PHILIPS

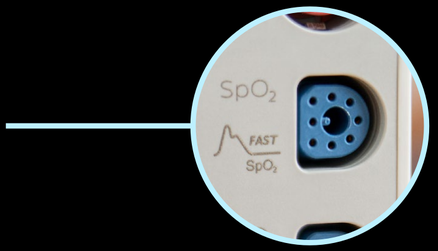
Confidence in every reading with Philips SpO_2 sensors



Philips' comprehensive SpO_2 portfolio supports diverse patient populations across acuity levels, care settings, ages, skin tones, and perfusion conditions. Designed, tested, and validated to work smoothly with Philips monitors, our sensors provide reliable and accurate[1] measurements powered by Fourier Artifact Suppression Technology (FAST) SpO_2 technology.[2]

With innovations such as the Philips Nasal Alar SpO_2 sensor for patients with low perfusion and our broader respiratory offering, we deliver a validated whole-house SpO_2 solution that clinicians can rely on. It supports sustainable, cost-efficient workflows and confident clinical decisions in patient care.[2,3]





Philips pulse oximetry sensors are designed specifically for our proprietary FAST SpO_2 algorithm. Together, they help reduce the impact of patient motion, electronic interference, ambient light and low perfusion.[1,3]

Philips SpO_2 sensors to meet your needs

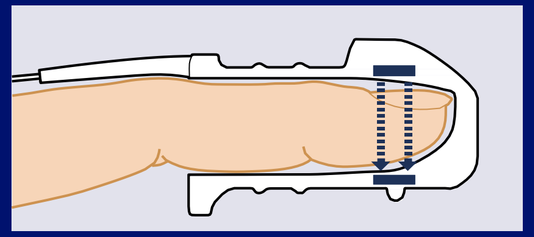
Our commitment to you:

1. **Sensors for every department:** Our wide range of sensors and cables meets the needs of diverse clinical settings, patient populations, and budgets, supporting workflow efficiency.
2. **Advanced technology:** Our sensors are designed and optimized for our FAST SpO_2 algorithm for accurate readings that may contribute to fewer non-actionable alarms.[1]
3. **Accuracy across skin tones:** Philips SpO_2 sensors are tested in desaturation studies on diverse participant groups and deliver accurate performance across skin tones with an Accuracy Root Mean Square error (A_{rms}) of 3% or less.[1]
4. **Built to last:** Philips' sensors are designed, tested and validated in line with our rigorous design control process, making them both durable and cost-effective.[3]
5. **Sustainability commitment:** Make a positive environmental impact by reducing hospital waste with a combination of reusable and single-patient-use options.[3]



How does pulse oximetry work?

- A pulse oximetry sensor shines red and infrared light through the patient's tissue and measures the amount of light that reaches a detector.
- The monitor then calculates peripheral oxygen saturation (SpO_2) by analyzing how oxygenated and deoxygenated blood absorb the light differently.







Designed for applications from routine to critical

1. Locate an application site comfortable for the patient with optimal blood perfusion, minimal potential for movement and easy sensor application.
2. Select a suitable sensor based on the patient's medical condition, weight and the application site size.
3. In patients with higher risk of infection, consider selecting a single-patient-use sensor; for routine care, consider a reusable sensor solution.
4. For patients with low perfusion and blood flow centralization, consider using Philips Nasal Alar SpO_2 Sensor that can stay with one patient for up to 7 days across multiple care areas.[4]

Reusable sensors

1 **Reusable finger SpO_2 sensor**
M1191T / 989803128591
M1191B / 989803144371
M1191BL / 989803144381

> 50 kg (> 110 lb)

2 **Reusable finger SpO_2 sensor**
M1192A / 989803205871

15 – 50 kg (33 – 110 lb)

3 **Reusable hand / foot SpO_2 sensor**
M1193A / 989803205881

1 – 4 kg (2.2 – 8.8 lb)

4 **Reusable ear clip SpO_2 sensor**
M1194A / 989803205891

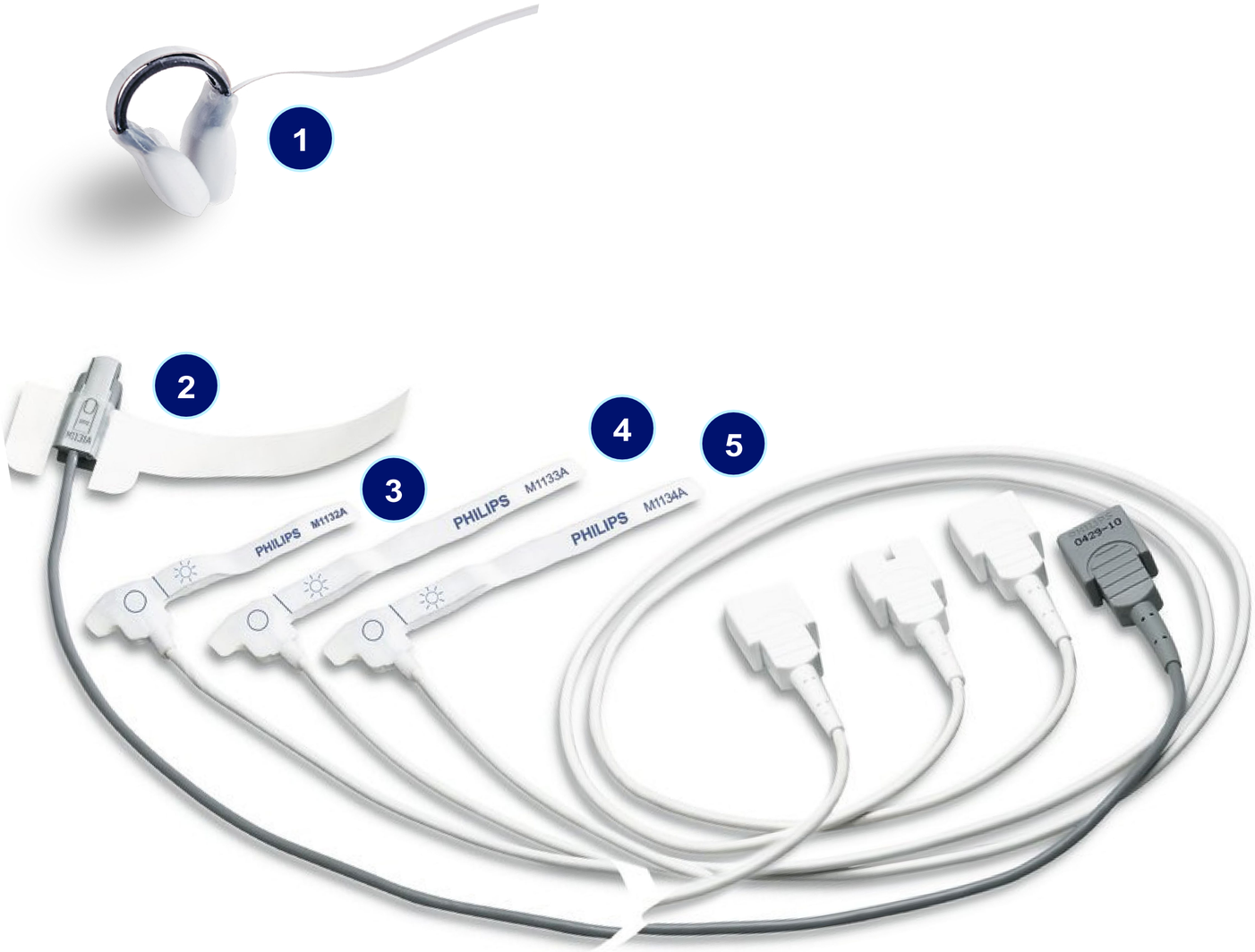
> 40 kg (> 88 lb)

5 **Reusable SpO_2 clip sensor**
M1196A / 989803205901
M1196T / 989803205911

> 40 kg (> 88 lb)



Single Patient Use (SPU) sensors



1 **Philips Nasal Alar SpO_2 sensor**
989803205381 | Nasal Alar SpO_2 Sensor FAST
989803205391 | Nasal Alar SpO_2 Sensor Multicompatible

> 15 kg (33 lb)

2 **Disposable SpO_2 sensor**
M1131A / 989803205831

> 20 kg (44 lb)

3 **Disposable SpO_2 sensor**
M1132A / 989803205841

3 – 10 kg (6.6 – 22 lb)

4 **Disposable SpO_2 sensor**
M1133A / 989803205851

< 3 kg (6.6 lb)

10 – 20 kg (22 – 44 lb)

> 40 kg (> 88 lb)

5 **Adhesive-free disposable SpO_2 sensor**
M1134A / 989803205861

< 3 kg (6.6 lb)

10 – 20 kg (22 – 44 lb)

> 40 kg (> 88 lb)

Cables

1. **SpO_2 Extension Cable (2 m)**
   M1941A / 989803105681

2. **SpO_2 9-pin D-sub Adapter cable (1.1 m | 8-pin)**
   M1943A / 989803105691

   SpO_2 8-pin D-sub Adapter cable (3 m | 8-pin)
   M1943AL / 989803128651

3. **SpO_2 8-pin D-sub Adapter cable (8-pin) Oximax Compatible**
   M1943NL / 989803136591

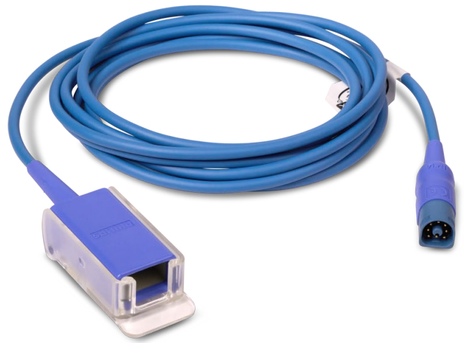
1



2



3



Tips for optimal oximetry performance

Situation	Impact	Recommendation
Anemia	Reduced red blood cells and hemoglobin (functioning hemoglobin may be saturated with O_2 and SpO_2 may appear normal, but tissue may still be O_2 deprived)	Blood gases may need to be taken
Dyes	Dyes including methylene blue, indocyanine green, and indiocarmine affect light transmission through blood and may cause artificially low SpO_2 readings	Blood gases may need to be tested
Hypothermia	Hypothermia may cause constriction of peripheral blood vessels	Warming the patient or sensor site may stimulate blood flow
Light interference	External light sources may cause inaccurate readings	Cover the sensor site with an opaque material to prevent incursion of external light
Medication	Medications that impact blood pressure also impact the perfusion at the pulse oximetry site	Measure SpO_2 at a core site for patients who have low perfusion; perform blood gasses if SpO_2 signal quality is poor
Movement artifacts	Movement may impact signal quality	Select sensor sites that are least prone to motion
Nail polish	Nail polish and false fingernails may impact accuracy of readings	Switch to an unpolished nail or consider another site
Perfusion	Site chosen for the SpO_2 measurement must be adequately perfused	Measure SpO_2 at a core site or blood gases may need to be tested
Shock	May cause reduced blood supply to the limbs and extremities	Measure SpO_2 at a core site or blood gases may need to be tested
Sensor site	Improper site selection may result in poor or inaccurate readings	• Perform sensor site checks regularly and rotate sites frequently (refer to Instructions for Use) • The preferred application site for newborns immediately after birth is the right hand; SpO_2 values on the right hand (pre-ductal) are more representative of brain oxygenation • For accurate results, neonates with congenital heart disease may require special pre- and post-ductal sensor placement according to their anatomy





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2. Medic G, Putintseva K, Groen S, Alferink A. Comparative cost analysis of Philips Nasal Alar SpO2 Sensor versus disposable alternatives. Proceedings of Academics World International Conference; October 2024; Denver, CO. Available at: https://www.worldresearchlibrary.org/up_proc/pdf/6958-173535925754-57.pdf
3. Schallom M, Prentice D, Sona C, Arroyo C, Mazuski J. Comparison of nasal and forehead oximetry accuracy and pressure injury in critically ill patients. Heart Lung. 2018; 47(2):93-99. doi: 10.1016/j.hrtlng.2017.12.002.
4. Please refer to the Instructions for Use (IFU).

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