Continuous SvO$_2$ monitoring for your complex pediatric patients

PediaSat oximetry catheter

Edwards

PediaSat oximetry catheter is the first pediatric oximetry catheter with continuous ScvO₂ monitoring to help you stay ahead of hypoxia and stages of sepsis[1-2]

Continuous, real-time monitoring of central venous oxygen saturation ($ScvO_2$) offers early recognition of critical changes in oxygen delivery that may not be identified by less sensitive indicators, such as traditional vital signs or intermittent sampling.[3]

Early indication of $ScvO_2$ offers you the clarity to detect and prevent tissue hypoxia sooner, by enabling early intervention.[4]

Continuous ScvO₂ monitoring
Early warning of oxygen imbalance

Hemodynamic trends
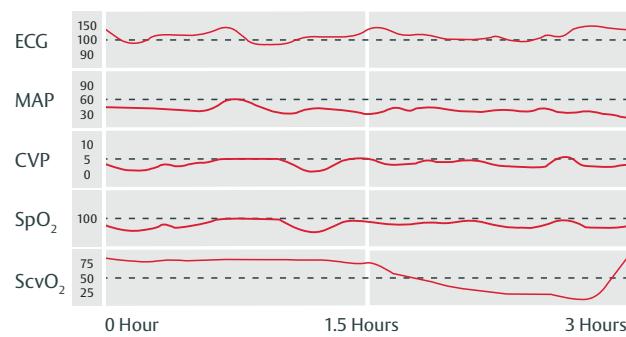
Helps guide therapy and provide real-time insight into the efficacy of intervention

Essential in defining the adequacy of cardiac output, continuous $ScvO_2$ monitoring allows immediate assessment of your patient's clinical response to therapy.

Make proactive clinical decisions.

- You can use hemodynamics to manage pediatric septic shock patients in accordance with ACCM-PALS Clinical Practice Parameters[5]

- Evaluate oxygen reserve to decide routine interventions (including suctioning, turning, etc.) to minimize patient compromise and maximize outcome[6]
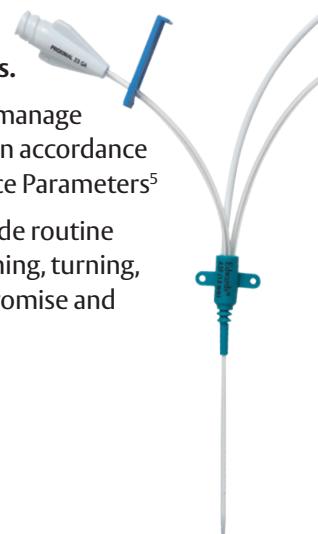
## Fewer needle sticks for your smaller patients

The PediaSat oximetry catheter allows blood sampling without requiring patients to undergo multiple needle sticks, which minimizes blood loss and reduces the risk of infection associated with frequent diagnostic sampling.[7]

Continuous ScvO$_2$ monitoring offers clarity in your at-risk pediatric patients.

In combination with other surrogates of organ perfusion (vital signs, lactate, etc.), continuous monitoring of ScvO$_2$ can be used as a reliable indicator of cardiocirculatory function.[8]

ScvO$_2$ can optimize hemodynamic management in complex pediatric patients:

- Congenital heart disease and other complex cardiac patients [1,2]
- Sepsis and septic shock [2,5]
- Acute respiratory distress syndrome (ARDS)[6]
- Other high-risk patients[9]
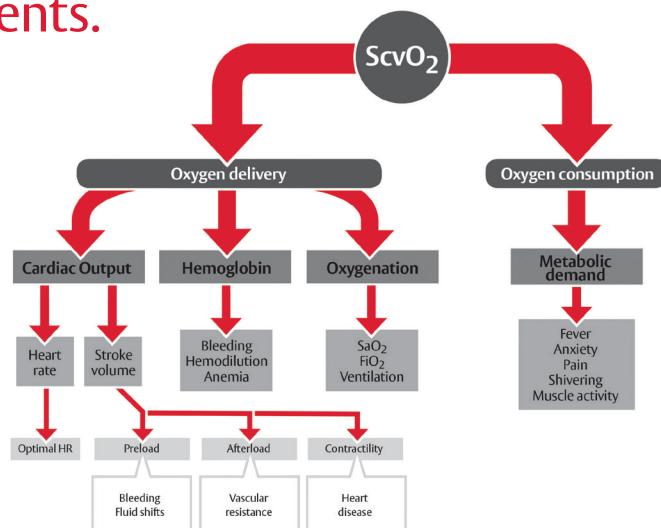
Continuous ScvO$_2$ monitoring reveals the root cause of oxygen imbalance, enabling you to determine appropriate therapy.
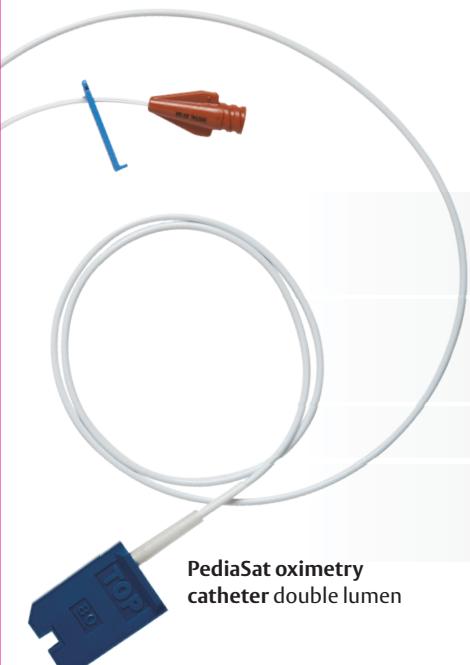
Convenient, accurate and easy to use.[10]

PediaSat oximetry catheter provides:

Simplicity and flexibility – uses the same insertion techniques as central lines in typical pediatric insertion sites, including subclavian and internal jugular

Continuous ScvO$_2$ monitoring and pressure monitoring help you to proactively determine appropriate therapy.

Accurate oxygenation status[1]

Double and triple lumens facilitate pressure monitoring and the administration of solutions

PediaSat oximetry catheter double lumen

Pair the PediaSat oximetry catheter with HemoSphere advanced monitoring platform

The HemoSphere advanced monitoring platform provides a comprehensive view of hemodynamics and tissue oximetry, giving you confidence in knowing continuous oxygen saturation and perfusion for your patient. It is the only modular hemodynamic monitoring platform to offer full-range cuff, sensor and catheter compatibility and first-of-its-kind hypotension predictive decision support software.*

* Acumen Hypotension Prediction Index software is unlocked with the Acumen IQ sensor in minimally-invasive mode

▲ References inserted above ▲

Product Model Numbers

Designed for use with Edwards Lifesciences monitoring platforms and Philips modules, the PediaSat oximetry catheter offers the clarity of an early warning.

PediaSat oximetry catheter

Model number	Lumens	Length (cm)	Size (F)
XT248SP	2	8	4.5
XT3515SP	3	15	5.5

Philips IntelliVue SO$_2$ module

Model number	Description
M1011A*	SO$_2$ module
M1011A #A01*	Optical module

*Philips Healthcare model numbers

PediaSat oximetry catheter accessories

Model number	Description	Length (cm)
OM2E	Edwards oximetry optical module	335
HEMOXSC100	HemoSphere oximetry cable	292

For more than 50 years, Edwards Lifesciences has been helping you make proactive clinical decisions and advance the care of surgical and acutely ill patients across the continuum of care.

Through ongoing collaboration with clinicians, providing continuous education, and our dedication to purposeful innovation, Edwards continues to develop smart hemodynamic management solutions that enable proactive decision support.

Learn more. Visit Edwards.com/gb/PediaSat

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References for Edwards PediaSat oximetry catheter brochure

1. Ranucci, M., et al. Continuous monitoring of central venous oxygen saturation (PediaSat) in pediatric patients undergoing cardiac surgery: a validation study of a new technology. Journal of Cardiothoracic and Vascular Anesthesia, Vol. 22, No. 6, December 2008, p. 847-852.

2. Mohseni-Bod, eta al. Evaluation of a new pediatric continuous oximetry catheter. Pediatric Crit Care Med 2011;12:4. 437-441.

3. Liakopoulos et al. An Experimental and Clinical Evaluation of a Novel Central Venous Catheter with Integrated Oximetry for Pediatric Patients Undergoing Cardiac Surgery. Anesthesia & Analgesia: December 2007 - Volume 105 - Issue 6 - p 1598-1604[55].

4. Reinhart K, et al. Continuous central venous and pulmonary artery oxygen saturation monitoring in the critically ill. Intensive Care Med. 2004;30(8):1572-8.

5. de Oliveira, C.F., de Oliveira, D.S.F., Gottschald, A.F.C. et al. ACCM/PALS haemodynamic support guidelines for paediatric septic shock: an outcomes comparison with and without monitoring central venous oxygen saturation. Intensive Care Med 34, 1065–1075 (2008).

6. Sanders CL. Making clinical decisions using SvO2 in PICU patients. Dimens Crit Care Nurs. 1997;16(5):257-64.

7. Obladen M, et al. Blood sampling in very low birth weight infants receiving different levels of intensive care. Eur J Pediatr. 1988;147(4):399-404.

8. Mahajan A, et al. An experimental and clinical evaluation of a novel central venous catheter with integrated oximetry for pediatric patients undergoing cardiac surgery. International Anesthesia Research Society, Vo. 105, No. 6, December 2007.

9. Ranucci M, Isgrò G, Carlucci C, De La Torre T, Enginoli S, Frigiola A; Surgical and Clinical Outcome Research Group. Central venous oxygen saturation and blood lactate levels during cardiopulmonary bypass are associated with outcome after pediatric cardiac surgery. Crit Care. 2010;14(4):R149.

10. Ranucci, M, et al. Near-infrared spectroscopy correlates with continuous superior vena cava oxygen saturation in pediatric cardiac surgery patients. Pediatric Anesthesia 2008. 18:1163-1169.