

FSN Ref: Manufacturer's ref number FSCA Ref: Manufacturer's ref number

Date: 11 Apr 2023

## Urgent Field Safety Notice Ultraview SL (UVSL) Command Module, Model 91496

For Attention of all the customers who are using software versions prior to 2.04 used in combination with software versions 2.04 and above of the Ultraview SL (UVSL) Command Module, Model 91496.

Contact details of local representative (name, e-mail, telephone, address etc.)\*

Spacelabs Healthcare, Inc.35301 SE Center St, Snoqualmie, WA 98065, United States of America



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## Urgent Field Safety Notice (FSN) Ultraview SL (UVSL) Command Module, Model 91496 Risk addressed by FSN

	1. Information on Affected Devices*		
1	1. Device Type(s)*		
	The Spacelabs Multi-parameter Module is intended for use with the Patient Care Management System (PCMS) to acquire, monitor, and process various clinical parameters from an adult or neonate/infant populations in any type of clinical environment other than home use.		
1	2. Commercial name(s)		
	Spacelabs Ultraview SL Command Module, Model 91496		
1	3. Unique Device Identifier(s) (UDI-DI)		
	Complete when this becomes available.		
1	4. Primary clinical purpose of device(s)*		
	Physiological parameters that may be monitored include ECG with arrhythmia detection, respiration, invasive and noninvasive blood pressure, temperature, oxygen saturation (SpO2) and cardiac output. Acquired data may then be communicated to an information network for display, recording, editing and analysis.		
1	5. Device Model/Catalogue/part number(s)*		
	91496		
1	6. Software version		
	N/A		
1	7. Affected serial or lot number range		
	343 Affected Sites		
1	8. Associated devices		
	96102 Xhibit® Central Station 91393 Xprezzon® Bedside Monitor 91390 Qube® Compact Monitor		
	91389 Qube® Mini Transport Monitor		

	2 Reason for Field Safety Corrective Action (FSCA)*
2	Description of the product problem*
	None
2	2. Hazard giving rise to the FSCA*
	The severity was determined to be "Catastrophic," as the failure to detect a cardiac event could
	lead to patient death.
2	Probability of problem arising
	The probability of occurrence was determined to be "remote." It was conclude that users may occasionally use multiple versions of the product without adequate training and encounter the potential for the described user error. Improving user awareness of the various display states will reduce the probability of occurrence of the user error
2	Predicted risk to patient/users
	The severity was determined to be "Catastrophic," as the failure to detect a cardiac event could lead to patient death.
2	5. Further information to help characterise the problem
	Include any further relevant statistics to help convey the seriousness of the issue.



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2	6. Background on Issue
	Spacelabs Healthcare has been made aware of an instance of user confusion associated with the
	Suspend Processing feature of the Ultraview SL (UVSL) Command Module that may have
	contributed to a patient death. The potential confusion may be exacerbated by customers using
	multiple versions of the device software. We are sending this notification to make our customers
	aware of this potential misunderstanding and/or misuse and to explain how the Suspend
	Processing feature functions with all software versions on the UltraView SL Command Module to
	reduce any risk of user confusion or misuse. Spacelabs has received no additional reports of
	relevant misunderstanding, misuse, or adverse events.
2	7. Other information relevant to FSCA
	N/A

	3. Type of Action to mitigate the risk*						
3.	1. Action To Be Taken by the User*						
			ntine Device ☐ Re	turn Device	□ Destroy		
		☐ On-site device modification/inspection					
		☐ Take note of amendment/reinforcement of Instructions For Use (IFU)					
		□ Other □ None					
3.	2.	By when should the action be completed?	N/A				
3.	3.	Particular considerations for:	Diagnostic I	maging devi	ce		
		Is follow-up of patients or rev No  Provide further details of patien					
		required	t-level follow-up it required	i oi a justilicati	on why hone is		
3.		Is customer Reply Required		No			
3.		yes, form attached specifying					
3.	ວ.	Action Being Taken by the	ne Manuracturer				
		☐ Product Removal ☐	On-site device modification	n/inspection			
			IFU or labelling change	•			
		⊠ Other □	None				
		Improving user awareness of the software	e various display states and	l training on th	e version of		
3	6.	By when should the action be completed?	As soon as possible				
3.	7.	Is the FSN required to be co /lay user?	mmunicated to the patie	nt No			



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3	dditional information suitable for the				
	patient/lay user in a patient/lay or non-professional user information letter/she				
	Choose an item. Choose an item.				
		eral Information*			
4.	1. FSN Type*	New			
4.	<ol><li>For updated FSN, reference number and date of previous FSN</li></ol>	N/A			
4.	Solution       3. For Updated FSN, key new information as follows:				
	N/A				
4.	4. Further advice or information already expected in follow-up FSN? *	Not planned yet			
	5. If follow-up FSN expected, what is	s the further advice expected to relate to:			
4	N/A				
4	Anticipated timescale for follow- up FSN	N/A			
4.	7. Manufacturer information				
	(For contact details of local representative refer to page 1 of this FSN)				
	a. Company Name	Spacelabs Healthcare, Inc.			
	b. Address	35301 SE CenterSt. Snoqualmie, WA 98065 United States			
	c. Website address	Only necessary if not evident on letter-head.			
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. *				
4.	9. List of attachments/appendices:	Customer Letter			
4.	10. Name/Signature	Thomas Faris Vice President RA/QA			
	L				

Transmission of this Field Safety Notice
This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)
Please transfer this notice to other organisations on which this action has an impact. (As appropriate)
Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.
Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback*



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Note: Fields indicated by \* are considered necessary for all FSNs. Others are optional.