

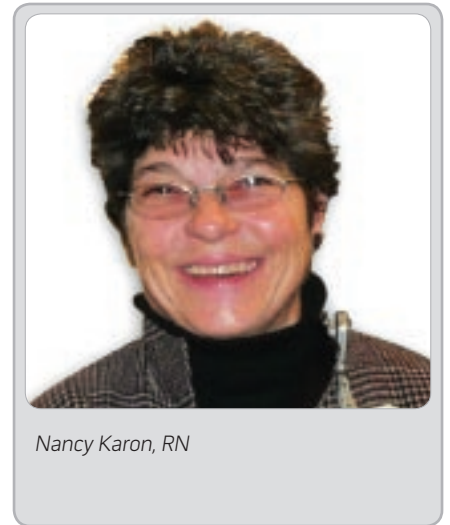
Dead-in-bed Patient Scenario Potentially Averted

Masimo Patient SafetyNet™ Proves to be a Critical Element for Patient Safety on General Care Floors

Facility	Dartmouth-Hitchcock Medical Center, Lebanon, NH
Clinician Reporting	Nancy Karon, RN
Patient Event	Post-surgical patient under moderate sedation rapidly deteriorates on the general care floor

> The Situation

An otherwise healthy 50-year-old male was admitted for routine single knee replacement surgery. The patient presented with a slightly elevated Body Mass Index and disclosed occasional snoring, but was not clinically diagnosed with Obstructive Sleep Apnea (OSA). After an uneventful surgery, he was transferred to the general care floor and placed on Patient-Controlled Anesthesia (PCA) for pain management. He awoke the next morning in a considerable amount of pain and, over the next hour, exhausted the opiate supply in his PCA pump. Shortly thereafter, his nurse completed her assessment and inserted a new dose into his PCA pump before her shift ended. During shift change, the patient appeared to be resting comfortably and showed no outward signs of distress. Normally, it would be 45 minutes before the patient could be checked again; however, the patient quickly became hypoxic—with his oxygen saturation dipping into the low 80s.



> The Masimo Difference

In this case, the patient was continuously monitored by the Masimo Patient SafetyNet system—a remote monitoring and wireless clinician notification system (Masimo RadNet®) featuring Masimo SET® pulse oximetry and an alarm escalation protocol that provides visual alarms at bedside first, followed by audible alarms at bedside and wireless alerts sent directly to the assigned nurse via pager. Upon hearing the low SpO₂ audible alarm, the nurse responded to the patient's bedside, identified that the patient was in respiratory depression due to the high dosage of opiate analgesics (exacerbated by undiagnosed OSA), activated the Rapid Response Team, and administered naloxone. Thanks to the rapid and appropriate intervention set into motion by the Patient SafetyNet sequence of events, the patient was rescued and recovered with normal vital signs. He did not require intubation, or transfer to the ICU, and was discharged after a routine length of stay. With Masimo Patient SafetyNet, staff nurses on the general care floor now have the tools they need to assure the highest possible quality of care that patients expect from Dartmouth-Hitchcock Medical Center.

"I believe the Masimo Patient SafetyNet system saved this patient's life!" - Nancy Karon, RN