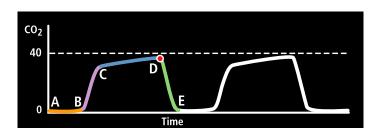
# WAVEFORM CAPNOGRAPHY Quick Reference Guide





# NORMAL WAVEFORM<sup>1</sup>



A-B: Baseline period of no CO<sub>2</sub>, end of inhalation

**B-C:** Rapid rise in CO<sub>2</sub>, early exhalation

D: Alveolar plateau, end of expiration, end tidal CO<sub>2</sub> (etCO<sub>2</sub>)

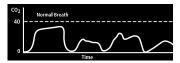
D-E: Inhalation

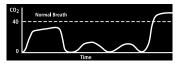


# ABNORMAL WAVEFORMS<sup>1</sup>

#### FOR INTUBATED AND NON-INTUBATED\* PATIENTS

Always check function of equipment and follow your institutional protocols





# Partial airway obstruction (partial loss of waveform)

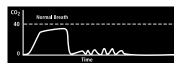
Possible Causes (Non-intubated): Airway collapse/blockage, secretions in the airway.

# Hypoventilation with shallow breathing

Possible Causes (Non-intubated): Ineffective tidal volume due to sedation, opioids, or other respiratory depressive medications.

#### Possible Causes (Intubated): Secretions in the airway, ETT misplaced in hypopharynx, partially kinked ETT, air leak from uncuffed ETT.

Possible Causes (Intubated): Ineffective tidal volume.





## Apnea (loss of waveform)

Possible Causes (Non-intubated): Sedation, opioids, or other respiratory depressive medications, kinked or displaced sampling line.

# Rebreathing of CO<sub>2</sub>

Possible Causes (Non-intubated): Insufficient oxygen flow, shallow breathing, not clearing dead space, or drape over face.

#### Possible Causes (Intubated):

Dislodged ETT, ETT misplaced in hypopharynx, complete airway obstruction.

#### Possible Causes (Intubated):

Faulty exhalation valve, dead space in ventilator circuit.



<sup>\*</sup>Apnea-Sat Alert feature not indicated for use on intubated patients.

Gravenstein, J.S., et al. Capnography, Cambridge University Press, 2004, 2011.

# **TROUBLESHOOTING**

Alert Message	Action
No Breath	<ul> <li>Check patient status</li> <li>Check connection and positioning of patient sampling line</li> </ul>
FilterLine Disconnected	<ul> <li>Ensure patient sampling line is correctly connected to the monitor.</li> <li>Do not overtighten.</li> </ul>
Clear FilterLine	Check patient sampling line for kinks or fluids
Blockage	<ul> <li>Check patient sampling line for kinks</li> <li>Disconnect and reconnect patient sampling line</li> <li>If blockage cannot be cleared, replace patient sampling line</li> </ul>
Calibration Required	Calibrate according to manufacturer's recommendations
Technical Problem	Action
Monitor will not turn on	<ul> <li>Check A/C connection</li> <li>Ensure on/off switch is on</li> <li>Ensure battery is inserted correctly</li> <li>Replace or recharge battery or connect to AC power</li> </ul>
No waveform on screen	<ul> <li>Check patient status</li> <li>Check position of patient sampling line</li> <li>Ensure patient sampling line is correctly connected to monitor.</li> <li>Do not overtighten.</li> <li>Check for proper scale of waveform</li> </ul>



# INTEGRATED PULMONARY INDEX™ (IPI)

#### IPI

The IPI algorithm incorporates four real-time respiratory measurements into a single number that represents an inclusive respiratory profile.



IPI is displayed on a scale from 1 to 10, with 10 indicating a normal respiratory status. To aid in monitoring patients over time, IPI is captured and analyzed to show upward and downward trends.

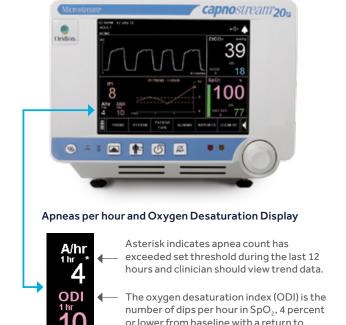
IPI	Patient Status
10	Normal
8-9	Within normal range
7	Close to normal range; requires attention
5-6	Requires attention and may require intervention
3-4	Requires intervention
1-2	Requires immediate intervention



## **APNEA-SAT ALERT**

## Apnea-Sat Alert\*

Apnea-Sat Alert is a software algorithm that tracks and reports apneas per hour (A/hr), based on the capnography data and the oxygen desaturation index, which is calculated using pulse oximetry data.



<sup>\*</sup>Capnostream 20p patient monitor must be equipped with optional Apnea-Sat Alert software.

baseline in 240 seconds or less.

Please refer to the Instructions For Use (IFU) for a complete listing of indications, contraindications, warnings and precautions, adverse effects.

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