

## Masimo: Reuse, Replace, Recycle

### 1. Masimo: Reuse, Replace, Recycle

#### 1.1 Masimo



## 1.2 Core Value of Excellence

### CORE VALUE OF EXCELLENCE

Our core value of excellence calls us to be faithful stewards of the resources entrusted to us. We are expected to properly use and protect all Catholic Health resources, materials, supplies, equipment and financial assets.

This includes:

- Using resources wisely (minimal waste)
- Cleaning and reusing what we can
- Replacing parts, if able, rather than the whole
- Recycling when able

**Masimo has several areas where we can be good stewards with supplies and equipment**

## 1.3 Masimo policy review

### MASIMO POLICY REVIEW

- Masimo oxygen saturation and heart rate monitoring are a safety net available to help us monitor certain populations of patients that need extra respiratory status monitoring and can help us to avert bad outcomes for these patients.
- *Policy #: RC-RT-CH-0046 Masimo patient safetynet (PSN) monitoring:*

All patients admitted to a PSN monitored floor with the following criteria will be placed on SpO2 monitoring.

1. Patients on a Patient Controlled Analgesia Pump (PCA) for the duration of treatment if not using end tidal Co2 monitoring
2. Patients with a known history of Obstructive Sleep Apnea (OSA)
3. Tracheostomy patients admitted to the medical/surgical unit
4. Patients with a BMI greater than or equal to 40
5. Patients who have undergone bariatric surgical procedures
6. Non-OB patients with epidural or intrathecal opioid administration
7. Patients receiving narcotics at a frequency of 1-2 hours if not using end tidal Co2 monitoring
8. As per specified provider order or nursing assessment

## 1.4 Clean and reuse



### CLEAN AND REUSE

The pulse oximeter and cords must be cleansed between each patient and any time they become soiled.

To clean: Turn the bedside monitor off and wipe down the unit and the patient cable (seen at left) with an alcohol based cleaner (70% alcohol) or 10% bleach cleaner.

Disposable sensors are to be reused on the **same patient only** but may be wiped down with the above cleaners if soiled and then allowed to dry completely and reapplied with new replacement tape.

## 1.5 Properly care for Cords

### PROPERLY CARE FOR CORDS

WATCH THAT THE CORD IS NOT TIGHTLY WRAPPED AROUND THE MACHINE OR STRETCHED TOO TIGHTLY



SEE HOW THE CORD IS BEGINNING TO TEAR/FRAY



## 1.6 Return for warranty if broken

### RETURN FOR WARRANTY IF BROKEN



If a cord itself is not working properly:

- Do not throw it out
- Return it to your manager who will return it to the company for replacement (under warranty)
- Replace with a new one that is working properly

## 1.7 Mother/Baby Masimo

### MOTHER/BABY MASIMO

The mother/baby unit has a portable Masimo unit.

The silver portion is very light and easy to get mixed up in laundry, but is the brain and is very expensive.

Please make every effort not to lose this or to throw it away.



## 1.8 Masimo sensor application

# MASIMO SENSOR APPLICATION

### RD SET Cabled Neo: Neonatal/Adult Sensor



Direct the sensor cable so that it runs along the top of the hand. Position the detector on the fleshy part of the finger. Alternatively, the sensor may also be applied to the toe (not shown).



Wrap the adhesive wrap around the finger so the emitter window (⊕) aligns on the top of the finger directly opposite the detector.



Check the sensor to verify correct positioning and reposition if necessary.

Complete coverage of the detector window is needed to ensure accurate data.

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## 1.9 Masimo – replacing part instead of whole (when able)

### MASIMO – REPLACING PART INSTEAD OF WHOLE (WHEN ABLE)

- Masimo sensors are good for 14 day single patient use. This covers most of hospital stays.
- If the sensor tape doesn't stick any longer or has become contaminated (blood, bodily fluids, food etc.) we want to **change the tape only**. Remove the old tape, Clean the sensor with an alcohol based cleanser then after it dries, change the tape
- If the sensor is not reading at all:
  - Reposition the sensor first
  - Try a new finger next
  - Replace the cord to the monitor before changing the sensor out next
  - If that does not correct the problem then change the sensor

## 1.10 Masimo replacement tape VS Sensors

### MASIMO REPLACEMENT TAPE VS SENSORS

*Please use the Masimo replacement tapes when changing the Masimo finger probe sensors, this is a substantial cost savings to the hospital and will create less landfill waste.*



← Sticky finger tape comes off of the sensor.

(Cost 9.95/Each Sensor)



← Replacement tapes for the sensors are located on every unit respiratory cart that utilizes the Masimo safety net.

(Cost .31/Each)

You can see there is a significant savings in changing the tape vs changing the sensors

## 1.11 Masimo – replace tape vs sensors



Does your patient need a new Masimo sensor or just new tape for the existing sensor? Please help to conserve supplies.

### MASIMO – REPLACE TAPE VS SENSORS

You will see this sign where the Masimo sensors and tape are stored to remind you to only replace a sensor when needed

## 1.12 How to change Masimo tape

### HOW TO CHANGE MASIMO TAPE

[Click to watch video.](#)

It may open in a new window. Make sure you return back to this education to finish the content.

## 1.13 Masimo - recycle

### MASIMO - RECYCLE

Why do we recycle?

- less landfill waste (better for the environment)
- cost savings for the organization

You will see the sign at the right where the recycling bucket is in the soiled utility room



Do you have a Masimo sensor to dispose of?  
Please place it in the White Recycle Bin in the soiled utility room.



Recycling helps the planet and the organization!!

## 1.14 Assessing respirations and lung sounds

### ASSESSING RESPIRATIONS AND LUNG SOUNDS

- Masimo Safety net with pulse oximetry is a nice safety feature but it does not replace using our assessment skills for respirations and lung sounds.
- We should be assessing respiratory rate for full 30 sec (to assess for any apnea).
- Are they breathing normally or shallowly?
- When respiratory depression is caused by a narcotic, the first indication is a drop in respiratory rate and depth. Watch the trends with the respiratory rate. O<sub>2</sub> saturation drop is a later sign of respiratory failure.



## 1.15 Assessing respirations and lung sounds

### ASSESSING RESPIRATIONS AND LUNG SOUNDS



- Assess effort (work of breathing). Are they able to say full sentences? Are they using accessory muscles?
- Auscultate lung sound with a stethoscope. Do you hear any rales, wheezes or rhonchi? Do you hear very diminished breath sounds in a particular area or generalized?
- Are any of these normal or expected for your patient?

## 1.16 Good Catches

### GOOD CATCHES

- **Mr. Jones** – 50yr old male admitted to the hospital for new onset Atrial Fibrillation with rapid heart rate. He weighs 350 lbs. His lung sounds are clear. He had been treated in the ED and admitted to the floor on telemetry. He was placed on the telemetry unit and the Masimo PSN system. During the night he desaturated to 75% several times and rebounded quickly. We were able to provide information to the provider, that led to an outpatient sleep study, that diagnosed sleep apnea.
- **Mrs. Smith** – 75yr old female admitted for a right hip replacement. She weighs 102 lbs. She is day 1 post op. She is receiving morphine via a PCA pump. At 2am her Masimo PSN system alarmed with a saturation of 82%. On assessing the patient, her respiratory rate was noted to be between 8-10. She was awakened, encouraged to take deep breaths and O2 was applied via nasal cannula. Her saturation improved back to her baseline of 94%. Her physician then decreased her basal rate of morphine on her PCA and no further adverse events were noted.

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