

ZOLL®

**Portable ventilation for
multiple care settings**

LTV® Series

LTV 1150 / 1200



One ventilator,
multiple sites of care

Supports transitions across care settings
for patients 5 kg and above

At a fraction of the size of comparably equipped systems, the LTV 1150/1200 ventilators deliver ventilation tools designed to support your patients' needs, where they need them—critical care, emergency departments, patient transport, long-term care, and even home.



A range of ventilation therapies for patients

The LTV ventilator offers both invasive and non-invasive modes of ventilation in Pressure Control, Pressure Support, Volume Control, and Spontaneous Breath Types.

Patient presets for quick initiation

Choose infant, pediatric, or adult to help quickly configure initial ventilation before optimizing settings for each patient's needs.

Spontaneous Breathing Trial (SBT)

The LTV Series includes a Spontaneous Breathing Trial (SBT) feature that uses the evidence-based Rapid Shallow Breathing Index (RSBI)¹⁻⁴ and allows clinicians to configure PS or CPAP with adjustable rise time, flow termination, and time termination. These capabilities align with established best practices for assessing weaning readiness and supporting patient-ventilator synchrony.

Oxygen (O₂) resource management tool*

The O₂ conserve feature is intended to decrease oxygen consumption from the source without changing the prescribed FiO₂. This feature can help extend the sometimes-scarce resource of O₂ during transport or emergencies and can be turned off when O₂ resources are again in full supply.

The LTV 900 (no longer manufactured) helped introduce a new generation of turbine-driven, portable mechanical ventilators. *

Benefits may include early mobility and transport within hospital or MRI suites** or even outside this arena for air or ground travel or even home use.

The ability to monitor plateau pressures or auto-PEEP helps make this device suitable for addressing patients' acute and chronic pulmonary needs. Multiple measured parameters are displayed on a rotating or static message bar, giving clinicians timely access to relevant information. The ventilator also provides cylinder-duration details when needed.***

MR-Conditional LTV 1200

The MR-conditional LTV 1200 system, unlike other ventilators, is engineered specifically for use in the MR environment. The MR-conditional stand, AC power adapter, 15' patient circuit, and laminated safety card work together as an integrated system.

It provides the same LTV 1200 patient ventilation features you expect:

- One ventilator for patients 5 kg and above
- Turbine-driven ventilation, eliminating the need for a high-pressure air source
- Ventilator presets allow for quick setup of new patients: Infant, pediatric, and adult
- Invasive and non-invasive modes of ventilation; simple non-invasive setup
- Ventilation therapies to meet patient needs, including Volume Control, Pressure Control, Pressure Support, and Spontaneous breath types
- Panel controls and alarms designed to be easy to read

PNEUMATIC POWER	LTV 1200	LTV 1150
Compressor	Internal Turbine	Internal Turbine
Compressed gases	O ₂ , air	Low Pressure O ₂
Pressure ranges	2.8-5.5 bar, 40-80 psi	<10 psig
OTHER	LTV 1200	LTV 1150
Manufacture warranty	1	1
Other features	Patient Presets, Spontaneous Breathing Trial, O ₂ Flush, O ₂ Cylinder Duration Features, O ₂ conserve	Patient Presets, Spontaneous Breathing Trial
SIZE AND WEIGHT	LTV 1200	LTV 1150
Dimensions (inches)	3.25" x 10.5" x 13.5"	3.25" x 10.5" x 13.5"
Weight (lbs)	14.5	14.5

*vyr-gbl-2000203-ltv2-comparison-spec-sheet_2.0_final.pdf
**MR-Conditional LTV 1200 available for use in 1.5T and 3.0T MRI environments
***Available on LTV 1200 only. LTV 1150 uses low-flow oxygen sources only



Designed to meet the challenges of portable ventilation

The LTV 1150/1200 ventilators deliver ventilation tools designed to support your patients' needs, where they need them—critical care, emergency departments, patient transport, long-term care, and even home.

¹Yang KL, Tobin MJ. A prospective study of indexes predicting the outcome of trials of weaning from mechanical ventilation. *New England Journal of Medicine*. 1991;324:1445–1450.

²Esteban A, et al. A comparison of four methods of weaning patients from mechanical ventilation. *New England Journal of Medicine*. 1995;332:345–350.

³Thille AW, et al. Patient–ventilator asynchrony during assisted mechanical ventilation. *Intensive Care Medicine*. 2006;32:1515–1522. Ely et al. — *NEJM*, 1996

⁴Ely EW, et al. Effect of a weaning protocol on the duration of mechanical ventilation. *New England Journal of Medicine*. 1996;335:1864–1869.

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