Providing accurate SpO₂ monitoring during surgical procedures

The safety of an OR patient is dependent on a clinician's awareness and response to potential problems. It is critical for OR clinicians to know they are detecting the earliest changes in oxygenation status so they can respond quickly to emergent problems.

The Assurance® Nasal Alar SpO₂™ Sensor is your solution for fast, accurate and dependable SpO₂ readings.

- **Earlier detection** …faster reflection of oxygen saturation changes¹
- **Ideal central site for poorly perfused patients** …strong, consistent signal, less prone to drop out
- **Dependable monitoring** …monitored signal is unaffected by issues commonly affecting peripheral sites due to poor perfusion³
- **Easy access to the nasal alar site**

**Faster detection of SpO₂ changes**¹,⁴,⁷,⁸

The Assurance® Nasal Alar SpO₂™ Sensor applied to the nasal ala detects SpO₂ changes faster than a finger-applied sensor, an early response that can be critical for clinical intervention in the OR. In research studies, Nasal Alar Oximetry™ detected desaturations up to 30 seconds faster than finger-applied sensors.¹,⁸
Use one sensor for the average ICU stay

The Assurance® Nasal Alar SpO₂™ Sensor is easily removed and reapplied, eliminating the waste associated with trying multiple sensors to get a good signal. And because it can be repositioned, the proper use of the nasal alar sensor can eliminate pressure injuries; unlike forehead sensors which contribute to tissue necrosis with prolonged use.

The Assurance® Nasal Alar SpO₂™ Sensor was validated for 7-days of continuous use thus making it the perfect sensor for the ICU where patients are treated for an average of 3.86 days. This usability study also showed that the nasal alar sensor was preferred by study participants over the finger sensor.

Better perfusion; dependable signal... less prone to drop out

Because the Assurance® Nasal Alar SpO₂™ Sensor is used on the nasal ala, a central site with a highly consistent blood supply and signal, Nasal Alar Oximetry is unaffected by many of the most common patient conditions that cause diminished perfusion to the digits leading to signal dropout and resulting in failure to provide an accurate pulse oximetry reading. Traditional finger monitoring may also be limited by injury, presence on the surgical field, non-invasive blood pressure cuff interruption, arm tucking and shivering.

Desaturation Measurement using Nasal Alar Sensor and Finger Sensor

![Desaturation Measurement](image)

*In research studies, Nasal Alar Oximetry™ detected desaturations up to 30 seconds faster than finger-applied sensors.*

References:

6. Melker RJ, PhD, MD; Morey TE, MD; Rice MJ, MD. Accuracy of a Nasal Alar Pulse Oximeter. Sensor Society for Technology in Anesthesia. Jan 2013 (abstract).

*This product complies with ISO 10993-1, Biological evaluation of medical devices - Part 1: Evaluation and testing. The SpO₂ accuracy has been validated with Nellcor OxiMax and Oxisensor II compatible monitors and Philips FAST compatible monitors in human studies against arterial blood sample reference measured with a CO-oximeter.