GUIDE TO CREATING CAPNOGRAPHY MONITORING PROTOCOLS

INTRODUCTION

Your decision to bring Microstream™ capnography monitoring into your hospital or clinical practice demonstrates a commitment to clinical excellence and patient safety. To facilitate clinical adoption and ongoing utilization of the capnography solution, it is helpful to establish a protocol for your facility.

This guide was created to convey considerations for facilities implementing a capnography monitoring solution and developing policies and protocols to support its use.

This information is intended for general guidance only and should not be interpreted as specific medical, diagnostic, or therapeutic recommendations. Each institution should ensure that any final policies are adapted to address specific needs.

Guide to Policy and Procedure Development:

1. **Purpose** – Include the general rationale for ***why*** the patient should be monitored.

   Example: "To ensure patients on PCA pumps are monitored for signs of opioid-induced respiratory depression."

2. **Policy** – Describe ***who*** should be monitored and ***how*** (e.g., parameters to be monitored, continuous monitoring or frequency of intermittent checks, considerations for discontinuance, etc.)

   Example[1]: "During moderate or deep sedation, the adequacy of ventilation shall be evaluated by continual observation of qualitative clinical signs and monitoring for the presence of exhaled carbon dioxide unless precluded or invalidated by the nature of the patient, procedure, or equipment."

3. **Scope** – Define the clinicians responsible and accountable for set up and oversight of the monitoring.

4. **Indications for Interventions** – Though not a substitute for knowledgeable clinicians making informed decisions, it may be helpful to list general indications, based on etCO2 monitoring measurements and trends, for when a clinician should intervene. Include potential interventions and escalations. This section may include default alarm settings for each parameter, indicating that alarm settings may need to be adjusted based on individual patient needs.

5. **Procedure** – List the steps involved in appropriately establishing and performing capnography monitoring as a general guide for those involved. Procedure may include, but is not limited to, sections covering patient preparation (educating the patient on the importance of capnography monitoring and encouraging compliance), monitor set-up, setting alarms, sampling line consumables required, infection control and monitor calibration.

6. **Documentation** – Define the clinician responsible for checking and documenting monitor values, the frequency of documentation required and any associated forms, data entry and method for communicating monitor values among clinical staff.

7. **References and Resources** – Cite the references and resources that were used to create the document so clinicians can review them.

To learn more, visit: **medtronic.com/covidien/support/capnography-policy-and-procedure***

1. ASA Standards for Basic Anesthetic Monitoring, Committee of Origin: Standards and Practice Parameters (Approved by the ASA House of Delegates on October 21, 1986, and last amended on October 20, 2010 with an effective date of July 1, 2011. https://www.asahq.org/~/media/For%20Members/documents/Standards%20Guidelines%20Stmts/Basic%20Anesthetic%20Monitoring%202005.pdf#search=%22Basic

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CA-PMR-0081-E (15-PM-0311) Rev. 05/2016

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