

5. Troubleshooting

When encountering an alert, eliminate possible issues related to the clinical setting or patient factors before troubleshooting the device:

1. Possible clinical setting issues

- Is blood pressure cuff placed on the same arm as the NOL finger probe?
- Is there excessive motion?
- Is there pulling or straining of the finger probe or its cable?
- Is there electrical interference? crossing wires/ tangled cables?
- Is the clinician leaning on the patient?

2. Possible patient factors issues

- Is the patient hypovolemic or poorly perfused?
- Is the patient hypothermic?
- Does the patient suffer from a condition that is contraindicated for NOL monitoring?
- Have vasoactive drugs been administered?

If not resolved, perform the following steps. Allow 60 seconds to assess success before moving to the next action. If all steps listed below fail, replace finger probe and restart the system.

3. Device

Pleth alert:

- Reposition patient finger within probe and massage finger
- Try a different finger
- Restart procedure

Conductance displayed

- Make sure a heat blanket is not drying out the sensor
- Check if sensor is properly connected to probe and that the adhesive is well applied to finger
- Is heat blanket drying out sensor?

Check Probe displayed

- Is finger probe well connected to monitor?

For extra support contact:

Name: _____

Phone: _____

Email: _____

NOL QUICK GUIDE FOR THE OPERATING ROOM

1. Starting and stopping a monitoring session

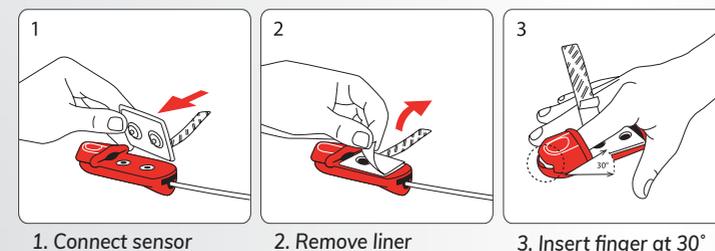


Video Tutorial

A

Connecting the patient

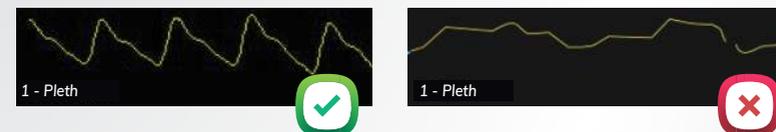
Place the NOL finger probe on the arm not used for BP monitoring.



B

Verifying signal quality

Verify no alerts appear and ensure the Pleth signal presents a solid waveform pattern, then secure sensor's strap.



C

When patient is in final position, press **START** to initiate monitoring

Following 30-60 seconds calibration, the NOL value (0-100) is displayed. Expect a gap of ~10 seconds between any clinical intervention and the NOL response.

D

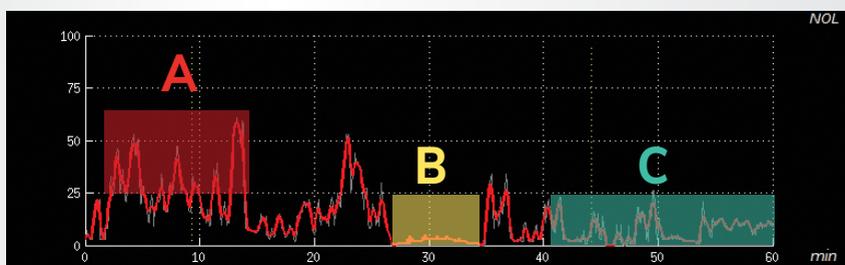
To end the monitoring session, press **STOP**. This will ensure monitoring data is saved and may be downloaded using a USB.

2. Interpreting the NOL trend

The NOL trend reflects the patient nociception anti-nociception balance during general anaesthesia.

The NOL amplitude, trend, duration and pattern, can help support your clinical decisions about such matters as the administration of analgesic medications.

Focus on the trend, not the absolute NOL value.



A. NOL trend above 25 for more than one minute (whether constant or fluctuating) may indicate the patient requires additional analgesic therapy. Higher values indicate a stronger nociceptive response.

B. NOL below 10 for more than one minute during a painful stimulation may indicate excessive anti-nociception and reduction of analgesics may be considered. If regional analgesia is used, a low NOL is expected.

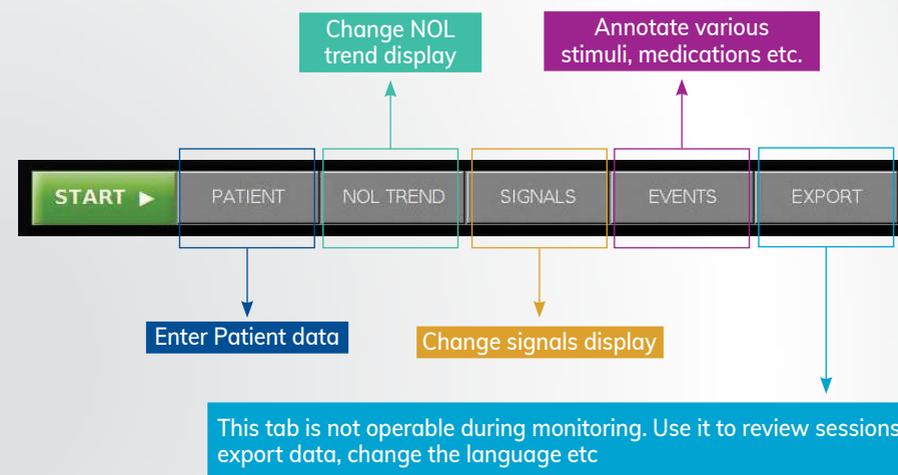
C. NOL between 0-25 represents an appropriately suppressed physiological response to noxious stimuli and indicates adequate analgesia.

The NOL index cannot anticipate noxious stimuli and thus minimal level of analgesics should always be maintained.

The PMD-200 should be used as an adjunct to clinical judgment. Clinical judgment should always be used when interpreting the NOL index in conjunction with other available clinical and vital signs.

3. Advanced tools

Various advanced tools are optional for use during monitoring



4. Signal Alerts

Signal indicators are displayed on the top of the screen.

Blue alert = information only

Orange alert = lower severity - requires attention

Red alert = higher severity - must be corrected

Battery Indicators:

Make sure power status indicates external AC power supply. Internal battery is for back up use only

