Alaris® EtCO² module pocket programming guide

End-tidal carbon dioxide (EtCO²) functions:
- A measurement of breath-to-breath exhaled CO²
- Reflects alveolar ventilation
- Helps measure the respiratory rate by exhaled breath
- Measures continuous respiratory rate (ventilation breath to breath) monitoring, and indicates hypoventilation faster than SpO₂ monitoring for opioid administration

Key steps to successful EtCO₂ monitoring and patient-controlled analgesia (PCA):
- Patient and family education
- Proper FilterLine set positioning
- Adherence to established hospital protocols for assessment
- Sedation level assessment
- Respiratory rate and quality assessment
- Trend data assessment

To view EtCO₂ display:
1. Attach the patient disposable
2. Press CHANNEL SELECT
3. Press ENTER on the keypad to the retain view
4. Review the display

To set/change alarm limits:
1. Press CHANNEL SELECT
2. Press LIMITS
3. Select limit parameter to be changed
4. Enter numeric value using keypad or up/down arrow keys
5. Press CONFIRM
6. Press MAIN SCREEN

To view EtCO₂ trend data:
1. Press CHANNEL SELECT
2. Press TREND
3. Press PAGE UP and PAGE DOWN to navigate through trend data pages; move cursor using up/down arrow keys
4. Press ZOOM to change time period
5. To exit, press EtCO₂
6. Press MAIN SCREEN

To view PCA/EtCO₂ trend data:
NOTE: Shared trend data can be viewed when the Alaris PCA module is attached to the same Alaris PC unit as the monitoring module.
1. Press CHANNEL SELECT
2. Press OPTIONS
3. Select PCA/EtCO₂ trend data, and navigate as described in “to view EtCO₂ trend data section”
4. To exit, press EtCO₂ MAIN
5. Press MAIN SCREEN

To change waveform height or time scale:
1. Press CHANNEL SELECT
2. Press OPTIONS
3. Select WAVEFORM HEIGHT or WAVEFORM TIME SCALE.
4. Select 60 mmHg or 99 mmHg/5 or 10 seconds
5. Press MAIN SCREEN

To set/change pre-silencing alarm:
1. Press SILENCE to pre-silence monitoring alarms for two minutes
NOTE: Infusion alarms will not be silenced
2. Press CANCEL SILENCE to cancel silence before two minutes

This guide includes selected information and suggestions, not comprehensive instructions on setting up and operating the Alaris System. For complete instructions with warnings and cautions, refer to the Alaris System directions for use.
High FiCO₂ alarm
Possible causes:
• Inspired exhaled CO₂ or poorly attached disposable
• Drapes or covers over face
Possible responses:
• Check disposable, O₂ flow, mask and/or drape position
• Follow established hospital protocol

No breath detected alarm
Possible causes:
• No breathing
• Improperly attached disposable, to patient and/or device
• Undetected exhalation (shallow breath)
Possible responses:
• Assess patient, and follow established hospital protocol
• Check disposable

Clearing disposable alarm
• The module is trying to clear the clogged disposable
• If cleared, the module automatically resumes monitoring
• If unable to clear, the module goes into a disconnect occluded disposable alarm

Low RR alarm
Possible causes:
• Shallow breathing
• Oversedation
Possible responses:
• Check disposable placement
• Compare value to baseline
• Follow established hospital protocol

Low EtCO₂ alarm
Possible causes:
• Poorly positioned disposable
• Respiratory distress
• Increased sedation
Possible responses:
• Check disposable placement
• Compare value to baseline
• Follow established hospital protocol

High EtCO₂ alarm
Possible causes:
• Hypoventilation
• Increased sedation
Possible responses:
• Check disposable placement
• Compare value to baseline
• Follow established hospital protocol

Disconnect occluded disposable alarm
Cause:
• Cannula is occluded or needs to be reset
Responses:
• First, try disconnecting and then, try reattaching the cannula
• If the device still reads DISCONNECT OCCLUDED DISPOSABLE, then obtain and attach a new disposable

Auto-zero in progress alarm
• Module performs an auto-zero calibration
• During this time, no data is obtained
• No intervention is necessary

Normal waveform (normal ventilation; 35–45 mmHg)

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The associated possible responses are suggestions only and not meant to replace current clinical practice or hospital protocols. Always consult hospital protocols.