

Trending and accuracy of noninvasive hemoglobin monitoring in pediatric perioperative patients.

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BACKGROUND: Rainbow Pulse CO-Oximetry technology (Masimo Corporation, Irvine, CA) provides continuous and noninvasive measurement of arterial hemoglobin concentration (SpHb). We assessed the trending and accuracy of SpHb by this innovative monitoring compared with Hb concentration obtained with conventional laboratory techniques (Hb) in children undergoing surgical procedures with potential for substantial blood loss.

METHODS: Hb concentrations were recorded from Pulse CO-Oximetry and a conventional hematology analyzer. Regression analysis and 4-quadrant plot were used to evaluate the trending for changes in SpHb and Hb measurements (Δ SpHb and Δ Hb). Bias, precision, and limits of agreement of SpHb and of in vivo adjusted SpHb (SpHb - first bias to HB) compared with Hb were calculated.

RESULTS: One hundred fifty-eight SpHb-Hb data pairs and 105 delta pairs (Δ SpHb and Δ Hb) from 46 patients aged 2 months to 17 years with Hb ranging from 16.7 to 7.9 g/dL were collected. To evaluate trending, the delta pairs (Δ SpHb and Δ Hb) were plotted, which revealed a positive correlation (Δ SpHb = $0.022 + 0.76\Delta$ Hb) with correlation coefficient $r = 0.76$, 95% CI [confidence interval] = 0.57-0.86. The bias and precision of SpHb to Hb and in vivo adjusted SpHb were 0.4 ± 1.3 g/dL and 0.1 ± 1.2 g/dL, respectively; the limits of agreement were -2.0 to 3.2 g/dL before in vivo adjustment and -2.4 to 2.2 g/dL after in vivo adjustment (P value = 0.04). The mean percent bias (from the reference Hb concentration) decreased from $4.1\% \pm 11.9\%$ to $0.7\% \pm 11.3\%$ (P value = 0.01). No drift in bias over time was observed during the study procedure. Of patient demographic and physiological factors tested for correlation with the SpHb, only perfusion index at sensor site showed a weak correlation.

CONCLUSIONS: The accuracy of SpHb in children with normal Hb and mild anemia is similar to that previously reported in adults and is independent of patient demographic and physiological states except for a weak correlation with perfusion index. The trending of SpHb and Hb in children with normal Hb and mild anemia showed a positive correlation. Further studies are necessary in children with moderate and severe anemia.