

Cleaning Instructions:

Caution:

Do Not expose the connector end to the solution as this may cause damage to the sensor

Do Not sterilise by irradiation , steam or ethylene oxide

Do Not autoclave the sensor

The sensor may be cleaned with a 70% isopropyl alcohol solution.

1. Wipe all surfaces of the sensor and the cable with a clean cloth, dampened in the isopropyl solution.
2. Wipe all surfaces of the sensor and the cable with a clean cloth dampened in sterile or distilled water.
3. Dry all the surfaces of the sensor and the cable with a dry clean cloth.

Indication:

This compatible replacement SpO₂ Finger sensor is for use when continuous non-invasive arterial oxygen saturation and pulse rate monitoring are required for patients weighing greater than 40kg.

The sensor is for use with product compatible oximeters.

Instructions for Use:

Reusable sensors may be used on the same site for a maximum of 4 hours, provided the site is inspected routinely, to ensure skin integrity, correct positioning. Because individual skin condition affects the ability of the skin tolerate sensor placement, it may be necessary to change the sensor site more frequently with some patients.

An index finger is the preferred location for the sensor. Orientate the sensor so that the fingernail is directly under the sensor. Plug the sensor into the appropriate oximeter, and verify proper operation in accordance with the original manufacturers oximeter manual.

Position the sensor so that the electronic components are directly opposite each other. The sensor is to be aligned on the side of the site that allows for the cable to be positioned along the appropriate surface.

If the patient wears fingernail polish or artificial nails, choose a different site, or remove the fingernail polish or artificial fingernails.

Note: When selecting a site, priority should be given to an extremity free of an arterial catheter, blood pressure cuff or intravascular line.

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Wipe Method

1. Wipe all surfaces of the sensor and the cable with a clean cloth, dampened in the isopropyl solution.
2. Wipe all surfaces of the sensor and the cable with a clean cloth dampened in sterile or distilled water.
3. Dry all the surfaces of the sensor and the cable with a dry clean cloth.

Soak Method

1. Immerse the sensor head and required length of cable into the cleaning solution.
2. Soak the sensor and cable for 10 minutes
3. Remove from the cleaning solution and place in sterile or distilled water for 10 minutes.
4. Remove from the water and clean the sensor and cable with a dry clean cloth.

Indication:

This compatible replacement multi-site oxygen sensor is for use when continuous non-invasive arterial oxygen saturation and pulse rate monitoring are required for patients weighing greater than 3kg.

The sensor can be applied to the sensor site by the use of adhesive wraps or disposable foam wraps, alternatively Ear Clips can be supplied. The adhesive and disposable wraps are intended for single patient use only.

Instructions for Use:

Reusable sensors may be used on the same site for a maximum of 4 hours, provided the site is inspected routinely, to ensure skin integrity, correct positioning and adhesion of the sensor wrap. Because individual skin condition affects the ability of the skin tolerate sensor placement, it may be necessary to change the sensor site more frequently with some patients.

Infant: Site the sensor around the big toe with the cable positioned along the side of the infants foot.

Paediatric: Site the sensor around an index finger with the cable positioned along the medial side of the finger. Alternatively use a thumb, smaller finger or big toe.

Adult: Site the sensor around an index finger with the cable positioned along the medial side of the finger. Alternatively use a thumb, smaller finger or big toe.

Sensors can also be sited on the ear lobes with the use of Ear Clips supplied upon request.

Position the sensor so that the electronic components are directly opposite each other. The sensor is to be aligned on the side of the site that allows for the cable to be positioned along the appropriate surface.

Note: When selecting a site, priority should be given to an extremity free of an arterial catheter, blood pressure cuff or intravascular line.