

PHILIPS

Capnography

**Many options
One source**





Why capnography?

Capnography monitoring provides information needed to prompt early intervention for patients with conditions which may compromise metabolism, perfusion, ventilation, and airway patency.

Why Philips?

Philips versatile **Co₂nnect & Go** mainstream and sidestream capnography solutions ease clinical workflow throughout the hospital environment.

From neonates to adults, we bring our technology across the continuum of care: surgical suite, intensive care unit, emergency room, general ward, procedural sedation – two clinical options, one common connection.

With Philips as a trusted supply partner, you can be confident in quality consumables that are validated for both Philips and non-Philips devices, built to high standards of durability.

Accurate measurements and clinical versatility

With Philips, you can choose a single capnography monitoring technology to meet different patient needs at different times. Capnostat 5 mainstream and LoFlo sidestream EtCO₂ sensors use a common extension server, providing clinical versatility to use either solution with the same monitor.

No calibration is required. The sensors remain stable over time with continual and automatic validated calibration information.

Co₂nnect & Go – Breathe easier.



Fast and responsive mainstream monitoring

Mainstream monitoring is an ideal choice for intubated patients. It provides a non-diverting, crisp, accurate CO₂ waveform with no time delay, and does not require use of a scavenger system to collect anesthesia gases. Because patient secretions or high humidity do not contaminate the sensor, it is a preferred choice for these patient conditions or environments.

The small, rugged, lightweight Capnostat 5 sensors offer fast, accurate on-airway measurement for intubated patients. The light weight makes them a comfortable option for even your smallest patients. They can be used with either single-patient use (SPU) airway adapters or reusable airway adapters that are designed for long-term use and color-coded for easy identification.

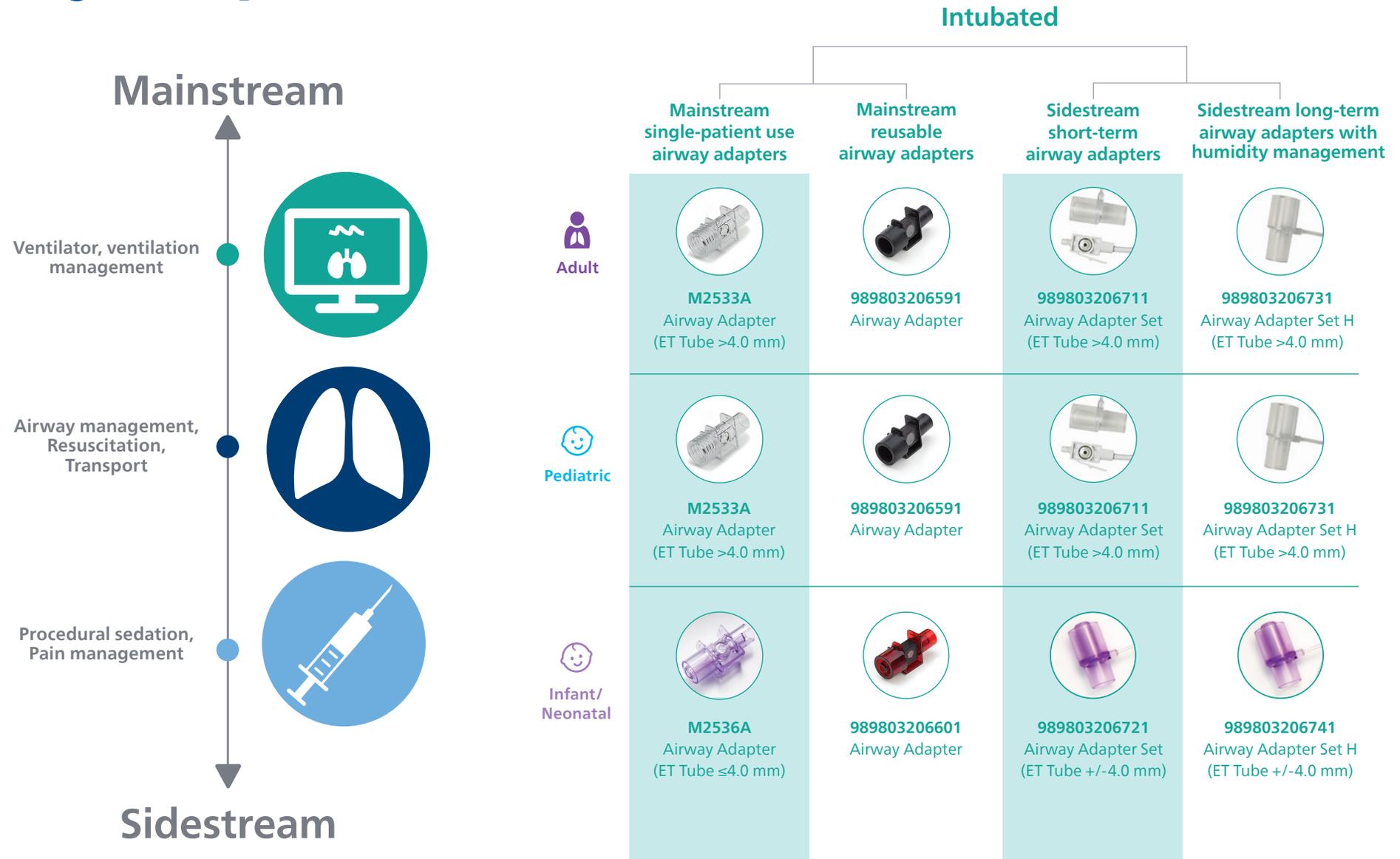
Flexible and durable sidestream monitoring

Sidestream monitoring is a good option for non-intubated spontaneously breathing patients as well as patients requiring intubation during short-term procedural sedation or anesthesia.

Our diverse LoFlo sidestream portfolio includes airway adapters, and oral/nasal patient interfaces (with or without O₂ delivery and dehumidification options), allowing for ventilation monitoring across the clinical workflow, and from neonates to adults.

The 50 ml/minute sampling rate and 100 Hz sample frequency make them highly suitable for use with infant and neonatal patients.

Choose the right accessories for your patient needs



Non-intubated

Short-term

No O₂ delivery

O₂ delivery

Oral-nasal

Nasal

Oral-nasal

Nasal



Adult



989803206671

Adult CO₂
Oral/Nasal



989803206611

Adult CO₂
Nasal



989803206691

Adult CO₂/O₂
Oral/Nasal



989803206641

Adult CO₂/O₂
Nasal



Pediatric



989803206681

Pediatric CO₂
Oral/Nasal



989803206621

Pediatric CO₂
Nasal



989803206701

Pediatric CO₂/O₂
Oral/Nasal



989803206651

Pediatric CO₂/O₂
Nasal



Infant/
Neonatal



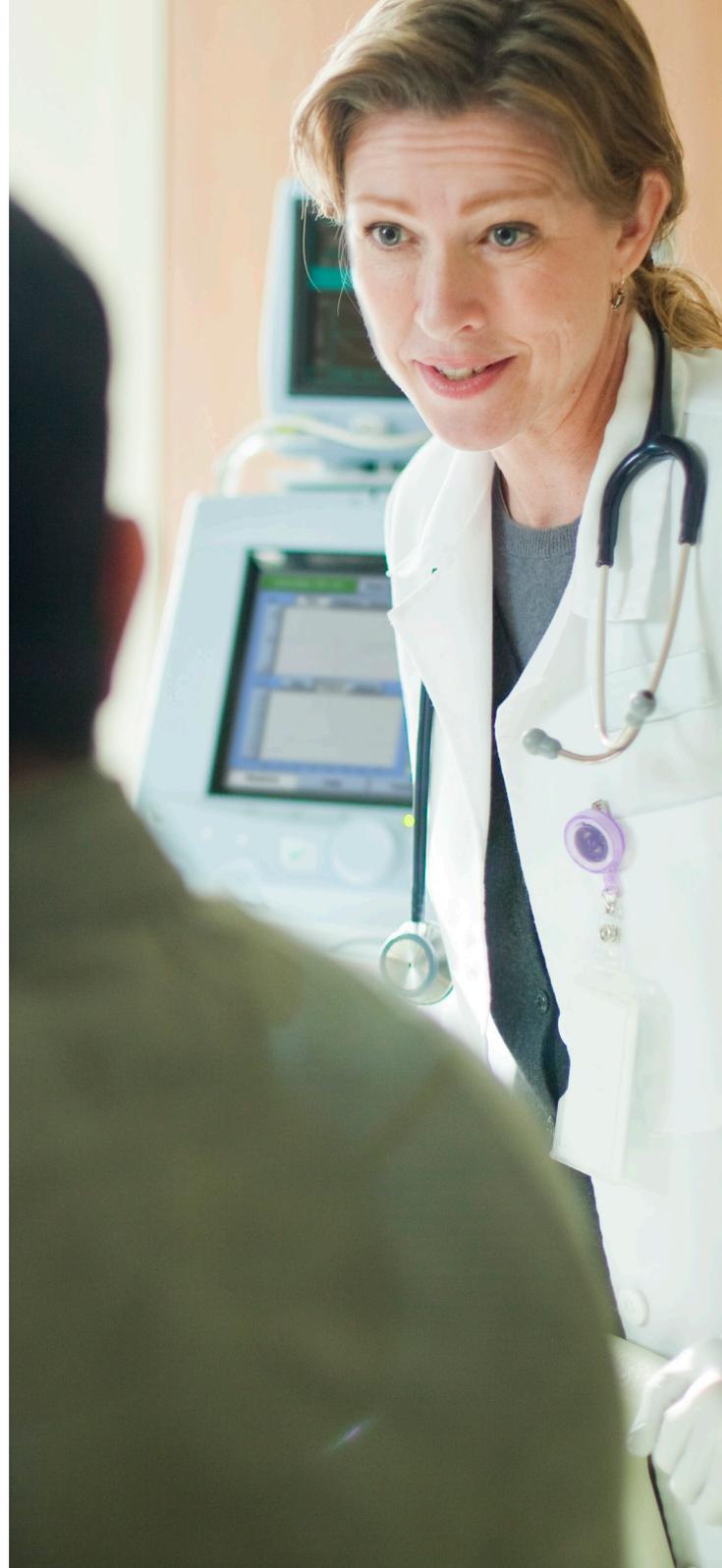
989803206631

Infant/Neo CO₂
Nasal



989803206661

Infant/Neo CO₂ /O₂
Nasal



Comparison chart mainstream versus sidestream monitoring

	Mainstream sensor	Sidestream sensor
Part number	M2501A	M2741A
Initialization time	Full specifications within two minutes, waveform data in less than 15 seconds at an ambient temperature of 25°C	Full specifications within two minutes, waveform data in less than 20 seconds at an ambient temperature of 25°C
Measurement range	0 to 150 mmHg, 0 to 19.7%, 0 to 20 kPa (at 760 mmHg)	0-150 mmHg, 0-19.7%, 0-20 kPa (at 760 mmHg)
Accuracy: 0 - 40 mmHg	0 – 40 mmHg: ± 2 mmHg	± 2% mmHg
Accuracy: 41 - 70 mmHg	41 – 70 mmHg: ± 5%	± 5% of reading
Accuracy: 71 - 100 mmHg	71 – 100 mmHg: ± 8%	± 8% of reading
Accuracy: 101 - 150 mmHg	101 – 150 mmHg: ± 10%	± 10% of reading
		Note: All specifications are ≥ 12% for respiration rates above 80 BPM
Sample flow rate	N/A	50 ml/min; ±10 ml/min
CO ₂ stability (drift): short-term	Drift over four hours shall not exceed 0.8 mmHg	Drift over four hours shall not exceed 0.8 mmHg
CO ₂ stability (drift): long-term	Accuracy specification will be maintained over a 120-hour period	Accuracy specification will be maintained over a 120-hour period
Calibration	No routine calibration required. 40 second maximum (15 seconds nominal) airway adapter zero performed when changing to a different style of airway adapter.	No routine calibration required
Physical characteristics		
Size	Height: 35 mm; width: 48 mm; depth: 23 mm	Height: 38 mm; width: 66 mm; depth: 89 mm
Weight	25 gm (0.88 oz)	272 gm (9.6 oz)
Cable length	3 m (9.8')	55.88 cm (22")
Temperature and humidity, operating	0–45°C, 10-90% RH, non-condensing	0–40°C, 10-90% RH, non-condensing
Storage	-40 - 70C, <90% RH, non-condensing	-40 - 70°C, <90% RH, non-condensing
Water resistance	IPX4-Splash-proof (sensor head only)	IPX4-Splash-proof
Shock resistance	IEC TR 60721-4-7 Class 7M3 (designed to withstand environments subject to significant vibrations or high shock levels); IEC 60068-2-27 shock and IEC 60068-2-64 random vibration; Able to withstand repeated six-foot (1.8 m) drops onto tiled floor while operating	IEC TR 60721-4-7 Class 7M3 (designed to withstand environments subject to significant vibrations or high shock levels); IEC 60068-2-27 shock and IEC 60068-2-64 random vibration; Able to withstand a 3 foot (91.4 cm) drop.
Data output	CO ₂ gas concentration (mmHg), end-tidal CO ₂ , inspired CO ₂ , respiratory rate	CO ₂ gas concentration (mmHg), end-tidal CO ₂ , inspired CO ₂ , respiratory rate.



Order all of your capnography consumables from a single source. Mainstream or sidestream. Adult, pediatric, infant, or neonate. Surgical suite, intensive care unit, emergency room, general ward, procedural sedation – and more. Whatever your capnography needs, you can find the answer with Philips.



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