ADDRESSING THE CHALLENGES OF THE ICU ENVIRONMENT

As you know, both over- and under-sedation in critically ill patients pose significant risk of adverse clinical outcomes.

**Over-sedation:**
- Delayed weaning \(^1,^2\)
- Increased length of stay \(^1\)

**Under-sedation:**
- Anxiety and agitation \(^3,^5\)
- Awareness and recall \(^4,^6\)

**That’s why it’s helpful to have:**
- Access to accurate, objective patient data to supplement your clinical assessment
- Continuous, real-time information to help you make critical decisions quickly

### INCIDENCE OF INAPPROPRIATE SEDATION

![Incidence of Inappropriate Sedation](image)

- Over-Sedation: 30.6%
- On-Target: 15.4%
- Under-Sedation: 54%

**BIS-Guided Sedation in the ICU**

BIS™ consciousness-monitoring technology is clinically proven to indicate individual patient response to intravenous sedation:

- Monitor displays real-time EEG as well as continuous and trend BIS index values
- Proven BIS index is easy to read and interpret with intuitive recommended ranges
- Proprietary BIS™ Extended Sensor is made specifically for use in the ICU
- Objective assessment of sedation helps you deliver only what the patient requires

**TECHNOLOGY SUITED TO YOUR UNIQUE NEEDS**

- BIS™ Complete 2-Channel Monitor
  - Product ID: 186-0210

- BIS™ Module
  - BIS™ Extended Sensor (ICU)
  - Product ID: 186-0160
BIS™ TECHNOLOGY ACCOUNTS FOR INDIVIDUAL PHYSIOLOGY

Sedative requirements in the ICU may be affected by a number of conditions, such as 9-16:

- Duration of sedation
- Red hair phenotype
- Substance abuse
- Hypothermia
- Gender
- Age

“Administering too little sedation, we run the risk of recall or agitated patients pulling out tubes or drains. Too much drug can cause dips in blood pressure and prolong the need for mechanical ventilation. BIS can improve overall ICU care by allowing for proper titration of sedation meds and, in some cases, helping us cut back on drug usage.”

–GERARD FULDA, MD

ADDED ASSURANCE WHEN YOU NEED IT MOST

BIS™ monitoring can be especially useful for assessing consciousness in ICU cases involving 17:

- Mechanical ventilation
- Paralytics
- Therapeutic hypothermia
- Bedside procedures
- Drug-induced coma
- IV or intermittent sedative use