



Acute Care & Monitoring Vision

We **empower healthcare professionals** with world-class technology to **personalize patient care**, anytime, anywhere.

Through **connected solutions seamlessly integrated** into clinical practice, we help **predict** and **prevent** dangerous and costly **complications**, from hospital to home.

We are the leader in the **equitable delivery of care**, committed to reducing disparities in outcomes, expanding access, and helping to **protect more patients** in more places.





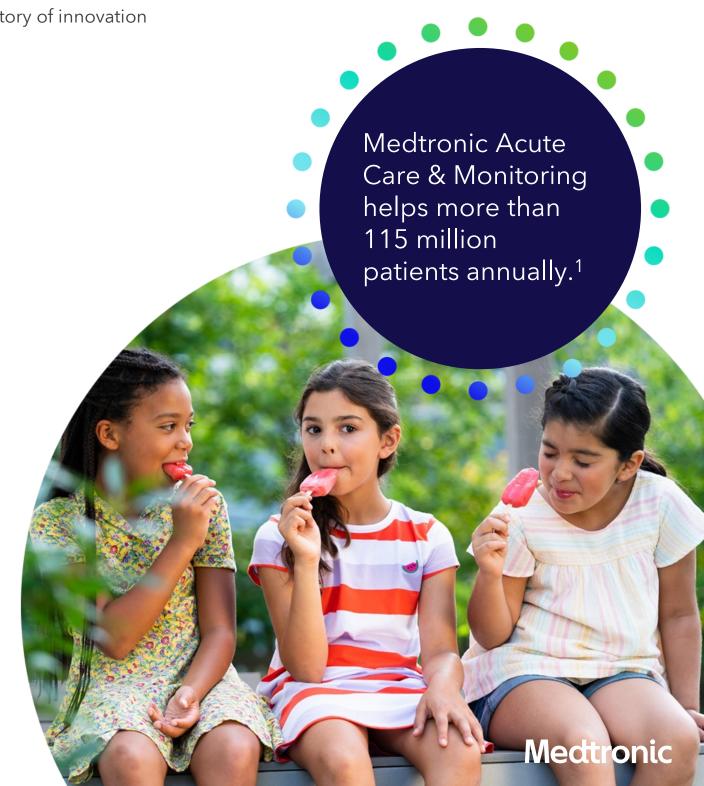
Committed to patient safety

We believe **healthcare should be equitable.** By providing the right healthcare technology, building lasting partnerships, and learning from the data, we can help **expand healthcare access** for everyone, everywhere.

Healthy lives also depend on a healthy planet. We are dedicated to conserving resources, producing less waste, and eliminating our carbon footprint across our global operations.

We will make a lasting impact by helping ensure **good health** no matter who or where patients are and by developing innovation that sustains our planet.

Empowering patient safety. Anytime, anywhere.







From the hospital to home, millions of patients are touched by the Acute Care & Monitoring portfolio.

Helping to prevent dangerous and costly complications



Blood **Oxygenation** Management

Track moment-tomoment oxygen status to drive critical decisions



Respiratory **Management**

Provide airway management and reduce drug-induced respiratory compromise²



Perioperative Care

Preserve vital organ health during surgery



Care

Connect what matters data, patients, and providers



Expanding access to innovations

We lead the market through a series of innovations

1972	Shiley™ PVC continuous curve tracheostomy tube				
1984	Nellcor™ pulse oximetry monitoring				
1987 1988	Hi-Lo endotracheal tube				
1988	OxiNet [™] remote monitoring system				
1996 1998	Shiley™ pediatric tracheostomy products				
1998	DAR ™ mechanical filter				

Jugii	
2002	Nellcor [™] forehead SpO ₂ sensor (MaxFast)
	Nellcor™ OxiMax™ technology
2004	Nellcor™ sensor remanufacturing program
2008	Shiley™ XLT tracheostomy tubes
2009	BIS™ brain monitoring system
	SatSeconds™ alarm management for pulse oximetry

2010	CommanderFLEX® CD310 hub device				
	INVOS™ regional oximetry monitoring				
	Omnivisor Pro® clinical software				
	TeleResponse® IVR platform				
2011	McGRATH™ MAC video laryngoscope				
2012	Microstream [™] capnography monitoring				
	Nellcor [™] respiration rate finger sensor				
2013	Vital Sync [™] remote patient monitoring				
2014	Zephyr [™] performance systems				
2015	Shiley ™ flexible tracheostomy platform				

2016 Capnostream™ 35 portable respiratory monitor Nellcor™ flexible SpO₂ Vital Sync™ monitoring and clinical decision support solution 2017 CommanderFLEX® CD320 hub device Nellcor™ low power pulse oximetry **PCBA NetResponse®** web platform Shiley™ flexible pediatric tracheostomy tubes Zephyr™ cloud based software 2.0 2018 LinkVIEW® video hub device **INVOS**Th 7100 platform Shiley™ flexible evac tracheostomy tube

2020 BIS™ 2024 Oxy₂Mask ™* 3.50 software upgrade Microstream[™] advance filter line NanoMediCO₂" capnography module with Microstream" technology 2022 BioButton®* multi-parameter wearable Calima[™]* connective forced air warming system **GE CARESCAPE®* OEM** integrated parameters **HealthCast**[™] portfolio INVOS™

Nellcor[™] OxySoft[™] SpO₂ sensor **RespArray**[™] patient monitor 2023 BIS[™] Advance monitor CommanderFLEX® CD390 hub device

Puritan Bennett

cuff pressure manager

neonatal & pediatric

rSO₂ sensor

EtCO₂ with Microstream ™ connector Oxy₂Pro[™] * with Microstream ™ connector

1970 - 1999 2000 - 2009 2010 - 2019 2020 - today



Addressing clinical and economic challenges with our technologies

Intubation complications

Incidence

Difficult intubations (DI) occur in 6% of all cases³

Cost

\$14K (2018 USD) increased in-patient cost per difficult intubation⁴



McGRATH™ MAC video laryngoscope

Impact

94% first-pass success rate with McGRATH™ MAC compared to 71.6%-82% with DL^{5,6}

Healthcare benefit

VL is associated with reduced hospital cost, shorter LOS, lower ICU admission rates, and fewer complications compared with DL³

Airway complications – ventilator-associated pneumonia (VAP)

Incidence

15.6% globally for VAP⁷

Cost

\$40K(2012 USD) for ventilatorassociated pneumonia⁸



Shiley[™] evac endotracheal tube with TaperGuard™ cuff

Impact

Use of ETTs with SSD significantly reduced the risk of VAP9

Healthcare benefit

SSD can reduce ICU LOS among patients with mechanical ventilation 10

Incidence

23% drop in cuff pressure when using a handheld manometer¹¹

Incidence

Open tracheal suction systems result in a 57% increase in VAP¹³



Puritan Bennett[™] cuff pressure manager



DAR[™] filters and filter HMEs DAR[™] closed suction

Impact

Use of continuous cuff pressure monitoring is associated with a significantly lower incidence of VAP¹²

Healthcare benefit

Continuous cuff pressure monitoring and SSD reduce VAP and the duration of mechanical ventilation¹²

Impact

Closed suction systems can significantly decrease VAP compared to open suction systems¹³

Healthcare benefit

Closed suction systems are known to reduce the amount of nursing time by 40%14



Addressing clinical and economic challenges with our technologies

Respiratory compromise in general care floor

Incidence

Ward: 46% of patients receiving opioids²

Cost

\$6,648 incremental in high-risk patients¹⁵

Healthcare impact

1.4 days LOS increase for patients experiencing >1 respiratory depression episode¹⁵



RespArray[™] patient monitor & Vital Sync[™] remote monitoring system

Impact

97% of respiratory adverse events on the general care floor are preventable with better monitoring and response¹⁶

Savings

\$535,531 annual hospital cost reduction and 103 cumulative LOS days¹⁷ per median-sized hospital (annual floor volume of 2,447 patients[†])

Respiratory compromise in procedural sedation

Incidence

~1/3 of NORA closed claims deemed to be preventable with better monitoring, with inadequate oxygenation/ventilation being the single most common event¹⁸

Cost

\$6,904 (2015 USD) higher in IR procedures where patient had an RC event, compared to IR procedures without an RC event¹⁹

Healthcare impact

1.1 days LOS longer in hospital in IR procedures when patient had an RC event¹⁹





Microstream™ capnography monitoring system

Savings

\$85 and \$35 (2014 USD) reduction in cost/procedure for deep and moderate sedation cases respectively, when capnography was utilized²⁰

Blood oxygen management

Incidence

100M patients require continuous oxygen monitoring:

- ~1% are the smallest, most vulnerable NICU patients, with respiratory issues being the #1 reason they are admitted²¹
- ~15% of the world's population have darker skin tones and are at risk of oxygen overestimation^{22,23}

Healthcare impact

- Neonatal resuscitation delays of a few minutes, 50% increase in death, and 20% increase in brain bleeds that can lead to life-long disability²⁴
- Overestimation of oxygen leads to a 10% reduction in therapy delivery and higher readmission rates related to COVID-19²⁵



Nellcor[™] portable SpO₂ patient monitoring system Nellcor[™] SpO₂ sensor with OxiMax[™] technology

Impact

- Post 40% faster and 0% false bradycardia (vs. 35% with Masimo Signal Extraction Technology®)²⁶
- Reduce missed hypoxemic events by 74% during the most challenging situations of low perfusion and dark skin pigmentation²⁷ Medtronic

†Based on data from 2018



Addressing clinical and economic challenges with our technologies

Post-operative delirium (POD)

Incidence

- 13-26% in patients ≥65 years old²⁸
- Cardiac and abdominal surgeries associated with a higher risk of POD²⁸

Cost

U.S. \$806 - U.S. \$24,509 in 2019²⁹

Healthcare impact

Increased length of stay (LOS), post-operative complications, and hospital costs³⁰



BIS[™] brain monitoring system

Impact

29% POD decrease³¹

Healthcare benefit

- Reduced mortality³⁰
- ~2-day reduction in LOS^{30,32}

Cerebral desaturation

Incidence

26-74% in cardiac surgery with cardiopulmonary bypass³³

Healthcare impact

3x greater risk for prolonged LOS³⁴



INVOS™ 7100 regional oximetry system

Impact

78% decrease in the intraoperative cerebral desaturation load³⁵

Healthcare benefit

46% reduction in the rate of post-operative cognitive dysfunction at seven days after surgery³⁶





Addressing clinical and economic challenges with our technologies[†]

Avoidable ICU readmissions & rapid response team activation

Incidence

Ward: 6.3% of patients are readmitted to ICU³⁷

Cost

- Medical ward: \$13,424, 2021 USD, increment cost per readmission^{38*}
- Surgical ward: \$21,448, 2021 USD, incremental cost per readmission^{38*}

Healthcare impact

- High mortality^{38,39}
- Rapid response team (RRT) activation 40,41
- 35% of medical-surgical nurse's shift is taken up by clinical documentation⁴²
- 16% of an ICU nurse's shift time is spent silencing alarms⁴³

BioButton®* multiparameter wearable



BioDashboard™* clinical intelligence system



Impact

Ward: Reduced risk of mortality, ICU transfers, and RRT activation³⁸⁻⁴¹

Savings

Ward: ~14% reduction in annual cost for an average-sized hospital⁴⁴

Prolonged length of stay & reduced 30-day readmission

Incidence

- Medical & surgical ward: prolonged length of stay (LOS) of 4.1 days for unplanned ICU readmission³⁸
- ICU: prolonged LOS of 6.4 days³⁸

Cost

- Hospital: \$1,772, 2020 USD, per day⁴⁵
- ICU: \$2,902, 2020 USD, per day⁴⁵

Healthcare impact

- Sepsis⁴⁶
- Increased risk for pressure ulcers⁴⁷

BioButton®* multiparameter wearable



BioDashboard™* clinical intelligence system

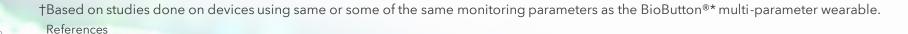


Impact

- Hospital: Reduced length of stay⁴⁸
- Home: Reduced risk of 30-day readmission following hospital discharge^{49,50}
- Automated alerting system beneficial in the management of sepsis⁴⁶

Savings

Potential saving of \$710, 2011 USD per patient^{†,47}







World-class
technology
with more
than 235 years
of exceptional
clinical
performance.



BIS™
Brain monitoring system
#1 global share



Calima™* & WarmTouch™ Warming system and blankets



DAR™Breathing systems



HealthCast™Intelligent patient manager



3,000 clinical references

INVOS™
Regional oximetry system
#1 global share
800 clinical references



McGRATH™ MAC

Video laryngoscope and disposable blade

#1 global share for routine use

~75 clinical references



Microstream™
Capnography monitoring system
#1 global share
250+ clinical references



Mon-a-therm™ Temperature management system



Nellcor™

Pulse oximetry monitoring system

#2 global share

325+ clinical references



Puritan Bennett™ Cuff pressure manager



Shiley™
Endotracheal and tracheostomy tubes
#1 global share
~80 clinical references





ACM



DAR™ filters and filters HMEs



McGRATH™ MAC video laryngoscope and disposable blade



Microstream™ capnography monitoring system



Mon-a-therm™ temperature management system



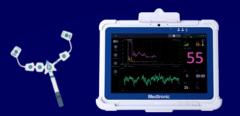
Nellcor[™] pulse oximetry system



ShileyTM endotracheal tubes with preloaded stylet







BIS™ brain monitoring system



Calima™* & WarmTouch™ warming system and blankets



DAR™ breathing system





Microstream™ capnography monitoring system



Mon-a-therm[™] temperature management system



Nellcor[™] pulse oximetry system



Puritan Bennett™ cuff pressure manager



Shiley™ evac endotracheal tube with TaperGuard™ cuff



Shiley™ flexible evac tracheostomy tube



ACM



BIS™ brain monitoring system



Calima™* & WarmTouch™ warming system and blankets



DAR™ breathing system



INVOS™ regional oximetry system



McGRATH™ MAC video laryngoscope and disposable blade



Microstream™ capnography monitoring system



Mon-a-therm™ temperature management system



Nellcor[™] pulse oximetry system



Puritan Bennett™ cuff pressure manager



Shiley™ endotracheal and tracheostomy tubes

ACM

World-class technology | ER & EMS | ICU | OR & ASC | GCF | Home | Collaborative care





BioButton®* multiparameter wearable



DAR™ tracheostomy HME





Microstream™ capnography monitoring system



Mon-a-therm[™] temperature management system



Nellcor™ pulse oximetry system



Shiley™ speaking valves



Shiley™ tracheostomy tubes



Vital Sync™ remote patient monitoring

ACM

World-class technology | ER & EMS | ICU | OR & ASC | GCF | Home | Collaborative care





BioButton®* multiparameter wearable



Commander FLEX® hub device



DAR™ tracheostomy **HME**



Shiley[™] speaking valves



Shiley™ tracheostomy tubes



TeleResponse® interactive voice display



Collaborative care

Our industry partnerships help empower clinicians with vital patient monitoring technology



Strategic partnerships

Bring marketing-leading technology to more than 70 OEM partners, giving clinicians the ability to choose their preferred respiratory function and advanced parameter monitoring technology



Flexible OEM solutions

Integrate into a broad range of multi-parameter monitoring and medical device host systems from a single source



Plug-and-play devices

Without requiring hardware or software updates



Seamless integration

With dedicated OEM monitoring support team



Partnership Support Education

Proud to be your partner in patient safety

Years of clinical performance



Clinical references

Years of clinical experience

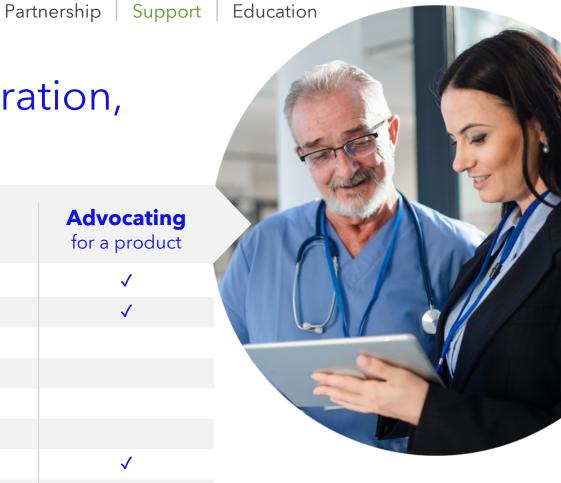
Physicians & nurses on staff





Support that surrounds you from initial consideration, to implementation, and beyond

	Considering a product	Purchasing a product	Implementing a product	Owning a product	Advocating for a product
Clinical specialists	✓	✓	✓	✓	✓
Conferences	✓				✓
Contracting resources		✓			
Customer service		✓	✓	✓	
Delivery assist			✓		
Distributor partners				✓	
Field sales representative	✓	✓	✓	✓	✓
Marketing product experts	✓	✓		✓	✓
Medical education	✓	✓	✓	✓	✓
OEM partners				✓	
Online ordering				✓	
Remote sales representative	✓	✓		✓	
Service & repair			✓	✓	
Society engagements	✓				✓
Websites	✓		✓	✓	
YouTube videos	✓		✓	✓	



Education and training opportunities to refine skills and expand perspectives

Face-to-face education

- Ambassador events
- Campus experience events
- Centers of Excellence
- In-hospital in-service training
- In-hospital product training
- International expert forums
- Peer-to-peer events
- Society-led trainings
- Symposia

On-demand learning

- **Applications**
- Continuing education unit (CEU) courses
- MedEd Bytes microlearning videos
- Podcasts
- Simulations
- Virtual reality experiences
- Webinars

500+

accredited and nonaccredited courses⁵¹

4K

Clinicians participate in webinars annually⁵²

47%

Increase in technical confidence after webinar attendance⁵²



Investing in solutions to help solve your biggest healthcare challenges so you can focus on patient care



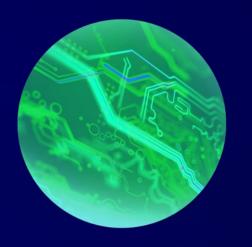
Health equity

Ensuring equitable care by reducing disparities in outcomes and expanding access to care



Sustainability

Protecting our planet by minimizing our environmental footprint, reducing our operational carbon footprint, cutting waste and water usage, and building sustainability into our products



Connectivity

Engineering capitallite technologies to connect stranded devices and integrate with your EMR so you get more value from your current devices



Data intelligence

Providing real-time data so clinicians can act sooner while harnessing Al to turn data into actionable information to improve workflow efficiency and improve patient outcomes



- 1. Internal data on file
- 2. Khanna AK, Bergese SD, Jungquist CR, et al. Prediction of opioid-induced respiratory depression on inpatient wards using continuous capnography and oximetry: an international prospective, observational trial. Anesth Analg. 2020;131(4):1012-24.
- 3. Zhang J, Jiang W, Urdaneta F. Economic analysis of the use of video laryngoscopy versus direct laryngoscopy in the surgical setting. J Comp Eff Res. 2021;10(10):831-844. doi:10.2217/cer-2021-0068
- 4. Moucharite MA, Zhang J, Giffin R. Factors and economic outcomes associated with documented difficult intubation in the United States. ClinicoEcon Outcomes Res. 2021;13:227-239. doi:10.2147/ceor.s304037
- 5. Kriege M, Noppens RR, Turkstra T, et al. A multicentre randomised controlled trial of the McGrath $^{\text{m}}$ Mac video laryngoscope versus conventional laryngoscopy. Anaesthesia. 2023;78(6):722-729. doi:10.1111/anae.15985.
- 6. Kriege M, Lang P, Lang C, et al. A comparison of the McGrath video laryngoscope with direct laryngoscopy for rapid sequence intubation in the operating theatre: a multicentre randomised controlled trial. Anaesthesia. Published online 2024. doi:10.1111/anae.16250
- 7. Kollef MH. Ventilator-associated pneumonia prevention. Is it worth it? Am J Respir Crit Care Med. 2015;192(1):5-7. doi:10.1164/rccm.201504-0734ed
- 8. Zimlichman E, Henderson D, Tamir O, et al. Health Care-Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System. JAMA Intern Med. 2013;173(22):2039-2046. doi:10.1001/jamainternmed.2013.9763
- 9. Sanaie S, Rahnemayan S, Azizi S, et al. Comparison of subglottic vs. non-subglottic secretion drainage in prevention of Ventilator Associated Pneumonia: A systematic review and meta-analysis. Tren Anaesth Crit Care. 2022;43:23-29. doi:10.1016/j.tacc.2022.02.002
- 10. Nam K, Park JB, Park WB, et al. Effect of perioperative subglottic secretion drainage on ventilator-associated pneumonia after cardiac surgery: A retrospective, before-and-after study. J Cardiothorac Vasc Anesth. 2021;35(8):2377-2384. doi:10.1053/j.jvca.2020.09.126
- 11. Gonzalez I, Dominguez CB, Di Salvo E, et al. Behavior of endotracheal tube cuff pressure during a routine control maneuver with different manometers. Respir Care. 2023;68(10):1400-1405. doi:10.4187/respcare.10865Wu Y, Li Y, Sun M, et al. Continuous versus intermittent control cuff pressure for preventing ventilator-associated pneumonia: An updated meta-analysis. J Intensive Care Med. Published online 2024. doi:10.1177/08850666241232369
- 12. Wu Y, Li Y, Sun M, et al. Continuous versus intermittent control cuff pressure for preventing ventilator-associated pneumonia: An updated meta-analysis. J Intensive Care Med. Published online 2024. doi:10.1177/08850666241232369
- 13. Shadvar K, Sanaie S, Mahmoodpoor A, Rahnemayan S, Javan S, Saghaleini SH. Comparison of closed vs open suction in prevention of ventilator-associated pneumonia: A systematic review and meta-analysis. Indian J Crit Care Med. 2022;26(7):839-845. doi:10.5005/jp-journals-10071-24252
- 14. Stilma, W., Esmeijer, A., Paulus, F., Frenzel, T., Touw, H., & Stobernack, T. (2024). Open versus closed suctioning in invasively ventilated critically ill patients for sustainability of ICU care: a life-cycle assessment comparison. Respiratory care, 69(2), 218-221.
- 15. Khanna AK, Saager L, Bergese SD, et al. Opioid-induced respiratory depression increases hospital costs and length of stay in patients recovering on the general care floor. BMC Anesthesiol. 2021;21(88):1.
- 16. Lee L, Caplan R, Stephens L, et al. Postoperative Opioid-induced Respiratory Depression: A closed claims analysis. Anesthesiology 2015; 122:659-65
- 17. Khanna AK, Jungquist CR, Buhre W, et al. Modeling the cost savings of continuous pulse oximetry and capnography monitoring of United States general care floor patients receiving opioids based on the PRODIGY trial. Adv Ther. 2021;38(7):3745-3759. doi:10.1007/s12325-021-01779-7
- 18. Metzner J, Posner KL, Domino KB. The risk and safety of anesthesia at remote locations: the US closed claims analysis. Curr Opin Anaesthesiol. 2009;22(4):502-508.
- 19. Urman RD, Moucharite M, Flynn C, Nuryyeva E, Ray CE Jr. Impact of Respiratory Compromise in Inpatient Interventional Radiology Procedures with Moderate Sedation in the United States. Radiology. 2019;292(3):702-710. doi:10.1148/radiol.2019182455
- 20. Saunders R, Erslon M, Vargo J. Modeling the costs and benefits of capnography monitoring during procedural sedation for gastrointestinal endoscopy. Endosc Int Open. 2016;4(3):E340-E351)
- 21. Gallacher DJ, Hart K, Kotecha S. Common respiratory conditions of the newborn. Breathe (Sheff). 2016;12(1):30-42. doi:10.1183/20734735.000716
- 22. https://worldpopulationreview.com/economics/how-many-black-people-are-in-the-world
- 23. Fawzy A, Wu TD, Wang K, et al. Racial and ethnic discrepancy in pulse oximetry and delayed identification of treatment eligibility among patients with COVID-19. JAMA Intern Med. 2022;182(7):730. doi:10.1001/jamainternmed.2022.1906
- 24. Katheria AC. Neonatal resuscitation with an intact cord: Current and ongoing trials. *Children (Basel)*. 2019;6(4):60. doi:10.3390/children6040060
- 25. Fawzy A, Wu TD, Wang K, et al. Clinical Outcomes Associated With Overestimation of Oxygen Saturation by Pulse Oximetry in Patients Hospitalized With COVID-19. JAMA Netw Open. 2023;6(8):e2330856. Published 2023 Aug 1. doi:10.1001/jamanetworkopen.2023.30856
- 26. Khoury R, Klinger G, Shir Y, Osovsky M, Bromiker R. Monitoring oxygen saturation and heart rate during neonatal transition. comparison between two different pulse oximeters and electrocardiography. J Perinatol. 2020 Nov 30. doi: 10.1038/s41372-020-00881-y. Epub ahead of print. PMID: 33250516.
- 28. Igwe EO, Nealon J, O'Shaughnessy P, Bowden A, Chang HR, Ho MH, Montayre J, Montgomery A, Rolls K, Chou KR, Chen KH, Traynor V, Smerdely P. Incidence of postoperative delirium in older adults undergoing surgical procedures: A systematic literature review and meta-analysis. Worldviews Evid Based Nurs. 2023 Jun;20(3):220-237. doi: 10.1111/wvn.12649. Epub 2023 May 2. PMID: 37128953.
- 29. Mosharaf MP, Alam K, Ralph N, Gow J. Hospital costs of post-operative delirium: A systematic review. J Perioper Nurs. 2022;35(2):2. doi:10.26550/2209-1092.1165
- 30. Pérez-Otal B, Aragón-Benedí C, Pascual-Bellosta A, et al. Neuromonitoring depth of anesthesia and its association with postoperative delirium. Sci Rep. 2022;12(1). doi:10.1038/s41598-022-16466-y
- 31. Punjasawadwong Y, Chau-In W, Laopaiboon M, Punjasawadwong S, Pin-On P. Processed electroencephalogram and evoked potential techniques for amelioration of postoperative delirium and cognitive dysfunction following non-cardiac and non-neurosurgical procedures in adults.

 **Cochrane Database Syst Rev. 2018 May 15;5(5):CD011283. doi: 10.1002/14651858.CD011283.pub2. PMID: 29761891; PMCID: PMC6494561.
- 32. Evered LA, Chan MT, Han R, et al. Anesthetic depth and delirium after major surgery: a randomised clinical trial. Br J Anaesth. 2021;127(5):704-712.
- 33. Chiong XH, Wong ZZ, Lim SM, Ng TY, Ng KT. The use of cerebral oximetry in cardiac surgery: A systematic review and meta-analysis of randomized controlled trials. Annals of Cardiac Anaesthesia. 2022 Oct 1;25(4):384-98.
- 34. Murkin JM, Adams SJ, Novick RJ, et al. Monitoring brain oxygen saturation during coronary bypass surgery: a randomized, prospective study. Anesth Analg. 2007;104(1):51-58.
- 35. Deschamps A, Lambert J, Couture P, et al. Reversal of decreases in cerebral saturation in high-risk cardiac surgery. J Cardiothorac Vasc Anesth. 2013;27(6):1260-1266.
- 36. Colak Z, Borojevic M, Bogovic A, Ivancan V, Biocina B, Majeric-Kogler V. Influence of intraoperative cerebral oximetry monitoring on neurocognitive function after coronary artery bypass surgery: a randomized, prospective study. Eur J Cardiothorac Surg. 2015;47(3):447-454.
- 37. Kramer AA, Higgins TL, Zimmerman JE. The association between ICU readmission rate and patient outcomes. Crit Care Med. 2013;41(1):24-33. doi:10.1097/ccm.0b013e3182657b8a
- 38. Khanna AK, Moucharite MA, Benefield PJ, Kaw R. Patient Characteristics and Clinical and Economic Outcomes Associated with Unplanned Medical and Surgical Intensive Care Unit Admissions: A Retrospective Analysis. ClinicoEcon Outcomes Res. 2023 Sep 25;15:703-719. doi: 10.2147/CEOR.S424759. PMID: 37780944; PMCID: PMC10541084.
- 39. Rowland BA, Motamedi V, Michard F, Saha AK, Khanna AK. Impact of continuous and wireless monitoring of vital signs on clinical outcomes: a propensity-matched observational study of surgical ward patients. Br J Anaesth. 2024 Mar;132(3):519-527. doi: 10.1016/j.bja.2023.11.040. Epub 2023 Dec 21. PMID: 38135523.



- 40. Weller RS, Foard KL, Harwood TN. Evaluation of a wireless, portable, wearable multi-parameter vital signs monitor in hospitalized neurological and neurosurgical patients. J Clin Monit Comput. 2018 Oct;32(5):945-951. doi: 10.1007/s10877-017-0085-0. Epub 2017 Dec 6. PMID: 29214598.
- 41. Eddahchouri Y, Peelen RV, Koeneman M, Touw HRW, van Goor H, Bredie SJH. Effect of continuous wireless vital sign monitoring on unplanned ICU admissions and rapid response team calls: a before-and-after study. Br J Anaesth. 2022;128(5):857-863. doi:10.1016/j.bja.2022.01.036
- 42. Hendrich A, Chow MP, Skierczynski BA, Lu Z. A 36-hospital time and motion study: How do medical-surgical nurses spend their time? Perm J. 2008;12(3):25-34. doi:10.7812/tpp/08-021
- 43. Görges M, Markewitz BA, Westenskow DR. Improving alarm performance in the medical intensive care unit using delays and clinical context. Anesth Analg. 2009;108(5):1546-1552. doi:10.1213/ane.0b013e31819bdfbb
- 44. Beard, J. W., Sethi, A., Jiao, W., Hyatt, H. W., Yapici, H. O., Erslon, M., & Overdyk, F. J. (2023). Cost savings through continuous vital sign monitoring in the medical-surgical unit. Journal of Medical Economics, 26(1), 760-768. https://doi.org/10.1080/13696998.2023.2219156
- 45. Ohsfeldt RL, Choong CK, Mc Collam PL, Abedtash H, Kelton KA, Burge R. Inpatient Hospital Costs for COVID-19 Patients in the United States. Adv Ther. 2021 Nov;38(11):5557-5595. doi: 10.1007/s12325-021-01887-4. Epub 2021 Oct 5. PMID: 34609704; PMCID: PMC8491188.
- 46. Zhang Z, Chen L, Xu P, Wang Q, Zhang J, Chen K, Clements CM, Celi LA, Herasevich V, Hong Y. Effectiveness of automated alerting system compared to usual care for the management of sepsis. NPJ Digit Med. 2022 Jul 19;5(1):101. doi: 10.1038/s41746-022-00650-5. PMID: 35854120; PMCID: PMC9296632.
- 47. Slight SP, Franz C, Olugbile M, Brown HV, Bates DW, Zimlichman E. The return on investment of implementing a continuous monitoring system in general medical-surgical units. Crit Care Med. 2014 Aug; 42(8):1862-8. doi: 10.1097/CCM.00000000000000340. PMID: 24717454.
- 48. Brown H, Terrence J, Vasquez P, Bates DW, Zimlichman E. Continuous monitoring in an inpatient medical-surgical unit: a controlled clinical trial. Am J Med. 2014;127(3):226-232
- 49. Breteler MJM, Numan L, Ruurda JP, van Hillegersberg R, van der Horst S, Dohmen DAJ, van Rossum MC, Kalkman CJ. Wireless Remote Home Monitoring of Vital Signs in Patients Discharged Early After Esophagectomy: Observational Feasibility Study. JMIR Perioper Med. 2020 Dec 4;3(2):e21705. doi: 10.2196/21705. PMID: 33393923; PMCID: PMC7728408.
- 50. Leenen, J. P., Ardesch, V., & Patijn, G. (2023). Remote Home Monitoring of Continuous Vital Sign Measurements by Wearables in Patients Discharged After Colorectal Surgery: Observational Feasibility Study. JMIR Perioperative Medicine, 6, e45113.
- 51. https://www.medtronic.com/covidien/en-us/clinical-education/catalog.html?
- 52. Internal data on file for global courses for FY23-FY24
- 53. Poon YY, Chang HC, Chiang MH, Hung KC, Lu HF, Wang CH, Chin JC, Wu SC. "A real-world evidence" in reduction of volatile anesthetics by BIS-quided anesthesia. Sci Rep. 2020 Jul 9;10(1):11245. doi: 10.1038/s41598-020-68193-x. PMID: 32647181; PMCID: PMC7347920.
- 54. Nair, A., Padmam, S., Ravindran, S. et al. Effect of BIS monitoring on sevoflurane consumption in patients undergoing breast cancer surgeries under general anesthesia—a prospective observational study. Ain-Shams J Anesthesiol 13, 29 (2021).
- 55. Walsh BK, Hood K, Merritt G. Pediatric Airway Maintenance and Clearance in the Acute Care Setting: How To Stay Out of Trouble. Respiratory Care. 2011;56(9):1424-1444. doi:https://doi.org/10.4187/respcare.01323
- 56. Areia C, King E, Ede J, Young L, Tarassenko L, Watkinson P, Vollam S. Experiences of current vital signs monitoring practices and views of wearable monitoring: A qualitative study in patients and nurses. Journal of advanced nursing. 2022 Mar;78(3):810-22.
- 57. Becking-Verhaar FL, Verweij RPH, de Vries M, Vermeulen H, van Goor H, Huisman-de Waal GJ. Continuous Vital Signs Monitoring with a Wireless Device on a General Ward: A Survey to Explore Nurses' Experiences in a Post-Implementation Period. International Journal of Environmental Research and Public Health. 2023; 20(10):5794.
- 58. van Noort HH, Becking-Verhaar FL, Bahlman-van Ooijen W, Pel M, van Goor H, Huisman-de Waal G. Three Years of Continuous Vital Signs Monitoring on the General Surgical Ward: Is It Sustainable? A Qualitative Study. Journal of Clinical Medicine. 2024 Jan 13;13(2):439.
- 59. Escobar GJ, Liu VX, Schuler A, Lawson B, Greene JD, Kipnis P. Automated identification of adults at risk for in-hospital clinical deterioration. New England Journal of Medicine. 2020 Nov 12;383(20):1951-60.
- 60. Senanayake E, Komber M, Nassef A, Massey N, Cooper G. Effective Cerebral Protection Using Near-Infrared Spectroscopy Monitoring with Antegrade Cerebral Perfusion During Aortic Surgery. Journal of Cardiac Surgery. 2012 Mar;27(2):211-6.
- 61. Moerman A, Vandenplas G, Bové T, Wouters P F, De Hert, S. G. Relation between mixed venous oxygen saturation and cerebral oxygen saturation measured by absolute and relative near-infrared spectroscopy during off-pump coronary artery bypass grafting. Br. J. Anaesth. 2013;110(2):258-265.
- 62. Borg U, Ajizian S. Performance Differences Between Two Near Infrared Spectroscopy Monitors in a Porcine Hemorrhagic Shock Model. Poster presented at: 26th Annual Meeting of the European Society of Paediatric and Neonatal Intensive Care; June 2015; Vilnius, Lithuania.
- 63. Casati A., Fanelli G, Pietropaoli P, et al. Continuous monitoring of cerebral oxygen saturation in elderly patients undergoing major abdominal surgery minimizes brain exposure to potential hypoxia. Anesth. Analg. 2005;101(3):740-747.
- 64. Vretzakis G, Georgopoulou S, Stamoulis K, et al. Monitoring of brain oxygen saturation (INVOS) in a protocol to direct blood transfusions during cardiac surgery: a prospective randomized clinical trial. J Cardiothorac Surg. 2013;8:145.
- 65. Based on internal study, A non-GLP comparison study of the INVOS™ NIRS system to competitive regional oxygen systems. 2015.
- 66. Saunders S, Silas U, Saunders R, McNarry A. MT14 How Should Clinical Outcomes Factor Into Purchasing Decisions About Macintosh-Style Laryngoscopes? Value in Health. 2022;25(12):S380.
- 67. Thaler A, Mohamod D, Toron A, Torjman MC. Cost comparison of 2 video laryngoscopes in a large academic center. Journal of Clinical Outcomes Management. 2021 July;28(4):174-179.
- 68. Leifer S, Choi SW, Asanati K, Yentis SM. Upper limb disorders in anaesthetists a survey of Association of Anaesthetists members. Anaesthesia. 2019;74(3):285-291. doi:10.1111/anae.14446
- 69. Foley LJ, Urdaneta F, Berkow L, et al. Difficult Airway Management in Adult COVID-19 Patients: Statement by the Society of Airway Management. Anesth Analg. 2021 Mar 12. doi: 10.1213/ANE.00000000000005554. Epub ahead of print. PMID: 33711004.
- 70. Cook TM, El-Boghdadly K, McGuire B, McNarry AF, Patel A, Higgs A. Consensus guidelines for managing the airway in patients with COVID-19: Guidelines from the Difficult Airway Society, the Association of Anaesthetists the Intensive Care Society, the Faculty of Intensive Care Medicine and the Royal College of Anaesthetists. Anaesthesia. 2020;75(6):785-799.
- 71. Maddox RR, Oglesby H, Williams CK, Fields M, Danello S., Continuous respiratory monitoring and a "smart" infusion system improve safety of patient-controlled analgesia in the postoperative period. http://www.ahrg.gov/downloads/pub/advances2/vol4/Advances-Maddox 111.pdf
- 72. Saunders R, Davis JA, Kranke P, Weissbrod R, Whitaker DK, Lightdale JR. Clinical and economic burden of procedural sedation-related adverse events and their outcomes: analysis from five countries. Ther Clin Risk Manag. 2018 Feb 28;14:393-401
- 73. Bisschops R, Saunders R, Dooms C, Hoffman I, van der Merwe S, WeissbrodR, Torres RT, Van Assche G, Demedts I. Implementing capnography to help improve patient safety during procedural sedation: quality improvement in a high-volume gastroenterology department. Eur J Gastroenterol Hepatol. 2021 Dec 1;33(1S Suppl 1):e522-e528. doi: 10.1097/MEG.00000000000002144. PMID: 33905213.
- 74. ECRI Institute. The Hazards of Alarm Overload: Keeping Excessive Physiologic Monitoring Alarms from Impeding Care. ECRI Guidance Article, March 2007.
- 75. Hockman S, Glembot T, Niebel K. Comparison of capnography derived respiratory rate alarm frequency using the SARA algorithm versus an established nonadaptive respiratory rate alarm management algorithm in bariatric surgical patients. Resp Care (Open Forum Abstracts). 2009;12.
- 76. Internal data on file (Mon-a-thermTM skin sensor engineering study report for temperature transient response timing)
- 77. Internal data on file (Mon-a-thermTM esophageal stethoscope temperature probe verification test report, PRD 10150267, 10070020; DES VER RPRT, ALPHA Technics Therm accuracy and stability, 10070023; DES VER RPRT, Sensor SCI Thermistor accuracy and stability)
- 78. PMB05N (MFR): 10096394 Clinical Report, Abbreviated Sensor Line, Connery (P3.1) in N-600x including validation at 70-100% saturation range with MaxA, OxiCliqA, SCA, DS100A, Max Fast, and DYSE.
- 79. Bebout DE, Mannheimer PD, Wun C-C. Site-dependent differences in the time to detect changes in saturation during low perfusion. Crit Care Med. 2001;29(12):A115. Study objective: To test the hypothesis that during low perfusion, forehead sensors will detect saturation changes substantially sooner than sensors placed on fingers. Study design: 10 healthy adults.



- 80. Brostowicz HM. Oxygen Saturation in the Neonatal Intensive Care Unit: Evaluation of a New Alarm Management. American Academy of Pediatrics National Conference and Exhibition. October 2009.
- 81. Stefanescu BM, O'Shea TM, Haury F, Carlo WA, Slaughter JC. Improved Filtering of Pulse Oximeter Monitoring Alarms in the Neonatal ICU: Bedside Significance. Respir Care. 2016 Jan;61(1):85-9. doi: 10.4187/ respcare.04177. Epub 2015 Oct 27. PMID: 26508772.
- 82. Rouze A, De Jonckheere J, Zerimech F, et al. Efficiency of an electronic device in controlling tracheal cuff pressure in critically ill patients: a randomized controlled crossover study. Ann Intensive Care. 2016;6(1):93.
- 83. Nseir S, Zerimech F, Fournier C, et al. Continuous control of tracheal cuff pressure and microaspiration of gastric contents in critically ill patients. Am J Respir Crit Care Med. 2011;184(9):1041–1047.
- 84. Wen Z, Wei L, Chen J, et al. Is continuous better than intermittent control of tracheal cuff pressure? A meta-analysis. Nurs Crit Care. 2019;24(2):76–82.
- 85. 1122405405-S01_Bacterial Filtration Efficiency (BFE) at an Increased Challenge Level GLP Report
- 86. RE00192986_A_Puffin Extension Tube Agency Test Report
- 87. Jew K, Haury F, Maguire S. An in vitro comparison of tracheostomy tube cuffs. Med Devices (Auckl). 2015;8:185. doi:10.2147/mder.s76960REF-05745
- 88. D'Haese J, De Keukeleire T, Remory I, Van Rompaey K, Umbrain V, Poelaer tJ. Assessment of intraoperative microaspiration: does a modified cuff shape improve sealing? Acta Anaesthesiol Scand. 2013;57(7):873-80.
- 89. Lichtenthal PR, Wood L, Wong A, Borg U. Pressure applied to tracheal wall by barrel and taper shaped cuffs. Paper presented at Annual Meeting of the American Society of Anesthesiologists; October 15-19, 2011; Chicago, IL. Abstract A1054.
 90. Shiotsuka J, Lefor AT, Sanui M, Nagata O, Horiguchi A, Sasabuchi Y. A quantitative evaluation of fluid leakage around a polyvinyl chloride tapered endotracheal tube cuff using an in vitro model. HSR Proc Intensive Care Cardiovasc Anesth. 2012;4(3):169-175.
- 91. Gaszyńska E, Ratajczyk P, Wieczorek A, Szewczyk T, Gaszyński T. Comparison of microaspiration a round TaperGuard tubes in obese patients subjected to surgery under general anesthesia. Pol Przegl Chir. 2014;86(3):107-110.
- 92. Jopling MW, Qiu J. Capnography sensor use is associated with reduction of adverse outcomes during gastrointestinal endoscopic procedures with sedation administration. BMC Anesthesiol. 2017;17(1):157. Published 2017 Nov 28. doi:10.1186/s12871-017-0453-9.



For trained personnel only. For specific indications and instructions for use, please refer to the product manual.

Monitoring products should not be used as the sole basis for diagnosis or therapy and are intended only as an adjunct in patient assessment.

Medtronic Care Management Services are not intended as a substitution for, or alternative to, the medical care provided by a physician. Medical guidance and treatment decisions should always be determined by treating physicians or other properly licensed health care professionals. Service availability and performance may be impacted by patient user error and connectivity, access, and service hour limitations.

© 2024 Medtronic. All rights reserved. Medtronic, Medtronic logo and Engineering the extraordinary are trademarks of Medtronic. TM* Third party brands are trademarks of their respective owners. All other brands are trademarks of a Medtronic company.

BioButton® multi-parameter wearable is manufactured by BioIntellisense. Calima™ warming system is manufactured by Celsius Medical. The PMD-200™ monitor is manufactured by MedaSense. VACUSILL® suction regulator is manufactured by Hersill.

World-class technology | ER & EMS | ICU | OR & ASC | GCF | Home | Collaborative care

Perfecting your art. Advancing patient care.

BIS™ brain monitoring system provides direct measurement of the anesthetic effect on each patient's brain.

Among other benefits, BIS™ technology:

- Helps the clinician personalize anesthetic dosing to individual patient physiologies
- Indicates hypnotic effect through the easy-toread BIS™ index
- Can help reduce usage of inhalational anesthetic agents, which are a major contributor to the carbon footprint of surgery, by 7.9% to 13.8%^{53,54}





Calima^{™*} convective forced air warming system has reinforced and resealable hose entrance ports to provide secure fixation.

Calima ™ warming blankets portfolio contains 26 types of overbody and underbody blankets (sterile/non sterile) for adult, pediatric, and neonatal patients. The blanks are designed to stay with the patient from the operating room through their recovery.

WarmTouch™ warming blankets portfolio contains 8 types of overbody blanks for adult and pediatric patients specifically designed to withstand the demands of the operating theatre environment.



Medtronic

World-class technology | ER & EMS | ICU | OR & ASC | GCF | Home | Collaborative care

A simple solution for complex Veteran patients

Commander FLEX® hub device

Offers Veteran patients more options to better meet their monitoring needs. Featuring a brightly lit LCD display and textured buttons, it offers voice and visual prompts to engage patients and promote interaction.

Integrated with the Omnivisor® Pro clinical platform and available in English and Spanish, key features include:

- Routine health checks with vital sign capture, patient education, and disease management protocols (DMPs)
- Ability to manually enter multiple vital signs with date and time stamp for accuracy
- Unique patient messages
- Voice and screen prompts with large textured keypad
- Integration with the Veteran Health Administration and Medtronic DMPs



Quality solutions fitted to your needs.

DAR[™] breathing systems

DAR™ breathing circuits and breathing accessories

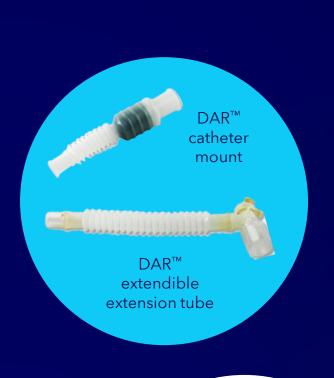
In the OR, recovery rooms, intensive care units, and home care environments, these products can be used with $Shiley^{\mathsf{TM}}$ endotracheal tubes, $Shiley^{\mathsf{TM}}$ tracheostomy tubes, and inhalation therapy products for a complete solution to your respiratory care requirements.

DAR™ closed suction system

Designed with patient comfort, clinician safety, and efficient workflow in mind, closed suctioning offers many potential benefits compared to open suctioning, including continued delivery of oxygen and positive pressure, decreased nosocomial infection, and reduced staff exposure.⁵⁵

DAR™ mechanical and electrostatic filters and filter HMEs

This technology provides effective protection and optimal humidification by capturing heat and water vapor from patient's exhaled air and adding heat and moisture to the patient's inspired air.









The next evolution in patient monitoring

HealthCast[™] intelligent patient manager

is a portfolio of remote monitoring, connectivity, and interoperable solutions to help optimize workflow efficiencies, simplify patient management, ^{56,57} and empower clinicians to prioritize care with actionable insights.



HealthCast ™ wearables

<u>BioButton^{®*}</u> multi-parameter wearable



HealthCast ™ remote monitoring

HealthCast[™] Vital Sync[™] remote patient monitoring

Commander FLEX® hub device

Omnivisor® Pro clinical monitoring software

TeleResponse® interactive voice response platform



HealthCast™ services

EMR Connect
Delivery assist
Technical health check
Technical training
Connection service plan

Technology that helps you prioritize care.

BioButton®* **multi-parameter wearable** part of the HealthCast™ portfolio, is a medical-grade wearable device designed for continuous monitoring of patients in-hospital and hospital-to-home

BioButton®* wearable device technology:

- Monitors up to 1,440 vital signs per day, including respiratory rate at rest, skin temperature, and heart rate at rest – plus a broad range of other biometrics
- Integrates with your existing EMR system
- Up to 16-day continuous battery life
- Unique data analysis and a patented intuitive display via BioDashboard^{™*} clinical intelligence solution



Integrate simply. Connect seamlessly. Support continuously.

HealthCast[™] services individualized, easy-toimplement service plan options that help you optimize patient safety^{39,58,59} and provide quality care.

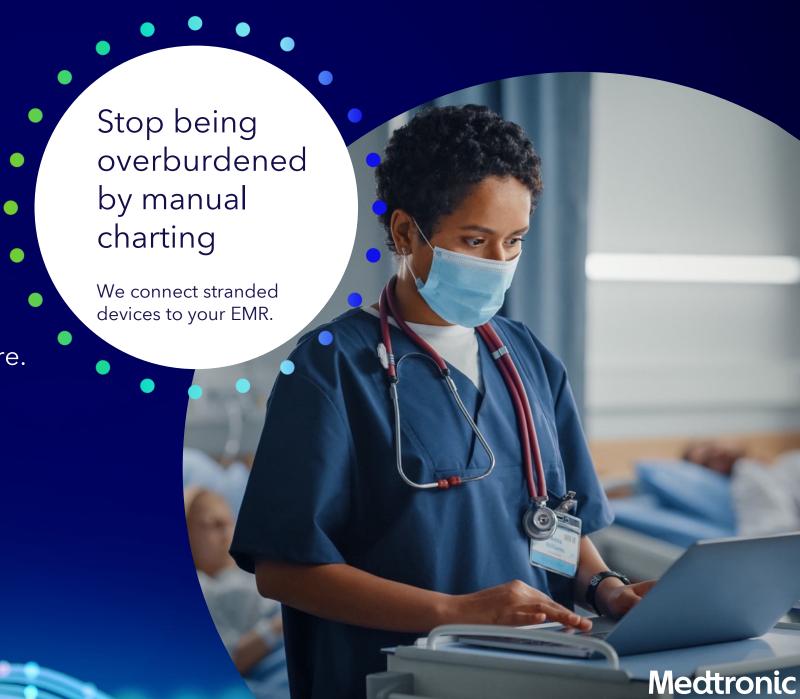
Capital-lite connectivity solutions

Acute Care & Monitoring

Ongoing tailored support and technical training help

Individualized, easy-to-implement service plans

Customized system that **integrates** effortlessly with hospital's existing interfaces and workflow





Know who needs you. Right now.

HealthCast[™] Vital Sync[™] remote patient monitoring

Provides critical alerts and actionable insights on webenabled devices, helping you stay connected to your patients from anywhere.

Get timely, meaningful data receive near real-time trend and alert data on any web-enabled device or via the HealthCast™ Vital Sync™ system mobile app

Recognize and act on patient deterioration earlier with real-time alarms

Eliminate time-consuming manual charting with EMR connectivity



Vital Sync[™] patient monitoring on mobile device



World-class technology | ER & EMS | ICU | OR & ASC | GCF | Home | Collaborative care

Because seconds matter

INVOS™ regional oximetry system can help you decide

if intervention is necessary when timing is critical.

The INVOS™ system provides continuous measurement of cerebral oxygen saturation and indicates changes in cerebral perfusion.⁶⁰

- Unique clinical algorithm can alert you to potential hemodynamic changes before other vital sign monitors even react^{34-36,61-64}
- The INVOS[™] system reached 80-percent⁶⁵ baseline threshold faster than other monitors[†]
- More peer-reviewed clinical research than any other product available that consistently demonstrates ability to intervene sooner^{34-36,61-64}

[†]Compares the INVOS[™] technology to Nonin EQUANOX^{™*}, CASMED FORE-SITE ELITE^{™*}, and Masimo Root^{™*} O3 NIRS monitors during an induced hypoxic state in an animal model.⁶⁵





Always within reach: an intubation routine for anywhere

McGRATH™ MAC video laryngoscope

Performance

Make this your default technique so that your first intubation attempt is your best.⁵

Minimalist material use

McGRATH™ MAC disposable blades are made with less than 16g of transparent medical-grade polymer.

Affordability

Associated with improved patient outcomes compared to direct laryngoscopy^{6,66} and offers significant direct cost savings compared to other VLs.⁶⁷



Ergonomics

A familiar, balanced design for intuitive ease of use may support a more ergonomic, upright, and relaxed intubation.⁶⁸

Clinician Safety

Video laryngoscopes support clinicians remaining in an upright position, which creates a distance between the clinician and the patient and may reduce clinician exposure to droplet-borne pathogens.^{69,70}

Portability

Handheld, cable-free, and durable with a reliable, simple power source for every intubation - regardless of location.

Help prevent the preventable

Microstream[™] capnography monitoring provides an early warning of respiratory compromise,⁷¹ offering clinicians the opportunity to provide care sooner and quickly determine how to intervene, reducing risks and saving time, money, and lives.^{20,72,73,92}

Microstream[™] enabled technology includes:

Smart Capnography™ integrated algorithms proven to reduce alarms and simplify the use of patient monitoring to enhance patient safety and improve clinical efficiency^{74,75}

- Available for long-term and short-term use and with or without oxygen delivery
- Sized to accommodate neonate to adult patients

RespArray[™] patient monitor

Designed for procedural sedation and medical surgical suites, experience world-class Nellcor[™] pulse oximetry and Microstream[™] capnography in our continuous multiparameter vital signs monitor.

- SpO₂, etCO₂, noninvasive blood pressure, ECG (3/5 lead), temperature monitoring, clinical decision support including Early Warning Score (EWS) & CCHD workflow app (IEC version only)
- Integration with Vital Sync[™] for remote patient monitoring, analytics and reporting.
 HL7 direct to EMR, 5Ghz WIFI, barcode scanner inputs





Accurate and reliable monitoring. For the ways you deliver care.

Mon-a-therm[™] temperature probes and sensors meet a range of patient needs from intensive care and post-anesthesia care units to the emergency room and general care floor.

Mon-a-therm[™] temperature products:

- Quickly and accurately reflect changes in core body temperature^{76,77}
- Are single-patient use for convenience and infection control
- Are compatible with multi-function patient monitors
- Can be used in nasopharyngeal, esophageal, rectal, and axillary placement sites



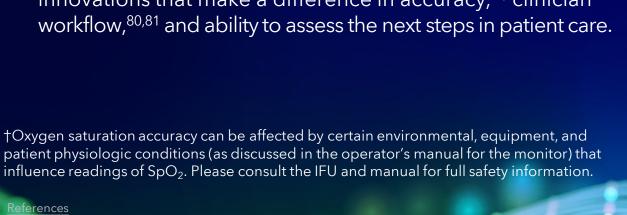
Never miss a beat

Acute Care & Monitoring

Nellcor™ pulse oximetry sensors with OxiMax[™] technology

From neonate to the elderly, and virtually every patient in between, count on Nellcor[™] pulse oximetry to provide quick and reliable information.^{26,78} We look at every heartbeat to ensure that readings are sensitive and timely, even in the most challenging conditions.^{†,26,79}

- Nellcor[™] pulse oximetry has consistently delivered respiratory monitoring solutions that clinicians can count on.
- We continually build upon our technology with meaningful innovations that make a difference in accuracy,⁷⁸ clinician











Adhesive SpO₂ Adhesive SpO₂ sensor sensor

CABLE WRAP

sensor



Adhesive SpO₂

sensor

Reusable SpO₂ sensor



Reusable SpO₂ sensor



Two-piece reusable SpO₂ sensor cable with adhesive wraps

Prioritize and develop interventions – remotely.

Omnivisor® Pro clinical monitoring software

Assembles and presents Veteran data for efficient clinical review and early-risk evaluation. The routine collection of this actionable data allows for seamless coordination between the Veteran and Care Coordinator.

Integrated with the Commander FLEX® hub and TeleResponse® interactive voice response platform, the Omnivisor® Pro clinical monitoring software supports:

- Use of Veteran Health Administration and Medtronic disease management protocols
- Customized two-way messaging
- Cross-panel coverage
- Easy transfer of vital sign data and question responses into the Computerized Patient Record System





Cuff pressure management made simple.

Puritan Bennett[™] cuff pressure manager

Real-time pressure feedback and management

Help protect your patients against common and costly tracheal injuries and VAP caused by cuff overinflation and underinflation with the Puritan Bennett[™] cuff pressure manager.⁸²

Simplified workflow

- Reduces manual work of measuring and adjusting cuff pressure with a manometer and syringe⁸²⁻⁸⁴
- Provides uninterrupted cuff monitoring and management
- Compact and portable, allowing the user to inflate and deflate the cuff quickly

Built-in safety

 Cuff leakage detection and a filtered extension tube also safeguard your ventilated patients from complications^{85,86}



Medtronic



World-class technology | ER & EMS | ICU | OR & ASC | GCF | Home | Collaborative care

A state-of-the-art portfolio to help you and your patients breathe easier

Shiley[™] airway management products

Shiley[™] flexible tracheostomy tubes and Shiley[™] endotracheal tubes with TaperGuard[™] cuff

Optimizing airway management for patients calls for the right tools. Our patented TaperGuard[™] cuff for Shiley[™] endotracheal and tracheostomy tubes features a unique tapered shape, uses less material,⁸⁷ and improves seal performance.⁸⁸

Designed to maximize comfort and safety for patients, our enhanced cuff technology helps reduce tracheal contact pressure, ⁸⁹ microaspiration, ⁹⁰ and fluid leakage into the lungs. ^{88,91}

Whether for short-term or long-term use, Shiley[™] products with TaperGuard[™] cuff provide the same quality and reliability you've come to count on from the Shiley[™] brand.

Shiley[™] speaking valve

Designed to be used in conjunction with Shiley^{M} flexible tracheostomy tubes, our Shiley^{M} speaking valve enables phonation by redirecting airflow through the vocal cords, nose, and mouth.



Daily health checks when it is most convenient

TeleResponse® interactive voice response platform

Provides access to daily health checks through an interactive, telephonic system available day or night. Flexible response options allow for manual entry or verbal responses for vital sign results, question responses, and system navigation.

Integrated with the Omnivisor® Pro clinical monitoring software, Care Coordinators can send unique patient messages – in English or Spanish – to encourage adherence to the patient's care plan.

- Routine health checks with education, patient education, disease management protocols (DMPs), and manual input of vital signs
- Secure pass-code entry using telephone keypad
- Entry of multiple vital sign readings with a date/time stamp for accuracy
- Integration with the Veteran Health Administration and Medtronic DMPs

