

Reprocessed by



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Instructions for Use Hygia LNCS Infant Pulse Oximetry Probe IFU

Reprocessed Device for Single Use.

Caution: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician.

NON-STERILE NOT MADE WITH NATURAL RUBBER LATEX

Indications for Use/Description

The Hygia Health Services Reprocessed Masimo LNCS infant sensors, (1861, 2328 & 2319), are indicated for use when continuous noninvasive arterial oxygen saturation and pulse rate monitoring are required for patients weighing between 3 and 20 kg. The Hygia reprocessed LNCS infant sensor has been validated with the Masimo Radical SET pulse oximeter and is intended to be used with the Radical SET pulse oximeter and LNCS cable. The reference has been validated in induced hypoxia studies in humans against a laboratory hemoximeter.

Warnings

1. Failure to apply the LNCS infant sensor properly may cause incorrect measurements.
2. High oxygen levels may predispose a premature infant to develop retinopathy. Therefore, the upper alarm limit for oxygen saturation must be carefully selected in accord with accepted clinical standards and considering the accuracy range of the oximeter being used.
3. While the LNCS infant sensor is designed to reduce the effects of ambient light, excessive light may cause inaccurate measurements, in such cases, cover the sensor with opaque material.
4. Circulation distal to the sensor site should be checked routinely. The site must be inspected every 8 hours to ensure adhesion, skin integrity, and correct optical alignment. If skin integrity changes, move the sensor to another site.
5. Intravascular dyes may lead to inaccurate measurements.
6. Excessive motion may compromise performance. In such cases, try to keep the patient still, or change the sensor site to one with less motion.
7. Do not immerse in water or cleaning solutions.
8. If the sensor is wrapped too tightly or supplemental tape is applied, venous pulsations may lead to inaccurate saturation measurements.
9. Do not use the LNCS infant sensor or other oximetry sensors during MRI scanning. Conducted current may cause burns. Also, the LNCS infant sensor may affect the MRI image, and the MRI unit may affect the accuracy of oximetry measurements.
10. Do not alter or modify the LNCS infant sensor. Alterations or modifications may affect performance or accuracy.
11. For additional warnings, cautions or contraindications when using this sensor with compatible NPBT[™] instruments, refer to the instrument operator's manual or contact the manufacturer of the instrument.
12. If the pulse Oximeter cable is being used without the security clamp, the loose connection may lead to inaccurate saturation measurements.

CAUTION:

Pulse Oximeter probes and cables are designed for use with specific monitors. The user and/or operator needs to verify compatibility of the monitor, probe and cable before use, otherwise degraded performance and patient injury can result. Product should not be used with X-Cal Technology.

Instructions for Use

1. Remove plastic backing from the LNCS infant sensor and locate transparent windows on the adhesive side. Windows cover optical components. Note corresponding alignment marks on nonadhesive side and dashed line midway between the marks.

Reprocessed LNCS Infant Pulse Oximetry Sensor

2. Orient the LNCS infant sensor so the dashed line is on the lateral edge of the site: A great toe is the preferred LNCS infant sensor location. Alternatively, apply the sensor to another digit of similar size, for example, a thumb.

Note: When selecting a sensor site, priority should be given to an extremity free of an arterial catheter, blood pressure cuff, or intravascular infusion line.

3. Wrap the LNCS infant sensor firmly, but not too tightly around the foot or finger. Windows must *oppose* each other.
4. Plug the LNCS infant sensor into the oximeter and verify proper operation as described in the oximeter operator's manual.

Note: If the sensor does not track the pulse reliably, it may be incorrectly positioned—or the sensor site may be too thick, thin, or deeply pigmented to permit appropriate light transmission. If any of these situations occurs, reposition the sensor or choose an alternate Masimo LNCS™ sensor. Also, using a pulse Oximeter cable without the security clamp may cause a loose connection and may lead to inaccurate saturation measurements. Cables with security clamps should always be used with all pulse Oximeter sensors.

Specifications:

Range:	Saturation: 0-100%	Temperature: Operational: 1°C-42°C (34°F-107°F)
	Pulse Rate: 30-240 bpm (beats per minute)	Storage: -20°C-50°C (-4°F-122°F)
Accuracy:	Saturation: 70 to 100% +/- 3 digits in adults	Humidity: 15% - 95% non-condensing
	Pulse Rate: 30 to 240 bpm +/- 3 digits	

Accuracy Notes: Because pulse oximeter equipment measurements are statistically distributed, only about two-thirds of pulse oximeter equipment measurement can be expected to fall within +/- 3 Arms of the value measured by a CO-oximeter.

Patient contact materials have been demonstrated to be biocompatible for patient use.

The OEM information listed on the label is provided as device ID prior to reprocessing and may contain the trademarks of unrelated third parties that do not sponsor this device.

This product and its packaging have been exposed to ethylene oxide gas (EtO). Even though the product is processed in compliance with all applicable laws and regulations relating to EtO exposure, proposition 65, a State of California voter initiative, requires the following notice:

Warning: this product and its packaging have been exposed to ethylene oxide. The packaging may expose you to ethylene oxide, a chemical known to the State of California to cause cancer or birth defects or other reproductive harm.