PHILIPS

Supplies

Pulse oximetry

Pulse oximetry made easy with Philips SpO_2 sensors

For accurate and fast assessments of patients in different care settings and clinical circumstances, having reliable pulse oximetry readings is crucial. Philips SpO_2 sensor portfolio presents an extensive range of both reusable and disposable sensors, recognized for their ease of use, performance validation, and thoughtful design emphasizing comfort and durability.

Enhance your operational efficiency with Philips SpO_2 sensors, delivering solutions for all patients, even those with challenging low perfusion situations, and gain access to world-class monitoring for intelligent and patient-centric care across the entire hospital.

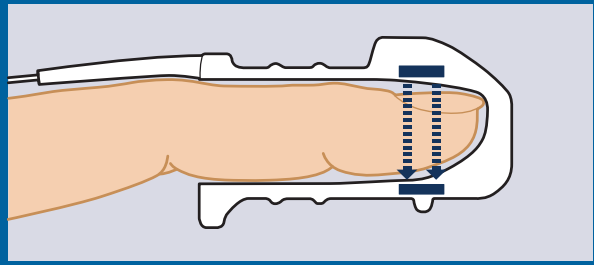
Philips SpO_2 sensors to meet your needs

Our commitment to you:

1. **Sensors for every department:** Wide range of sensors and cables to meet the needs of different clinical settings, patient populations, and budgets to enable workflow efficiency.
2. **Advanced technology:** Our sensors are designed and optimized for FAST-SpO_2 (Fourier Artifact Suppression Technology) for accurate and reliable readings that may contribute to fewer non-actionable alarms potentially reducing alarm fatigue.
3. **Quality sensors that last:** Sensors are designed and tested following Philips rigorous design control process, making them more durable and cost-effective.
4. **Sustainability commitment:** Make a positive environmental impact by reducing hospital waste with combination of reusables and single-patient-use options.

How does pulse oximetry work?

- A sensor with 2 LEDs (red and infrared) is placed on the body. The LED shines red and infrared light though the tissue and a light sensitive detector receives it.
- The measurement is based on the different red and infrared light absorption characteristics of oxygenated and deoxygenated hemoglobin



Discover the variety of our SpO_2 sensors

Discover reusables ›

Discover disposables ›

Designed for applications from routine to critical

1. Locate an application site comfortable for the patient with optimal blood perfusion, minimal potential for movement and easy sensor application.
2. Select a suitable sensor based on the patient's medical condition, weight and the application site size.
3. When dealing with infectious patients, consider selecting a single-patient-use sensor, for routine care consider a reusable sensor solution.
4. For patients with low perfusion and blood flow centralization, consider using the Philips Nasal Alar SpO_2 Sensor that can stay with one patient for up to 7 days across multiple care areas.

For video instructions on applying SpO_2 sensors visit:

Apply the Nasal Alar sensor with Dr. Nikolaus Gravenstein ›

Watch M1133A/M1134A clip application ›

Reusable sensors

1 **M1191T / 989803128591**
M1191B / 989803144371
M1191BL / 989803144381
Reusable finger SpO_2 sensor

> 50 kg (> 110 lb)

2 **M1192A / 989803205871**
Reusable finger SpO_2 sensor

15 – 50 kg (33 – 110 lb)

3 **M1193A / 989803205881**
Reusable hand / foot SpO_2 sensor

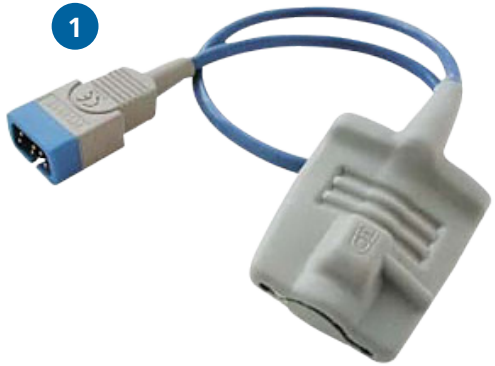
1 – 4 kg (2.2 – 8.8 lb)

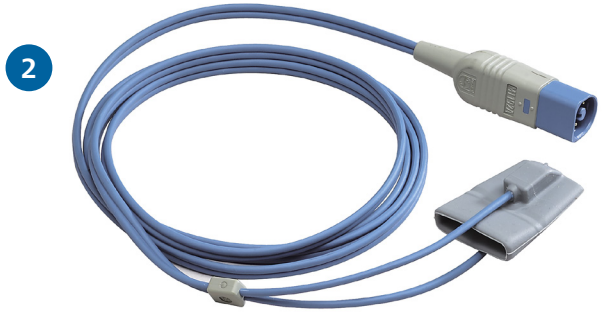
4 **M1194A / 989803205891**
Reusable ear clip SpO_2 sensor

> 40 kg (> 88 lb)

5 **M1196A / 989803205901**
M1196T / 989803205911
Reusable SpO_2 clip sensor

> 40 kg (> 88 lb)



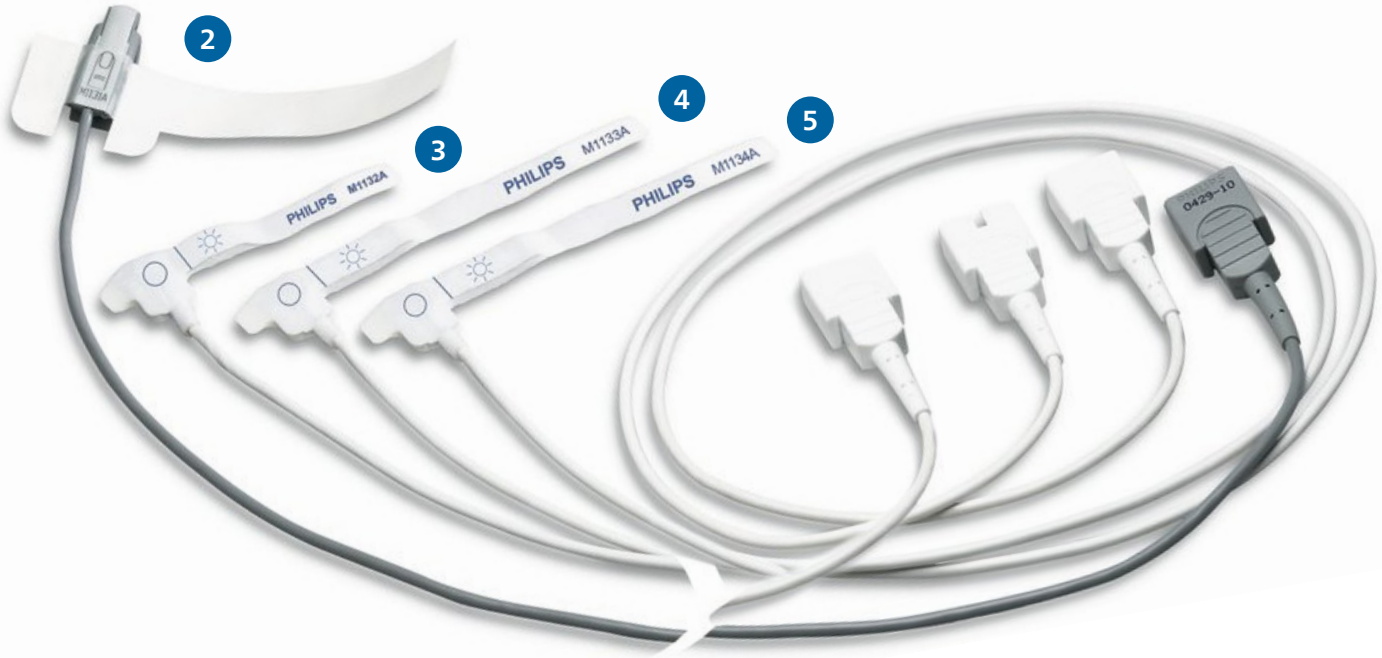


Single Patient Use (SPU) sensors

Philips Nasal Alar SpO_2 sensor

1 **989803205381** | Nasal Alar SpO_2 Sensor FAST
989803205391 | Nasal Alar SpO_2 Sensor Multicompatible

> 15 kg (33 lb)



Disposable sensors

2 **M1131A / 989803205831**
Disposable SpO_2 sensor

> 20 kg (44 lb)

3 **M1132A / 989803205841**
Disposable SpO_2 sensor

3 – 10 kg (6.6 – 22 lb)

4 **M1133A / 989803205851**
Disposable SpO_2 sensor

< 3 kg (6.6 lb)

10 – 20 kg (22 – 44 lb)

> 40 kg (> 88 lb)

5 **M1134A / 989803205861**
Adhesive-free disposable SpO_2 sensor

< 3 kg (6.6 lb)

10 – 20 kg (22 – 44 lb)

> 40 kg (> 88 lb)

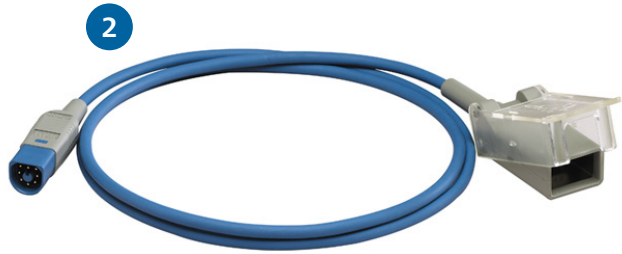
Cables

1. **M1941A / 989803105681**
   SpO_2 Extension Cable 2m

2. **M1943A / 989803105691**
   SpO_2 9-pin D-sub Adapter cable 1.1m (8-pin)

   M1943AL / 989803128651
   SpO_2 8-pin D-sub Adapter cable 3m (8pin)

3. **M1943NL / 989803136591**
   SpO_2 8-pin D-sub Adapter cable (8pin) Oximax Compatible



Tips for optimal oximetry performance

Situation		Recommendation
Anemia	Reduced red blood cells and hemoglobin (functioning hemoglobin may be saturated with O_2 and SpO_2 may appear normal, but tissue may still be O_2 deprived)	Blood gases may need to be taken
Dyes	Affect light transmission through the blood	The following dyes may impact obtaining a reliable SpO_2: • Methylene blue • Indiocyanine green • Indiocarmine Blood gases may need to be tested
Hypothermia	Hypothermia can cause constriction of peripheral blood vessels	Warming the patient or sensor site may stimulate blood flow
Light interference	External light sources may cause inaccurate readings	Cover the sensor site with an opaque material to prevent incursion of external light
Medication	Medications that impact blood pressure also impact the perfusion at your pulse oximetry site	Measure SpO_2 at a core site for patients who have low perfusion; perform blood gasses if SpO_2 signal quality is poor
Movement artifacts	Movement may impact your signal quality	Select sensor sites that are least prone to motion
Nail polish	Nail polish and false fingernails may impact accurate readings	Switch to another unpolished nail or consider another site
Perfusion	Site chosen for the SpO_2 measurement must be adequately perfused	Measure SpO_2 at a core site or blood gases may need to be tested
Shock	May cause reduced blood supply to the limbs and extremities	Measure SpO_2 at a core site or blood gases may need to be tested
Sensor site	Improper site selection may result in poor or inaccurate readings	• Perform sensor site checks regularly and rotate sites frequently (refer to Instructions for Use) • The preferred application site for newborns immediately after birth is the right hand; SpO_2 values on the right hand (pre-ductal) are more representative of brain oxygenation • For accurate results, neonates with congenital heart disease may require special pre- and post-ductal sensor placement according to their anatomy

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