SpO ₂), 25~350 bpm (IBP). Accuracy: ±3 bpm (Mindray SpO ₂), ±3 bpm@ without motion, ±5 bpm@ with motion (Masimo SpO ₂); 20~250bpm ±3 bpm; 251~300bpm, not specified (Nellcor SpO ₂); ±1 bpm or ±1%, whichever is greater (IBP). This measurement can be used for adults, pediatrics, and	No change
Non-invasive blood pressure (NIBP)	neonates. The N1 uses the oscillometric method for measuring non-invasive blood pressure (NIBP). This measurement can be used for adults, pediatrics, and neonates.	No change
	Measurement range: Systolic: 25~290mmHg (Adult), 25~240mmHg (Pediatric), 25~140mmHg (Neonate); Diastolic: 10~250mmHg (Adult), 10~200mmHg (Pediatric), 10~115mmHg (Neonate); Mean: 15~260mmHg (Adult), 15~215mmHg (Pediatric), 15~125mmHg (Neonate); PR:30~300bpm. Accuracy: Max mean error: ±5mmHg; Max standard deviation: 8mmHg; PR: ±3 bpm or ±3%, whichever is greater.	

Feature	N1	N1
	Cleared in K202405	Subject Device
Invasive blood pressure (IBP)	The monitor can monitor up to 2 invasive blood pressures and displays the systolic, diastolic, and mean pressures and a waveform for each pressure.	The monitor can monitor up to 4 invasive blood pressures and displays the systolic, diastolic, and mean pressures and a waveform for each pressure.
	The IBP supports Pulse Pressure Variation (PPV) and Pulmonary Artery Wedge Pressure (PAWP) function.	The IBP supports Pulse Pressure Variation (PPV) and Pulmonary Artery Wedge Pressure (PAWP) function.
	Measurement range: -50~300mmHg.	Measurement range: -50~300mmHg.
	Accuracy: ±2% or ±1mmHg, whichever is greater (without	Accuracy: ±2% or ±1mmHg, whichever is greater (without sensor).
	sensor).	This measurement can be used for adults, pediatrics and neonates
	This measurement can be used for adults, pediatrics and neonates	except that PAWP is not for neonates.
	except that PAWP is not for neonates.	* The Artifact flag of Arterial Blood Pressure (ABP) shields
		alarms Monitoring Support.

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Feature N1	N1
Cleared in K202405	Subject Device
Carbon dioxide (CO2) CO2 can be measured using a built-in Sidestream CO2 2.0 module, or it can also connect to an external Sidestream CO2 2.0 module (when used with a rack). Alternatively, third-party CO2 modules, Microstream module and Mainstream module, can be used. Type: Sidestream CO2 module Measurement range: CO2 :0~150mmHg, awRR: 0~150rpm. Accuracy: CO2: Full accuracy mode: 0~40 mmHg: ±2mmHg, 41~76 mmHg: ±5% of reading, 77~99 mmHg: ±10% of reading, 100~150mmHg: ±3mmHg + 8% of reading), ISO accuracy mode: Add ±2mmHg to the full accuracy mode awRR: <60rpm, ±1rpm, 60~150rpm, ±2rpm. Type: Microstream CO2 module Measurement range: CO2: 0~99mmHg, awRR: 0~150rpm. Accuracy: CO2: 0~38mmHg: ±2mmHg; 39~99mmHg: ±5% of the reading+0.08% of (the reading-38). awRR: 0~70rpm: ±1rpm, 71~120rpm: ±2rpm,121~150rpm: ±3rpm. Type: Mainstream CO2 module Measurement range: CO2: 0~150mmHg; awRR: 0~150rpm. Accuracy: CO2: 0~40mmHg: ±2mmHg, 41~70mmHg: ±5% of the reading, 71~100mmHg: ±8% of the reading, 101~150mmHg: ±10% of the reading; awRR: ±1rpm.CO2 monitoring is based on calculations that come from measuring the absorption of infrared (IR) light of	CO2 can be measured using the Mindray Sidestream CO2 module or third-party CO2 modules, Microstream module and Mainstream module. Type: Sidestream CO2 module Measurement range: CO2: 0~150mmHg, awRR: 0~150rpm. Accuracy: CO2: Full accuracy mode: 0~40 mmHg: ±2mmHg, 41~76 mmHg: ±5% of reading, 77~99 mmHg: ±10% of reading, 100~150mmHg: ±(3mmHg + 8% of reading), ISO accuracy mode: Add ±2mmHg to the full accuracy mode awRR: <60rpm, ±1rpm, 60~150rpm, ±2rpm. N1 can support a built-in Sidestream CO2 2.0 module, or it can also connect to an external Sidestream CO2 2.0 module (when used with a rack). * Component changes for Sidestream CO2 1.0 and 2.0 modules. Type: Microstream CO2 module Measurement range: CO2: 0~99mmHg, awRR: 0~150rpm. Accuracy: CO2: 0~38mmHg: ±2mmHg; 39~99mmHg: ±5% of the reading+0.08% of (the reading-38). awRR: 0~70rpm: ±1rpm, 71~120rpm: ±2rpm,121~150rpm: ±3rpm. Type: Mainstream CO2 module Measurement range: CO2: 0~150mmHg; awRR: 0~150rpm.

Feature	N1	N1
	Cleared in K202405	Subject Device
	specific wavelengths using a photodetector. This measurement can be used for adults, pediatrics and neonates.	Accuracy: CO2: 0~40mmHg: ±2mmHg, 41~70mmHg: ±5% of the reading, 71~100mmHg: ±8% of the reading, 101~150mmHg: ±10% of the reading; awRR: ±1rpm. CO2 monitoring is based on calculations that come from measuring the absorption of infrared (IR) light of specific wavelengths using a photodetector This measurement can be used for adults, pediatrics, and neonates.
Oxygen (O2)	Oxygen values are measured by the Sidestream CO_2 (only for external Sidestream CO_2 2.0 module) module using a paramagnetic method. Measurement range: O_2 : $0 \sim 100\%$ Accuracy: $0 \sim 25\%$, $\pm 1\%$; $26 \sim 80\%$, $\pm 2\%$; $81 \sim 100\%$, $\pm 3\%$. This measurement can be used for adults, pediatrics, and neonates.	No change

Feature	N1	N1
	Cleared in K202405	Subject Device
Dock, Rack and Transport Dock	The Dock is used to connect either the N1 without a Rack or the N1 docked inside a Rack, to extending ports such as USB, VGA, or wired network.	No change
	The Rack can connect an external parameter module, such as CO ₂ , to N1.	
	The Transport Dock is used to provide DC voltage to N1 when N1 is used for out-of-hospital transportation on the ambulance vehicle or aircraft. The Transport Dock is fixed on the ambulance vehicle or aircraft and transfers the AC input to DC output.	
Wireless radio module	The Wireless radio module is used for connecting to a wireless monitoring network with a central monitoring system (CMS).	The Wireless radio module is used for connecting to a wireless monitoring network with a central monitoring system (CMS). Added WMTS module
Helicopter and ambulance transport	ECG, RESP, Temp, SpO ₂ , PR, NIBP, and IBP can be monitored in helicopters and ambulances.	No change
A-Fib overview	Not supported	* The A-Fib overview function only collects atrial fibrillation, atrial fibrillation with rapid ventricular rate, atrial fibrillation with R-R long interval and other related events, and the A-Fib overview screen displays the A-Fib specifications.

In conclusion, the differences in technological characteristics do not raise new questions of safety and effectiveness.

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8. PERFORMANCE DATA

To establish the substantial equivalence of the BeneVision N Series Patient Monitors, Mindray conducted functional and system level testing on the subject device. The testing provided an evaluation of the performance of the device relevant to each of the differences between the subject device and the predicate device. The functional and system level testing showed that the devices continue to meet specifications and the performance of the device is equivalent to the predicate.

Mindray complies with the FDA Special Controls Document relevant to this device "Class II Special Controls Guidance Document: Arrhythmia Detector and Alarm Guidance for Industry and FDA (10/28/2003)"

Mindray has conducted testing to ensure the subject device meets relevant consensus standards.

Biocompatibility Testing

The N Series Patient Monitors are not patient contacting. There are no new patient contacting accessories of components, therefore biocompatibility testing is not applicable.

Sterilization and Shelf Life

The BeneVision N Series Patient Monitors are non-sterile when used.

Similar to the predicate device, no shelf life is claimed for the patient monitors.

Software Verification and Validation Testing

Software verification and validation testing was conducted and documentation was provided as recommended by FDA's Guidance for Industry and FDA Staff, "Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices." Verification of the BeneVision N Series Patient Monitors was conducted to ensure that the product works as designed. Validation was conducted to check the design and performance of the product.

Electromagnetic Compatibility and Electrical Safety

The BeneVision N Series Patient Monitors were assessed for conformity with the relevant requirements of the following standards and found to comply:

- ANSI/AAMI ES 60601-1:2005/(R) 2012 and A1:2012, C1:2009/(R) 2012 and A2:2010/(R) 2012 Medical electrical equipment Part 1: General requirements for basic safety and essential performance.
- IEC 60601-1-2:2014 (Fourth Edition) Medical electrical equipment Part 1-2: General requirements for basic safety and essential performance Collateral Standard: electromagnetic disturbances Requirements and tests.

Bench Testing

To establish the substantial equivalence of the BeneVision N Series Patient Monitors, Mindray conducted functional and system level testing to validate the performance of the devices. The

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results of the bench testing show that the subject device meets its accuracy specification and is substantially equivalent to the predicate device.

In addition, Mindray has conducted testing to ensure the subject devices meet relevant consensus standards.

- IEC 60601-1-8:2020 Medical electrical equipment Part 1-8: General requirements for basic safety and essential performance Collateral standard: General requirements, tests and guidance for alarm systems in medical electrical equipment and medical electrical systems
- IEC 60601-2-25:2011 Medical electrical equipment Part 2-25: Particular requirements for the basic safety and essential performance of electrocardiographs
- IEC 60601-2-26:2012 Medical electrical equipment Part 2-26: Particular requirements for the basic safety and essential performance of electroencephalographs
- IEC 60601-2-27:2011 Medical electrical equipment--Part 2-27: Particular requirements for the basic safety and essential performance of electrocardiographic monitoring equipment
- IEC 80601-2-30:2018 Medical electrical equipment Part 2-30: Particular requirements for the basic safety and essential performance of automated non-invasive sphygmomanometers
- IEC 60601-2-34:2011 Medical electrical equipment Part 2-34: Particular requirements for the basic safety and essential performance of invasive blood pressure monitoring equipment
- IEC 80601-2-49:2018 Medical electrical equipment –Part 2-49: Particular requirements for the basic safety and essential performance of multifunction patient monitoring equipment
- ISO 80601-2-55: 2018 Medical electrical equipment Part 2-55: Particular requirements for the basic safety and essential performance of respiratory gas monitors
- ISO 80601-2-56: 2017 Medical electrical equipment Part 2-56: Particular requirements for basic safety and essential performance of clinical thermometers for body temperature measurement
- ISO 80601-2-61: 2017 Medical electrical equipment Part 2-61: Particular requirements for basic safety and essential performance of pulse oximeter equipment
- ANSI C63.27-2017 American National Standard for Evaluation of Wireless Coexistence
- AAMI TIR69: 2017 Technical Information Report Risk management of radio-frequency wireless coexistence for medical devices and systems.
- ANSI AAMI EC57:2012 Testing and reporting performance results of cardiac rhythm and STsegment measurement algorithms

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9. CONCLUSION

Based on the detailed comparison of the intended use, indications for use, specifications for each of the modifications to the previously cleared BeneVision N Series Patient Monitors (K202405), the performance testing and conformance with applicable standards, the BeneVision N Series Patient Monitors (including BeneVision N12, BeneVision N15, BeneVision N17, BeneVision N19, BeneVision N22, BeneVision N1) can be found substantially equivalent to the predicate device.