

OPTIMAL CENTRAL SpO₂ MONITORING

Philips Nasal Alar SpO₂ Sensor by Curaplex®

- Monitoring SpO₂ at the highest perfused site that can be accessed noninvasively.
- Proven to provide accurate and reliable signal, even when other sensors fail.
- Connects to your existing oximetry monitoring.
**see IFU for approved monitors*
- One sensor will continuously monitor patient for up to seven days.



When cerebral blood flow is present, there should be an accurate saturation reading.

The nasal ala is the optimal site for accurate pulse oximetry, as arterial blood is supplied to the nose from the facial artery, branching from the external carotid and the ophthalmic artery, as well as branching from the internal carotid. This correlates within 3% of Arterial Blood Gas SaO₂ analysis.



With easy access and dependable monitoring, the Philips Nasal Alar provides **earlier detection and central site monitoring for poorly perfused patients.**

In research studies, Nasal Alar Oximetry™ detected desaturations up to 30 seconds faster than finger applied sensors.^{1, 2}



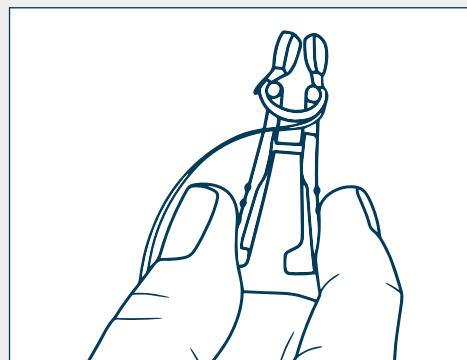
The Alar Sensor can continuously monitor for up to 7 days. Following the initial application, alternate ala every 8 hours; checking the skin at the application site every 4 hours. The sensor can also support a more vigilant protocol to further protect high risk patient's skin integrity. For patients deemed High Risk, including patients on Vasopressors, External Cardiac Assist Devices and previous or high potential for skin breakdown, alternate the ala every 4 hours and check the site at 2 hours.



Since the Alar is specifically designed to read from central perfusion, it is relatively unaffected by **vasopressors** or **shunting** and will provide an accurate, reliable signal even when other sensors fail.

1. Comparative Desaturation Study performed at Xhale Assurance, Inc. and University of Florida, 2012. Data on file at Xhale Assurance, Inc.
2. Melker, RJ, et al. Earlier Detection of Desaturation NADIR from the Nasal Ala. Presented at the Annual Meeting of the Society for Technology in Anesthesia, January 2013.

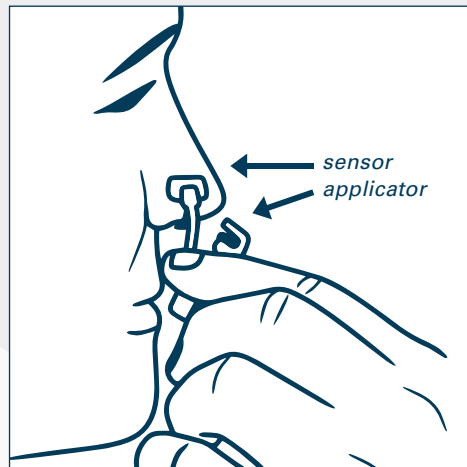
QUICK REFERENCE GUIDE



STEP 1

Clean skin by swabbing the inside of the nose. To ensure a clean connection and optimal signal, check application area for contact obstructions.

Squeeze the applicator to initially apply the sensor.



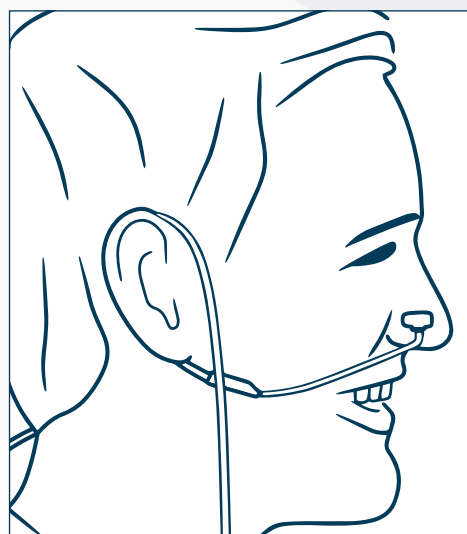
STEP 2

Place the sensor on the nasal ala (back of nose closest to cheek).

STEP 3

Remove the applicator. Once the applicator is removed, push the sensor completely into the ala.

Note: The larger "T" shaped pad should always be on the outside of the nose.



STEP 4

Secure the sensor to eliminate motion artifact.

Recommendation: Route cable under and around the ear to reduce tension on the cable.

Note: Sensor can be moved or adjusted with or without applicator. Sensor and pads can be wiped clean before reapplication on same patient.



Contact your local Tri-anim Account Manager
for more information or visit: tri-anim.com