



Butterfly Enterprise for Bedside Care.

Your complete point-of-care ultrasound imaging operating system.



Why Butterfly Enterprise?



Improved efficiency and care delivery.



Enhanced financial ROI.



Scalable POCUS education.

What is Butterfly Enterprise?

Security

User management and security controls integrate with hospital identity management systems to enable large scale, secure deployment of ultrasound with low administrative cost.

Analytics

Understand usage and track the progress of your ultrasound team quickly and easily to reduce your administrative burden.

POCUS education

Empower clinicians to make better, faster, more confident decisions with point-of-care ultrasound. Butterfly Education platform brings the POCUS skills and expertise to complement existing knowledge of your medical staff.

Workflow

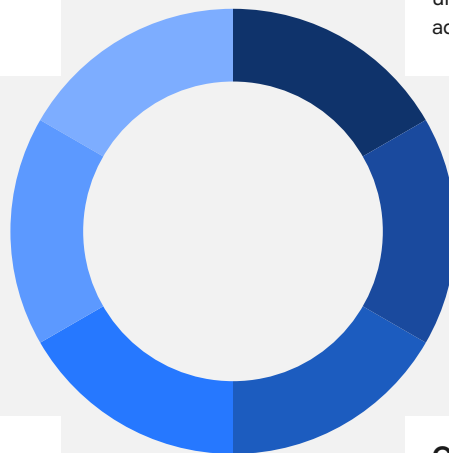
HIPAA-compliant storage with elegant workflows for providers facilitating reimbursement and documentation for qualifying activities. Integrate all your Butterfly IQs and traditional third-party ultrasound systems directly to your EMR and PACS.

Clinical imaging

Give every clinician a window into the body with enterprise-grade ultrasound solutions that scale.

Quality assurance and credentialing

Make large-scale POCUS governance easy with customizable QA, credentialing and dashboards.



New Butterfly iQ+

ULTRASOUND REINVENTED AGAIN, FOR YOU

A single probe for quick bedside decisions.



+ MORE THAN YOU IMAGINED

New Needle Viz™ technology

New Needle Viz™ technology makes it easier to identify the needle and get the control needed during central line placement and difficult vascular access.

Longer battery life, more durability¹

Enables the care team to focus more on patients, and less on probe integrity and readiness.

Smaller probe face²

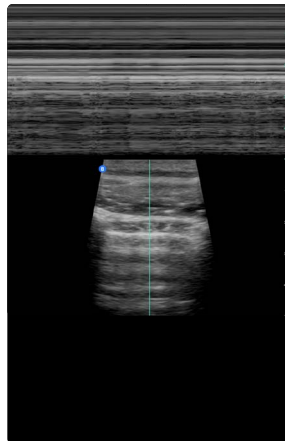
Allows the care team to get the views they need to perform FAST exams, intercostal cardiac assessment and other exams where access is needed in tight spaces.

Sharp cardiac & lung imaging³

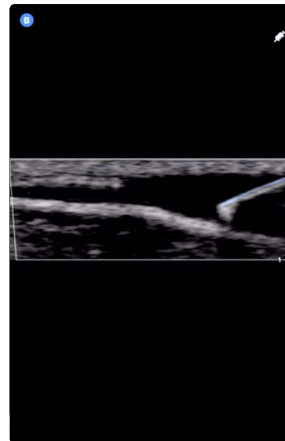
Enables the care team to get the insights they need for critical cardiac and lung assessments, including assessment of myocardial border, cardiac apex, and lung artifacts.



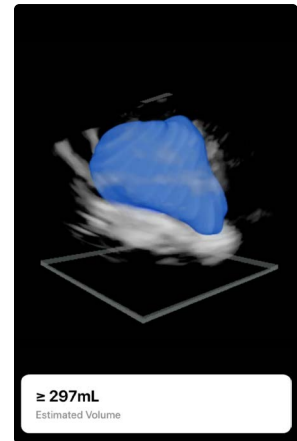
Rapid assessment of global cardiac function.



Lung evaluation.



Peripheral and central line placement.



Auto Bladder calculation in less than 4 seconds.

1. 20% longer battery life, 2x continuous run time in select presets, 4-foot drop-test compliant.
2. 15% smaller probe head, 10% shorter probe.
3. 15% faster frame rates, 60% faster pulse repetition frequency, re-engineered preset optimizations.

For more information, visit butterflynetwork.com.





Clinical evidence.



“The Butterfly Auto Bladder feature gives me the information I need to help guide important catheterization decisions, which can directly impact decisions regarding secondary care admission and patient discharge orders.”

Harriet Howgill
Acute Medicine RN,
The Royal Berkshire Hospital UK

“Every patient presenting with signs and symptoms of CHF should be seen by a clinician who is capable of doing a focused, bedside cardiac ultrasound to assess left ventricular (LV) function and rule out cardiac tamponade. This has been shown to change the course of management in over 1 in 3 of these patients.”

Gordon Johnson, MD
Legacy Emanuel MC,
Legacy Good Samaritan MC.

The Lancet

Ultrasound guidance has been shown to improve vascular access success rate, decrease time required for access and increase patient satisfaction.

Issam Raad, MD in the Lancet.

[Read article](#)

Critical Care

Ultrasound guidance can improve patient safety and procedural quality during CVC placement. Based on evidence from clinical studies, several guidelines of medical societies strongly recommend the use of US for CVC placement in the IJV.

Bernd Saugel, Thomas W. L. Scheeren, Jean-Louis Teboul in Critical Care.

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American Journal of Medicine

Bedside imaging changes critical patient management decisions in up to 37% of patients.

Brian P Lucas, Carolina Candotti, Bosko Margeta, Benjamin Mba, Rudolf Kumapley, Abdo Asmar, Ricardo Franco-Sadud, Joshua Baru, Christine Acob, Shane Borkowsky, Arthur T Evans in American Journal of Medicine.

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