Respiratory compromise during procedural sedation and analgesia (PSA)† is:

- Frequent³
- Associated with additional cost⁴

That’s not good for patients — or healthcare providers.

But capnography monitoring may help — improving patient safety during PSA by reducing the rate of sedation-related adverse respiratory events.

Monitoring SpO2 alone may delay or fail to detect abnormal ventilation

<table>
<thead>
<tr>
<th>PSA patients who require bag mask valve ventilation have no drop in SpO2⁴</th>
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<tr>
<td>90-second delay in recognizing apnea with standard monitoring in patients receiving supplemental oxygen⁶</td>
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1 out of 4 PSA patients who require bag mask valve ventilation have no drop in SpO2⁴

Only 38% of hypoventilation or apnea episodes are detected by SpO2⁷

>1/3 of non-OR anesthesia closed claims judged preventable with better monitoring⁸

Mean cost of adverse respiratory events⁴:

- Prolonged apnea: $394
- Mild desaturation: $463
- Severe desaturation: $529

PSA patients are at higher risk for adverse respiratory events

- ~1/3 of PSA patients suffer an adverse respiratory event¹
- 45% of PSA sentinel events are hypoxia-related⁴

Capnography monitoring may improve patient safety

For randomly selected GI patients undergoing propofol PSA, capnography monitoring resulted in:

- 26.88% decrease in oxygen desaturation (SpO2 ≤ 90%)¹
- 52.56% decrease in severe oxygen desaturation (SpO2 ≤ 85%)¹
- 34.92% decrease in apnea (≥ 15 secs)¹⁰
- ~1/2 decreased odds of requiring assisted ventilation with capnography-guided care¹
- 61% decreased odds of naloxone or flumazenil use when capnography is used in outpatient GI endoscopy procedures²