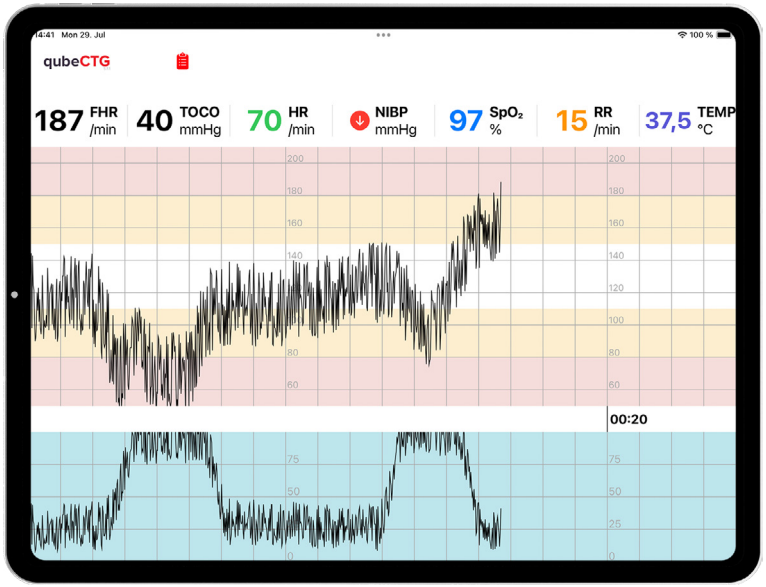
SKILLQUBE

qubeCTG

Real-Time Cardiotocography Simulator

skillqube.com



qubeCTG

The **qubeCTG** application simulates a real-time cardiotocograph monitoring system in an obstetric environment.

With the new **qubeCTG** you are able to train complex obstetric scenarios.

For further information
en/skillqube.com

Scenarios
Choose from 3 pre-programmed scenarios (normal CTG, variable deceleration, VBAC) or create your own scenarios.

Baseline
Change the baseline by simply moving it.

Variability
Increase or decrease the variability of the CTG display.

Shapes
Choose from different shapes and set the desired intensity.

Contact quality
Display a reduced contact quality in the CTG.

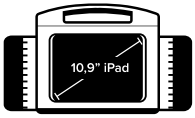
Notes
Adding, editing and removing notes on the controller and monitor.

Maternal vital signs
Display and dynamic change of heart rate, oxygen saturation, blood pressure, respiratory rate and body temperature.

Flexible
Set up in a very short time, suitable for use on both acting patients and birth simulators.

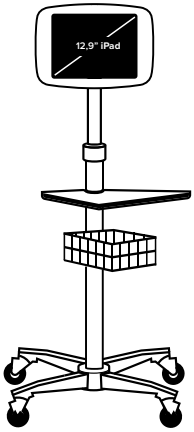
Our Hardware Sets

Find the right package for your requirements



qubeCTG Basic

- Software **qubeCTG** (Full license)
- Shockproof hard case with carrying handle incl. outer & front pocket
- Monitor iPad
- Control unit incl. protective case
- Adult blood pressure cuff
- SpO2 sensor
- CTG sensors

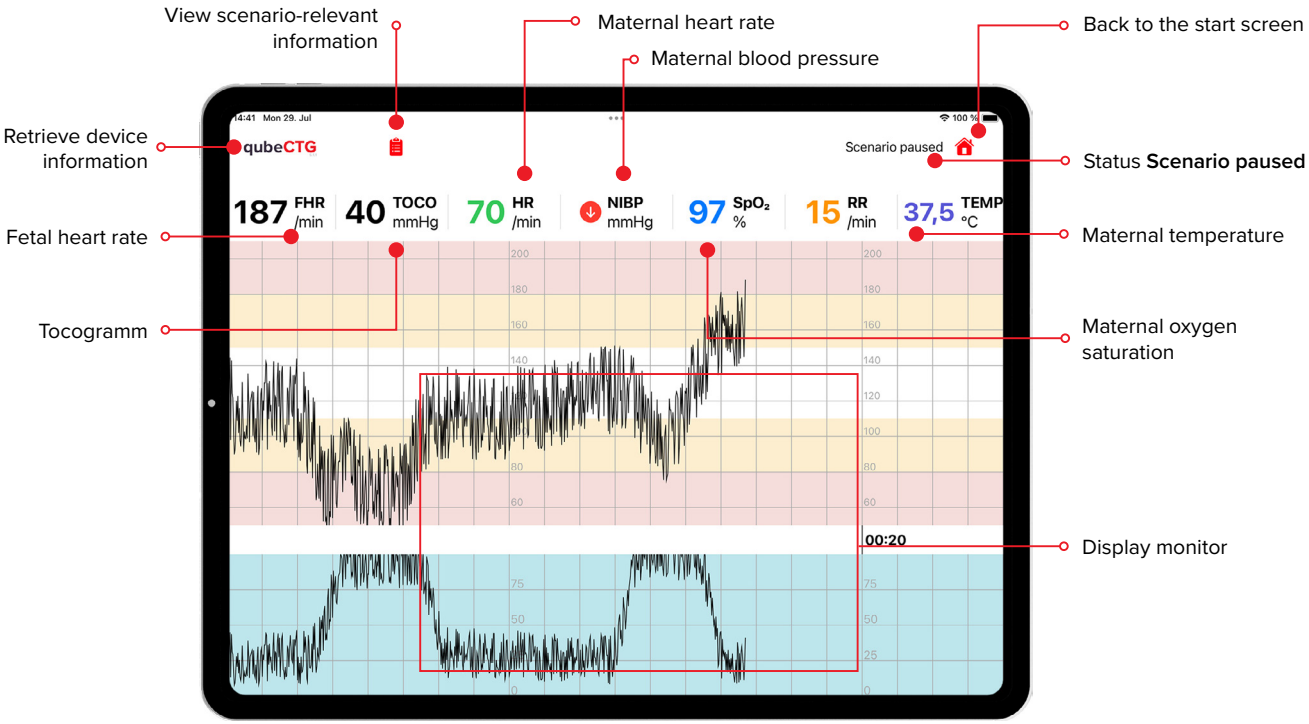


qubeCTG Premium

- Software **qubeCTG** (Full license)
- Trolley system with shelf and basket
- Monitor iPad
- Control unit incl. protective case
- Adult blood pressure cuff
- SpO2 sensor
- CTG sensors

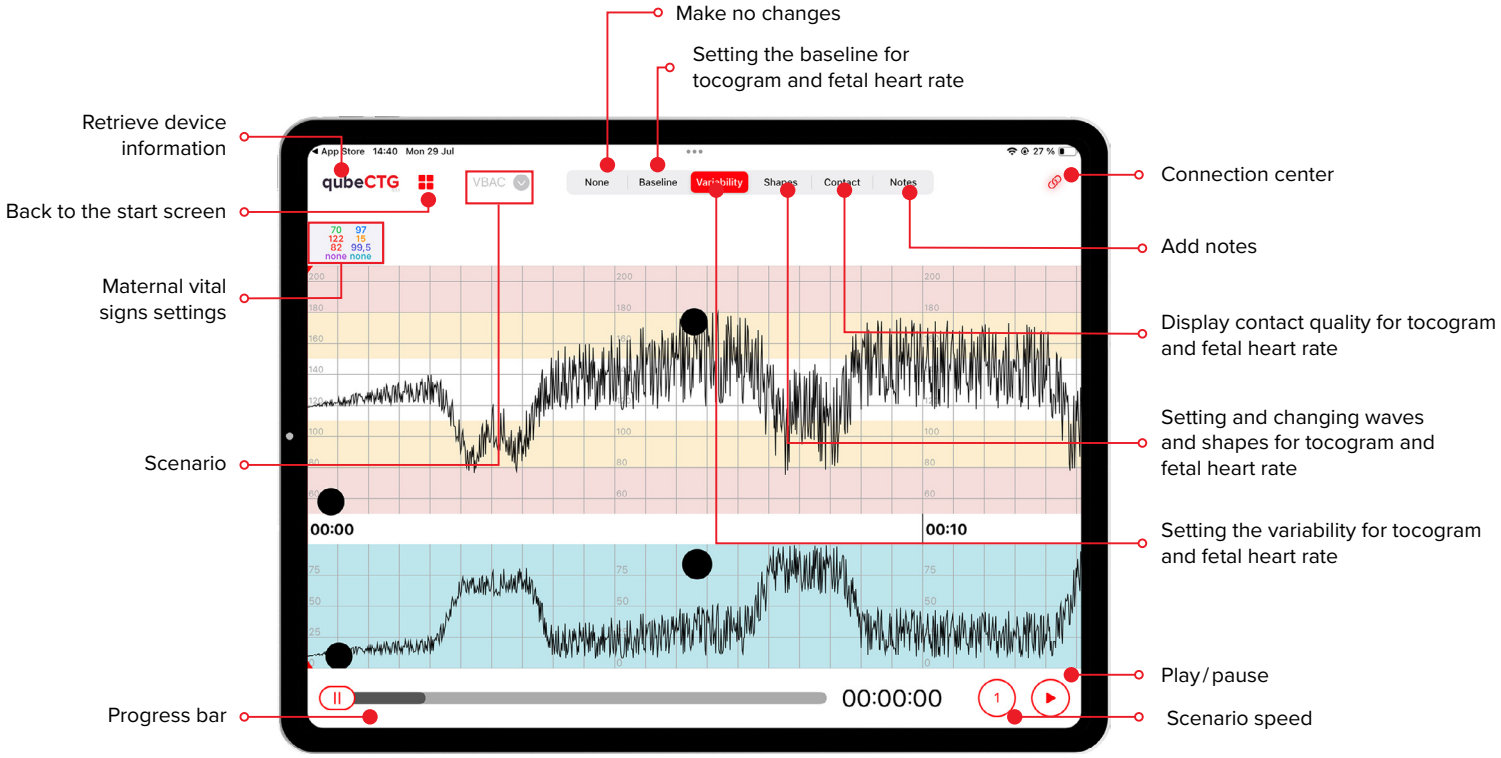
Function overview

qubeCTG – Monitor view



Function overview

qubeCTG – Control view



CTG simulation with practical relevance

A case study

A 32-year-old female patient was admitted to our obstetric clinic at 39 weeks' gestation after complaining of persistent pain and vaginal bleeding.

The admission examination revealed a cervical dilatation of 4 cm and sonographically confirmed premature placental abruption. Continuous CTG monitoring showed repetitive late decelerations of variable intensity, indicating fetal hypoxia. Under intensive monitoring and careful consideration of maternal and fetal risks, an emergency caesarian was performed, resulting in the delivery of a hypoxic newborn.

Assisted ventilation was given, to which the infant responded adequately. There was improvement in hypoxia. Admission to the neonatal intensive care unit was made for further monitoring.



For further information
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