

PHILIPS

Supplies

Pulse oximetry



Enhance your patient care using the Philips Nasal Alar SpO₂ sensor

The Philips Nasal Alar SpO₂ Sensor ensures dependable monitoring of oxygen saturation at the nasal ala, where a robust blood supply from the internal and external carotid arteries is maintained. This location generates a strong, consistent signal and is less susceptible to vascular constriction compared to extremities.¹

The Philips Nasal Alar SpO₂ Sensor consistently provides accurate and reliable signals, even in challenging conditions.¹

You can trust your readings even in critical situations involving low perfusion and centralization of blood flow.¹

This sensor seamlessly integrates with your existing oximetry monitoring solutions, providing monitoring for up to 7 days with just one sensor for a single patient.

Key benefits

- Accurate and reliable signal
- Comfortable and durable with expected service life of up to 7 days
- Good signal quality even in patients with poor perfusion¹
- Patient's hands are sensor-free
- Easy sensor accessibility when used in the OR
- One sensor can be used on the patient for an extended stay up to seven days
- One size fits all patients ≥15 kg minimum age of 4 years²
- Adhesive-free
- Lower occurrence of pressure injury than with forehead sensors¹
- Wipable with a damp cloth using water or with an alcohol wipe to remove debris from the sensor



How to apply the Philips Nasal Alar SpO₂ Sensor – a quick reference guide

Step 1: Clean the skin

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

Step 2: Place the sensor

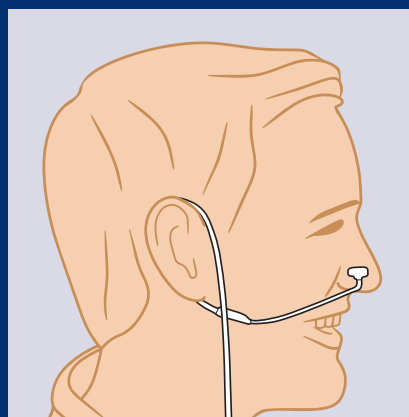
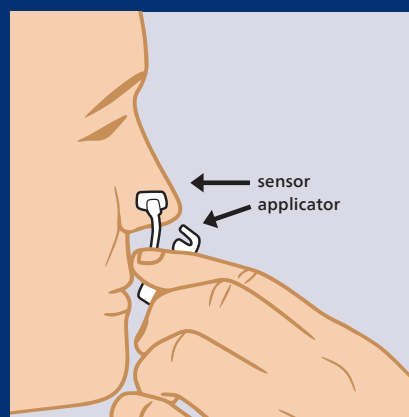
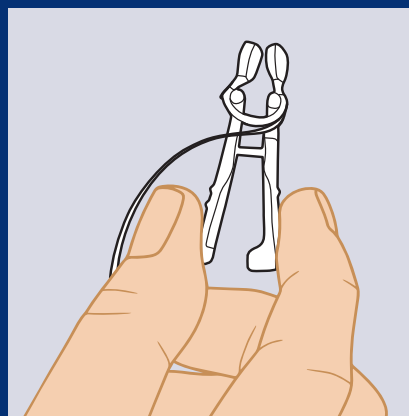
Squeeze the applicator and apply the sensor, placing it on the nasal ala (the back of the nose, closest to the cheek).

Step 3: Remove the applicator

Once the applicator is removed, push the sensor completely onto the nasal ala. Note that the larger 'T'-shaped pad should always be on the outside of the nose.

Step 4: Secure the sensor

To eliminate motion artifact and to reduce tension on the cable, we recommend routing the cable under and around the ear. Note that the sensor can be moved or adjusted either with or without the applicator.³ The sensor and pads can be wiped clean before reapplication on the same patient.



To find out more about how the Philips Nasal Alar SpO₂ sensor could benefit you and your patients, contact your local Philips sales representative or visit us at www.philips.com/alarsensor

1. Schallom M, Prentice D, Sona C, Arroyo C, Mazuski J. Comparison of nasal and forehead oximetry accuracy and pressure injury in critically ill patients. *Heart & Lung* 2018, 47:93-99. <https://doi.org/10.1016/j.hrtlng.2017.12.002>
2. Please refer to the Instructions for Use for approved monitors.
3. For patients deemed high-risk, including patients on vasopressors or external cardiac assist devices, and patients with previous or high potential for skin breakdown, alternate the ala every 4 hours and check the site every 2 hours.

