RESPIRATORY MONITORING CAN HELP DETECT TROUBLE EARLIER.1,2

Respiratory compromise in patients on the floor is:
- Frequent1
- Associated with poor outcomes3

But vigilant monitoring can help capture significantly more events. And that may help you — and your patients.

RESPIRATORY COMPROMISE IS FREQUENT

- Up to 41% of patients suffer periods of respiratory compromise1,4
- 10% of patients suffer SpO2 < 85% episodes longer than an hour1

RESPIRATORY COMPROMISE IS OFTEN UNRECOGNIZED

- 50% of patients with respiratory distress have delayed interventions1
- 12 hours median duration of delay1

RESPIRATORY COMPROMISE IS ASSOCIATED WITH POOR PATIENT OUTCOMES

- Odds of in-hospital mortality increase: 2.4 X when patients have a recorded SpO2 value < 90%2
- 14.4 X when patients have a recorded respiratory rate value < 63

CONTINUOUS MONITORING IMPROVES DETECTION OF RESPIRATORY COMPROMISE

- With capnography monitoring, you can detect:
  - 42 seconds sooner than with SpO2 monitoring1,4
  - 23 X more episodes of respiratory compromise1,4
- With continuous pulse oximetry monitoring, you get:
  - 90% more detected episodes of SpO2 < 90% for longer than 1 hour2,6
  - 70% fewer pulmonary complication related to ICU transfers6,††

With capnography monitoring, you can detect:
- Events defined as apneas 30 or more seconds in length.
- Comparisons made to patients receiving intermittent pulse oximetry monitoring. Respiratory compromise defined as respiratory rate (RR) < 6 BPM, apnea > 20 seconds, etCO2 < 60 mmHg, or SpO2 < 88%.
- Compared to SpO2 recorded during routine nursing care.
- In continuously monitored patients compared to patients receiving intermittent SpO2 recordings.

With continuous pulse oximetry monitoring, you get:
- Odds of in-hospital mortality increase: 14.4 X when patients have a recorded SpO2 value < 90% for longer than 1 hour2