My experience measuring SpO_2 in acute cases

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At the Emergency Department of Algemeen Stedelijk Ziekenhuis (ASZ) hospital, Belgium, pulse oximetry is an essential part of our initial assessment and monitoring of patients presenting with respiratory distress, trauma or hemodynamic instability. We frequently encounter situations where standard sensors, such as fingertip probes, fail to provide reliable readings – especially in patients with cold extremities, hypotension or agitation.

Since early 2024, we have introduced the Philips Nasal Alar SpO_2 sensor in our practice, initially for a select group of patients. We turned to this solution after repeated experiences with unstable or inconsistent SpO_2 measurements in acute cases. The Alar Sensor immediately proved to be a more reliable alternative under challenging conditions where perfusion or motion posed a problem.

Observational benefits of using the Alar Sensor

In the emergency setting, speed and reliability are critical. One of the first patients we used the Alar Sensor on was an elderly patient with chronic obstructive pulmonary disease (COPD) with an acute exacerbation and peripheral vasoconstriction due to infection. Traditional finger sensors failed to give usable signals. Once we placed the Alar Sensor, we obtained a steady saturation reading within seconds – crucial in our decision to initiate non-invasive ventilation.

In our experience, the signal quality is excellent, even in patients who are restless or when other sensors frequently become dislodged.

Placement is simple, and our nursing staff were able to start using the sensor without extensive training. The ergonomic design and positioning on the nasal ala make it less intrusive than a finger clip, especially when administering oxygen via mask or nasal cannula.

We also observed a reduction in non-actionable alarms, which is a major benefit in a busy emergency environment like ours. Fewer false alarms can mean fewer distractions so we can focus on achieving positive patient outcomes.

Conclusion

For the Emergency Department at ASZ, the Philips Nasal Alar SpO_2 sensor has proven to be a valuable innovation for us that supports quick and accurate clinical decisions in challenging situations. Its reliability under low perfusion conditions, ease of use and improved patient comfort make it a worthwhile addition to our acute care tools. We are currently considering integrating the sensor into our standard monitoring protocols for unstable patients.

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