

Viamed – SpO² Monitors

Semi-Structured Q&A Results - Overview

Have you used SpO² monitor clinically or in simulation?

All students reported that they had used the trial devices (hand held/ finger) and the LifePak12 during simulation and also in the clinical setting; although they felt that the finger varieties were more likely to found and used in the University – not the (pre-hospital) practice setting. They reported that pulse-oximetry formed a large part of their patient assessment in both settings but for ‘one reason or another’ readings given didn’t always effect the treatment given. The use of the equipment generally made them feel more professional when dealing with patients in both settings with one student stating that pulse-oximeters ‘just gave them something to do for the patient when they weren’t sure’.

Why did you use SpO² monitor?

Many students answered this question by referring to recent published studies (<http://www.brit-thoracic.org.uk/Portals/0/Library/News%20Archive/Oxygen%20Guidelines%20Q&A%20190908.pdf>) which in this context state that Oxygen should be withheld if a patient is not hypoxaemic. They stated that the use of them rightly forms part of every clinical patient assessment in this day and age but also allows them to monitor a patient’s pulse without constantly being in contact with their wrist or using a cardiac monitor. Some students stated that patients claim to feel as though they are being treated appropriately if a larger/ more substantial pulse-oximeter is used whereas a finger probe alone made them feel (to a certain extent) neglected...

Did the trial SpO² monitors work – how easy were they to use?

The equipment was used and worked constantly with no faults disclosed by the students but they also reported during their feedback that they hadn’t tried any complexities – they simply attached it, switched it on and took readings without seeing the need to investigate any further capabilities as they were normally dealing with dynamic/ emergency situations. A number also stated that every time they used the equipment it felt a bit pointless as they had a Lifepak12 to hand which already has a wired version built in – why carry two of the same thing?

What were the patient's feelings about having a SpO² monitor attached?

Many patients both simulated and in reality, felt as though they were being treated just as a result of having a pulse-oximeter attached! The students who were asked about the three trial pulse-oximeters reported that the patients didn't feel as constricted with the finger versions as a result of them not being wired but at times that they forgot it was there and felt as though they were 'being ignored'. With regard to the hand-held version – some patients felt that this device was going to 'do something to them'...

Can you comment on the SpO² monitor that forms part of the Lifepak12?

The Lifepak12 is a good all 'round machine which has been used for many years by many ambulance trusts in the UK. The pulse-oximetry facility on it is sufficient and heavily used operationally and in simulation but it is a lot of machine to take to the patient's side if it is only for the sake of an Oxygen saturation reading...

Can you comment on the SpO² monitors that are purely finger based?

Students commented that the finger based trial versions were really convenient and felt good to use, they reported feeling professional when using them and regularly used them to monitor the patient at scene, during movement to and from the ambulance *and* whilst waiting to hand the patient over to A&E staff with good results. From a negative perspective, it was reported that on a number of occasions they had had to return to the A&E unit to retrieve the pulse-oximeter as it had been forgotten and left with the patient, this led to them attaching it via a Velcro clip and some string to either the equipment being used to move the patient or their own belt.

Can you comment on SpO² monitors that are hand-held?

These were found to be useful when doing non-ambulant observations (when the patient wasn't going to be transported), it was reported that they were handy although not as convenient as the finger versions but gave the patient a sense of 'real observation' when they were about to be left at home. It was seen by some as fine if used at a bedside but then needed removing if the patient did need to be transported...

Summary Text

The questions above were asked informally as a product evaluation by Paul Jones (Senior Lecturer – Paramedic Practice) following the use of a variety of SpO² monitors by Paramedic students at Liverpool John Moores University and their experiences on placements. They were a combination of first and second year students who also have a variety of clinical placements. Forty three students were asked to give an opinion over a two-month period and thirty seven responded, the summary answers have been collated to give an overview impression of the thoughts of the various SpO² monitor types...

Paul would like some comments on this feedback if possible from Viamed as he has started negotiations with the management at the Faculty of Health and Applied Social Sciences for the purchase of this type of equipment and whilst the positivities can be seen there is a need to iron out any negative comments with suggestion of solutions – there may be equipment/ methods that he is currently unaware of...

Many thanks for your help.