

# Reusable SpO<sub>2</sub> Sensors

## Comfortable Patients

- Comfortable fit and light weight for **patient satisfaction** with highly reliable measurement
- **Multi-site** probe, TL-220T can be used for neonate foot as well as adult fingers
- Finger-tip probe, TL-631T3, covers less area of the finger and gives the patient **more freedom** for finger movement

## Simplifies Clinical Workflow

- Water resistant and washable, a **clean probe** can be used for every measurement
- Bright LED technology provides more **accurate measurement** for thicker fingers or skin with darker pigmentation



TL-201T



TL-220T



TL-631T3



A/SPO2-ADVT



TL-201T  
Washable for a clean probe everytime

Reusable SpO <sub>2</sub> Sensors	Cable Length	Patient Type	Patient Weight	Quantity Per Box
TL-201T	31.5", 2.6', 0.8 m	Adult	>20 kg	1
TL-220T	63", 5.25', 1.6 m	Neonate instep to adult finger	<3 kg neo, >3 kg adult	1
TL-631T3	63", 5.25', 1.6 m	Adult	>20 kg	1
A/SPO2-ADVT	59", 4.9', 1.5 m	Adult soft tip		1

SpO <sub>2</sub> Cables (for use with disposable and reusable SpO <sub>2</sub> sensors)	Cable Length	Patient Type	Quantity Per Box	
JL-900P	Primary SpO <sub>2</sub>	98.4", 8.2', 2.5 m	All	1
JL-500P1	Dual SpO <sub>2</sub>	98.4", 8.2', 2.5 m	All	1



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Different Thinking for Better Healthcare®

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# SpO<sub>2</sub>

## Improving patient outcomes<sup>1</sup>

Accurate technology from the company that invented SpO<sub>2</sub>; Neonates to Adults, options for comfort and clinical needs.



# Improving Patient Outcomes<sup>1</sup>

Nihon Kohden's invention of SpO<sub>2</sub> provided the world with a new standard of care. Today, all pulse oximeters are based on this breakthrough. Use of SpO<sub>2</sub> has been shown to decrease rescue events and ICU transfers.<sup>1</sup>

## Proven Accuracy<sup>2</sup>

Nihon Kohden commissioned two studies to evaluate pulse oximetry probes at the esteemed Hypoxia Research Laboratory, University of California, San Francisco in 2008 and 2010.<sup>2</sup>

According to the Hypoxia Research Laboratory, all tested probes meet the accuracy specification and exceed the ISO 80601-2-61: 2011 specification for SpO<sub>2</sub> probe accuracy.<sup>2</sup>

### ACCURACY CRITERIA FOR SpO<sub>2</sub> MEASUREMENT

Probe Type	SaO <sub>2</sub> Range	SpO <sub>2</sub> Accuracy (RMS)
Nihon Kohden Pulse Oximeters	80-100%	2% or less
	70-80%	3% or less
ISO 80601-2-61: 2011	70-100%	4% or less

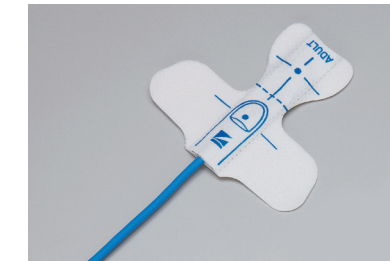
# Disposable SpO<sub>2</sub> Sensors

## Comfortable Patients

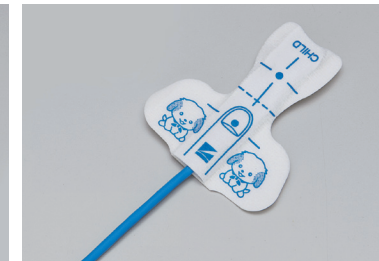
- **Comfortable fit** and light weight for **patient satisfaction**
- Single patient use to help hospital efforts to **reduce hospital-acquired infections**
- **Bedside monitoring, telemetry, and neurology patients** benefit from the same, accurate technology

## Simplifies Clinical Workflow

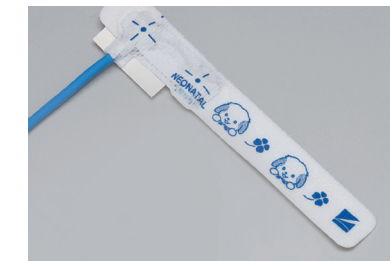
- Bright LED technology provides more **accurate measurement** for thicker fingers or skin with darker pigmentation
- **Easy to apply** with full-range of sizes, from neonate to adult
- Neonatal **Dual-SpO<sub>2</sub>** for detecting duct-dependent congenital heart diseases in the newborn—dual SpO<sub>2</sub> is simplified with Nihon Kohden Smart Cable™—just plug and measure



TL-271T3



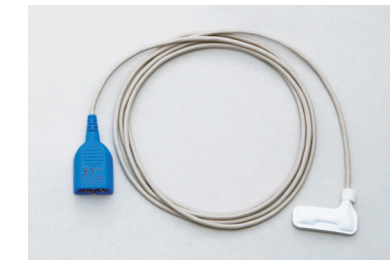
TL-272T3



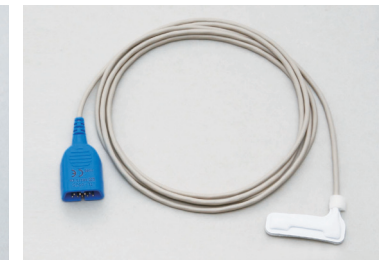
TL-273T3



TL-274T3



TL-052S



TL-062S

Disposable/Semi-disposable SpO <sub>2</sub>	Cable Length	Patient Type	Patient Weight	Quantity Per Box
TL-271T	31.5"; 2.6'; 0.8 m	Adult	>30 kg	24
TL-271T3	63"; 5'; 1.6 m	Adult	>30 kg	24
TL-272T3	63"; 5'; 1.6 m	Peds	10-50 kg	24
TL-273T3	63"; 5'; 1.6 m	Neonates/Adults	<3 kg instep, >40 kg finger	24
TL-274T3	63"; 5'; 1.6 m	Infants	3-20 kg	24
TL-052S	63"; 5'; 1.6 m	Adult	>50 kg	5
TL-062S	63"; 5'; 1.6 m	Peds/Adults	3-15 kg instep, 15-50 kg finger	5

1. Taenzer AH, Pyke JB, McGrath SP, Blike GT, Impact of pulse oximetry surveillance on rescue events and intensive care unit transfers: a before-and-after concurrence study, Anesthesiology, 2010 Feb; 112(2)-7.

2. INTERNAL: SpO<sub>2</sub> Monitoring Pulse Oximeter Accuracy Study, 2008 study by John R. Feiner, M.D., Phillip E. Bickler, Ph.D.M.D., and John W. Severinghaus, M.D. For the 2010 study, authors are Phillip E. Bickler, Ph.D.M.D. and John R. Feiner, M.D. at the Hypoxia Research Laboratory at the University of California, San Francisco.