

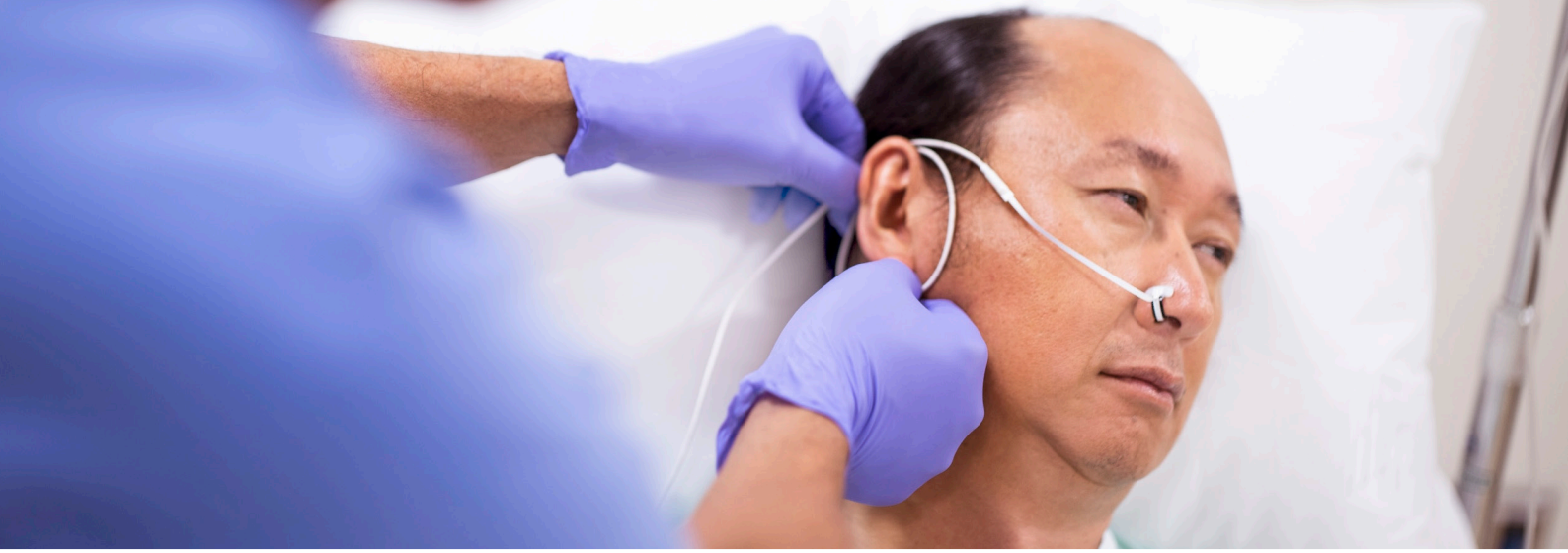


PHILIPS

Supplies

Pulse oximetry

Reliable oximetry
for poorly perfused patients



Reliable results for confident assessment

Measuring arterial oxygen saturation in poorly perfused patients often results in wasted time and discarded sensors as you search for a strong signal. Yet for these patients, accurate and responsive measurement is critical. The Philips Nasal Alar SpO₂ Sensor measures oxygenation at the nasal ala, which is an optimal measurement site for these difficult-to-measure patients. So you can be confident in your readings, even during critical states of low perfusion and blood flow centralization.¹

Experience the benefits of alar sensing

- Patient's hands are sensor-free
- Sensor design aids in correct orientation application
- Easy accessibility during procedures
- One sensor for extended hospital stays
- Adhesive free
- Lower occurrence of pressure injury than forehead sensors¹
- Wipeable

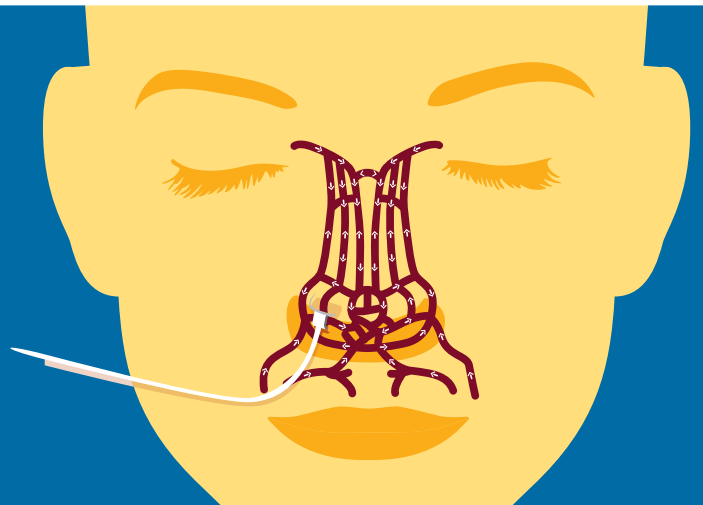
Comfortable and durable

Trying – and discarding – multiple sensors when seeking a steady signal can be frustrating and costly. The alar sensor is easy to place and delivers a dependable signal right from the start.

With a durable clip and molded, medical-grade silicone, the alar sensor is designed for comfort. There is no adhesive, limited pressure, little heat and no annoying headband. You simply move the sensor to the opposite ala as instructed, and you can use the same sensor for up to seven days, which easily outlasts most hospital stays.

The nasal ala: highly perfused and easily accessible

The alar sensor measures blood oxygen levels at the nasal ala – where the nose meets the cheek and facial arteries are fed by the internal and external carotid arteries – to produce a strong, consistent signal. In contrast, when a patient is in shock or when vasopressors limit the blood supply to the extremities, finger sensors can become unreliable. The nasal ala is also easily accessible during surgeries in which patients are supine, and the nose moves very little in comparison to the digits.





Critical care

The perfusion of hemodynamically unstable patients results in caregivers having to spend excessive time trying to find a stable SpO₂ signal. The search for a quality signal may include multiple site rotations and frequent trips to the stockroom. Even in hemodynamically unstable patients, such as patients on vasopressors or in shock states, the ala of the nose is more likely to be well perfused.

Surgery

While SpO₂ monitoring has value throughout the hospital, it is a particularly critical measure for anesthesiologists assessing patients during surgery. The alar sensor is responsive to changes in oxygen saturation. After surgery, patients can be moved from the operating room to the PACU, the ICU and beyond, without changing the sensor.



Acute care

With mobile patients and heavy demands on caregivers, the alar sensor keeps patient's hands sensor-free so they can more easily perform daily activities. The alar sensor is quick and easy to apply and rotate. Patients can perform frequent hand hygiene unencumbered by typical SpO₂ sensors, reducing their risk for hospital-acquired infection.²

Conduct your own assessment

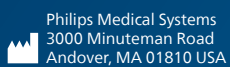
If you would like to trial the Philips Nasal Alar SpO₂ Sensor at your hospital, just contact your Philips representative.*

*The Philips Nasal Alar SpO₂ Sensor may not be available all geographies. Please check with your Philips representative for complete portfolio availability.



References

1. Shallom M, Prentice D, Sona C, Mazuski J. Comparison of Nasal and Forehead Oximetry Accuracy and Pressure Injury in Critically Ill Patients. *Critical Care Medicine*. 2016;44:12(Suppl.).
2. Haverstick S, Goodrich C, Freeman R, James S, Kullar R, Ahrens M. Patients' Hand Washing and Reducing Hospital-Acquired Infection. *Critical Care Nurse*. 2017;37(3):e1-e8.



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