Medtronic
Engineering the extraordinary

**Nellcor™ pulse oximetry**

# We don't surprise you with hidden costs

When you're deciding on a pulse oximetry solution for your hospital, be aware of some hidden costs that can really drive up your pulse oximetry expenses.

## Out-of-box failures

Do you have a lot of "wasted" sensors due to out-of-box failure rates, especially for reprocessed or generic sensors?

**Nellcor™ sensors are rigorously tested** for performance and reliability.[1-4]

## Cable breakdowns

Are you frustrated with workflow disruptions from cables that "time out" and become inoperable after a predefined period of time? Is your Biomed team always preoccupied with replacing those cables?

**Nellcor™ cables are built to last,** reducing the need for unnecessary replacements.

## Additional tapes and wraps

Is your workflow constantly being disrupted to apply additional tapes and wraps to help hold pulse oximetry sensors in place? Do you end up throwing away most of these tapes and wraps because too many come in a package?

**Nellcor™ disposable sensors have secure adhesives** that are long lasting, reducing the need for additional tapes and wraps.

If you answered yes to any of these questions, you may be spending a lot more on pulse oximetry than is necessary. Download our 6 Hidden Costs Guide to see where else you could be wasting your dollars.

**Download 6 Hidden Costs Guide**

Nellcor™ pulse oximetry can be a better solution for your hospital. We're committed to helping you reduce consumables with thoughtful engineering, and we can help you find cost efficiencies throughout our portfolio of monitoring solutions. Contact your Medtronic rep to learn more.

with **Nellcor™ pulse oximetry** ♡ never miss a beat.

**The Nellcor™ pulse oximetry monitoring system should not be used as the sole basis for diagnosis or therapy and is intended only as an adjunct in patient assessment.**


1. Louie A, Feiner JR, Bickler PE, Rhodes L, Bernstein M, Lucero J. Four types of pulse oximeters accurately detect hypoxia during low perfusion and motion. *Anesthesiology.* 2018;128(3):520-530. doi:10.1097/ALN.0000000000002002.
2. Source (RE10052121 - PRD / TRACE MATRIX, OXIMAX SENSORS) -Motion Studies: 10035078, 10047614,10011350 Clinical motion performance was evaluated for the Max A and rationalized to be equivalent to the Max N. -Max N: Clinical functionality of the MAXN sensor has been demonstrated on a population of hospitalized neonate patients. Source (10018923, Clinical Evaluation Report).
3. Dawson JA, Kamlin CO, Vento M, et al. Defining the reference range for oxygen saturation for infants after birth. *Pediatrics.* 2010;125(6):e1340-e1347. doi: 10.1542/peds.2009-1510.
4. Nellcor Oxygen Saturation Accuracy Specification Grid. Part No. 10091796 Rev B 01/2013.




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