APPLICATION GUIDE

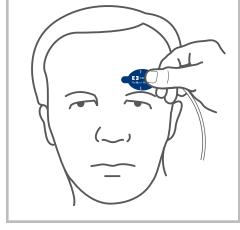
For Nellcor[™] Forehead SpO₂ Sensor with OxiMax™ Technology



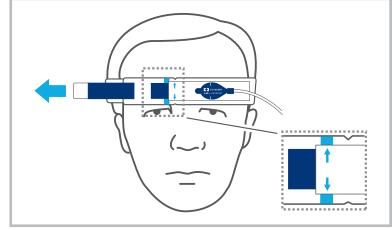
To ensure reliable, accurate pulse oximetry readings from Nellcor[™] forehead SpO₂ sensors, always remember to:

Think PIRATE (Place It Right Above The Eye)

- Prepare the site with alcohol
- Remove the adhesive backing strip

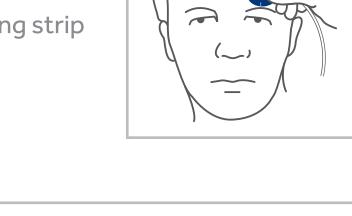


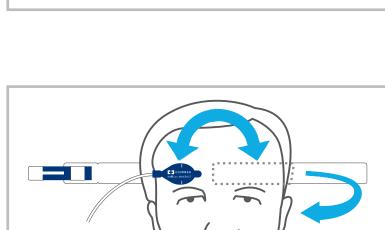
Always use the **Nellcor**[™] forehead SpO₂ headband positioned over the sensor and adjust the tension to align green arrows with indicator

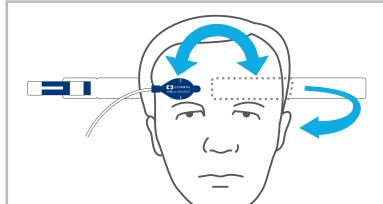


- Alternate the sensor site from above one eye to the other every 12 hours
 - Prepare the site with alcohol
 - Change the adhesive layer when necessary
 - Reapply the headband

Because individual skin condition affects the ability of the skin to tolerate sensor placement, with some patients it may be necessary to change the sensor site more frequently.

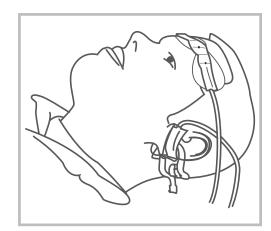


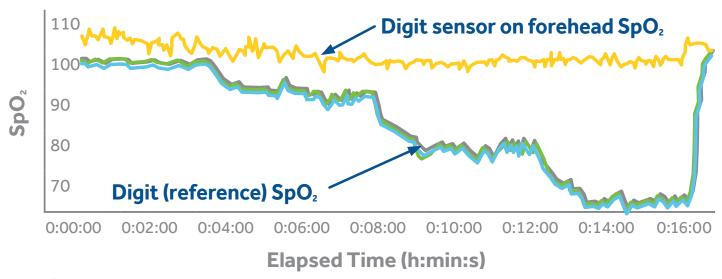




DO NOT use digit sensors on a patient's head or ears

 When used on foreheads, digit sensors give inaccurate, often overestimated SpO₂ levels (Graph 1)





Graph 1

Forehead sensors detect hypoxemic events faster than other sensors1-3

- The forehead of a healthy adult exposed to cold temperatures stays warm while the fingers, ears and nose lose heat (Figure 1)
- Cold causes vasoconstriction and low peripheral perfusion
- Forehead SpO₂ measurements are more accurate than finger SpO₂ measurements in critically ill patients⁴

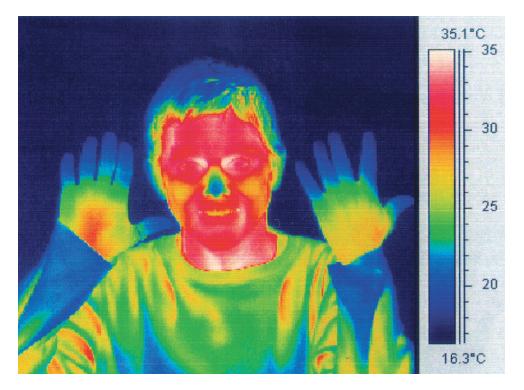


Figure 1

Nellcor™ pulse oximetry with OxiMax™ technology specifies the most accurate measurement of SpO₂, even in some of the most challenging patients.5

^{1.} Bebout DE, Mannheimer PD, Wun C-C. Site-dependent differences in the time to detect changes in saturation during low perfusion. [Abstract] Crit Care Med. 2001;29(12):A115.

 $^{2. \, \}text{MacLeod DB, Cortinez LI, Keifer JC, et al. The desaturation response time of finger pulse oximeters during mild hypothermia.} \, \textit{Anaesthesia}. \, 2005; 60(1):65-71. \, \text{MacLeod DB, Cortinez LI, Keifer JC, et al. The desaturation response time of finger pulse oximeters during mild hypothermia.} \, \textit{Anaesthesia}. \, 2005; 60(1):65-71. \, \text{MacLeod DB, Cortinez LI, Keifer JC, et al. The desaturation response time of finger pulse oximeters during mild hypothermia.} \, \textit{Anaesthesia}. \, 2005; 60(1):65-71. \, \text{MacLeod DB, Cortinez LI, Keifer JC, et al. The desaturation response time of finger pulse oximeters during mild hypothermia.} \, \textit{Anaesthesia}. \, 2005; 60(1):65-71. \, \text{MacLeod DB, Cortinez LI, Keifer JC, et al. The desaturation response time of finger pulse oximeters during mild hypothermia.} \, \textit{Anaesthesia}. \, 2005; 60(1):65-71. \, \text{MacLeod DB, Cortinez LI, Keifer JC, et al. The desaturation response time of finger pulse oximeters during mild hypothermia.} \, \textit{Anaesthesia}. \, \textit{$ 3. Fernandez M. Evaluation of a new pulse oximeter sensor in patients with low cardiac outputs. Am J Crit Care. 2005;14(3):264.

^{4.} Nesseler N, Fre'nel JV, Launey Y, Morcet J, Malle'dant Y, Seguin P. Pulse oximetry and high-dose vasopressors: a comparison between forehead reflectance and finger transmission sensors. Intensive Care Med. 2012;38(10):1718-1722.

^{5.} Sponsored study, Pulse oximetry — performance during severe signal interference. Clinical Trials. gov identifier: NCT01720355. First received October 3, 2012. A contract of the contractLast updated February 12, 2013. Available at https://clinicaltrials.gov.