## sentec



Continuous noninvasive

ventilation monitoring in NICU

### PCO<sub>2</sub>

Continuous | Noninvasive | Accurate | Safe | Easy to Use



## Overcoming limitations of arterial blood gases, etCO2 and SpO2 monitoring

Assessing ventilation in neonatal patients is a challenge. Maintaining normal PaCO2 ranges in neonates is important as abnormal PaCO2 values may have detrimental effects on neonates' brain and lungs. Neonates in critical care units often have fluctuations of PaCO2<sup>1</sup>.

#### Arterial blood gas sampling

provides only a snapshot every few hours and bears the risk of invasiveness, especially in neonatal patients<sup>2</sup>, and is painful.

#### End-tidal CO2 (etCO2) monitoring

is sometimes inefficient in patients with small tidal volumes<sup>3</sup> and inapplicable in certain ventilation modes such as HFO<sup>4</sup>.

#### **Measuring SpO2 alone**

is not sufficient to detect hyperventilation or hypoventilation. Changes of arterial CO2 levels can never be detected by SpO2 monitoring alone

Continuous and noninvasive monitoring of tcPCO2 supports therapy guidance for neonates in the NICU

Neonatal Journey in the NICU	Prevent	Stabilize	Wean	Recover
Noninvasive Ventilation e.g. High Flow Oxygen Therapy or nCPAP				
Invasive Ventilation e.g. Conventional ventilation or HFOV/HFJV				

## Dedicated to neonatal needs

SenTec digital transcutaneous (tc) sensors provide continuous and accurate measurements, supporting healthcare professionals to monitor ventilation in neonates. For better patient outcomes where it matters most.



#### **Different display options:**

- tcPCO2 and heating power trends
- baseline and delta values

#### V-Sign™ Sensor PCO2

PCO2 measured by a Stow-Severinghaus type electrode.

- reliable and safe
- clinically trusted for more than 10 years



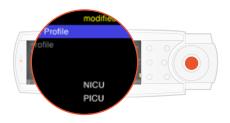


#### Set baseline and markers

Set a baseline just before changing the treatment to assess the impact on the patient's ventilation.

#### User profiles

Quickly adapt settings to your needs: select individually customized profiles stored in the monitor.



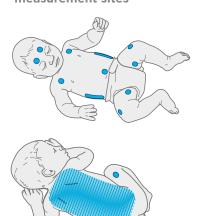
## Trendlines allow early detection of ventilation changes

Estimates of PaCO2 in trendline, baselines and delta values.

#### **Relative Heating Power**

RHP shows the required heating power to keep the sensor at a set temperature. Changes of RHP may be attributable to changes in perfusion.

## Select from multiple recommended measurement sites



#### **Delta values**

Numerical indication of the difference between the current reading and the reading from the set baseline and e.g. 10 min before.



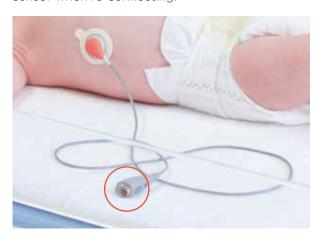
# Effective and efficient monitoring

Save your time for the important tasks.



#### Smart CalMem

Disconnect the sensor (e.g. to untangle cables or to move the patient) without removing the sensor from the patient. No need to recalibrate the sensor when re-connecting.



#### **Automatic calibration management**

Simply store the sensor in the Docking Station - calibration is fully automatic. Within a few minutes, "Ready for Use" status is established and maintained until the sensor is applied to the patient.

#### Multi Site Attachment Rings (MAR)

The design enables a gentle sensor application and a smooth removal without damaging the sensitive skin.



#### **Transportable**

Lightweight, dedicated mounting plates/roll stands, and battery life up to 10 hours.

#### **Connectivity | Data Management**

Direct connectivity to Patient Monitoring Systems:

- GE
- Philips
- Dräger
- Mindray
- Spacelabs



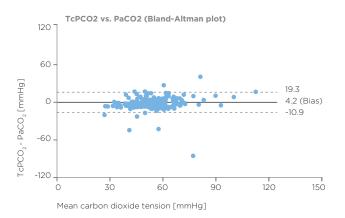


Making Sensor Application Safer and Easier One application, one vial - Single Dose Contact Gel supports infection prevention initiatives.



#### **Excellent accuracy**

The high accuracy and safety of the SenTec tcPCO2 sensor has been studied and validated in several clinical studies.



In a 2018 study<sup>5</sup>, Van Weteringen et al. demonstrated that tcPCO2 measured with the SenTec Digital Monitoring System was in good agreement with conventional blood gas analysis. A total of 238 blood samples were analyzed from 69 infants with a gestational age of 24 to 31 weeks. Depending on their gestational age, infants were measured with a sensor temperature of 42 °C and 43 °C. The sensors were calibrated every two to three hours.



## Safe sensor temperature and site time management

- A low sensor temperature of 41 °C for tcPCO2<sup>6,7</sup> is recommended and allows for up to 8 hours continuous monitoring in neonatal patients.
- Redundant sensor temperature controls to avoid the risk of skin irritations
- Automatic, customizable site time control and site inspection intervals
- Safety-relevant parameters are password-protected.

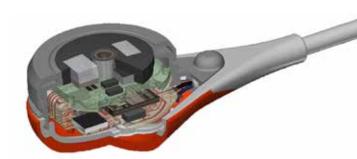


#### **Automatic artifact detection**

- Automatic data quality verification and artifact detection

#### **Best signal quality**

Digital Sensor with integrated CPU. Measured signals are digitized and preanalyzed in the sensor head for the best signal quality.





#### Literature

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   Neonatal Transcutaneous Carbon Dioxide Monitoring
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- <sup>3</sup> **Brouillette, R. T., Waxman, D.H.** Evaluation of the newborn's blood gas status, 1997, Clinical Chemistry 43:1, 215-221.
- <sup>4</sup> Berkenbosch, J. W., Tobias, J. Transcutaneous carbon dioxide monitoring during high frequency oscillatory ventilation in infants and children, Crit Care Med, 2002, Vol. 30, No. 5, 1024-1027.

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- <sup>6</sup> Aly, S., El-Dib, M., Mohamed, M., Aly, H.
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  Reduced-Temperature Probes in Very Low Birth Weight
  Infants, Am J Perinatol 2016.
- <sup>7</sup> Sorensen, L.C., Brage-Andersen, L., Greisen, G. Effects of the transcutaneous electrode temperature on the accuracy of transcutaneous carbon dioxide tension, Scandinavian Journal of Clinical and Laboratory Investigation, 2011, Vol 71, 7, 548-552.

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