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helpful hints for the nasal alar SpO_2 sensor

- Clean nasal ala as well as the inside of the nose to ensure clean contact and optimal performance.
- Place sensor into monitor cable. Note that some monitors may have a lag in displaying the signal. Observe LED light initiation and pulse waveform presence prior to sensor placement on the patient.
- Place sensor on the nasal ala using the applicator (make sure to remove applicator if used). Should the applicator be lost, the sensor can also be easily placed using a gloved hand.
- Make sure the sensor is fully positioned on to the Ala (please see instructions and pictures on the back of the packaging.) Rectangular pad should be external and the attached feather cable.
- Loop sensor cable under and around ear allowing enough slack to account for patient movement; secure with medical tape to prevent pulling off the Ala as well as preventing nuisance alarms (able to use with cannulas, tubing and masks).
- After initial application, alternate ala site every 8 hours and check site at 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 ala every 4 hours and check site at 2 hours.
- This is a single patient-use sensor and it may be used for up to 29 days (as per noted in IFU), as it is designed to follow the patient through the continuum of care for continuous SpO_2 monitoring. The sensor can be wiped down with alcohol wipes or a damp cloth and reapplied.
- The sensor is designed for patients > than 4 years of age and 15 kilograms.
- Sensor was designed for patients 30 kilograms and up.

troubleshooting:

For SpO_2 values inconsistent with clinical observation, confirm sensor placement and consider re-prep of sensor site.

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