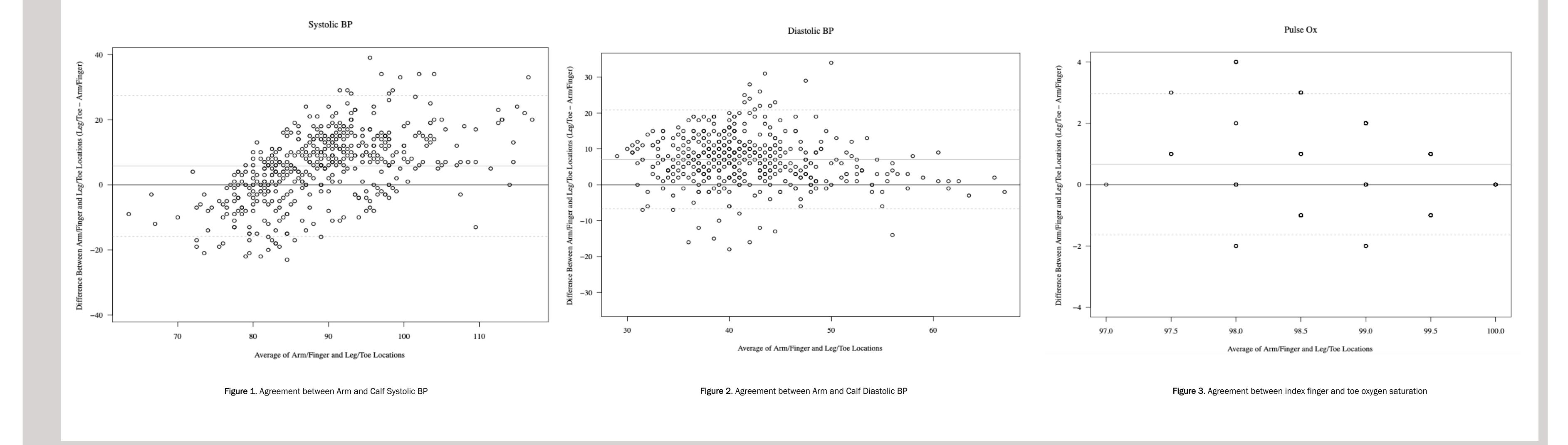


# **Evaluation of Pulse Oximetry, Blood Pressure Measurements**Based on Sensor Location During Dental Procedures

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#### BACKGROUND

- Safe treatment for pediatric patients sometimes requires use of sedation or general anesthesia (GA)<sup>1</sup>
- Proper monitoring is necessary to ensure patient safety during sedation/GA<sup>1,2,3</sup>
  - Pulse oximeters (PO): measures oxygen saturation (SpO<sub>2</sub>)
  - Non-invasive blood pressure (NIBP) cuffs: measures blood pressure
- Monitors my be interchangeably placed:
  - Blood pressure cuffs are placed either on upper arm or lower calf
  - Pulse oximeters are placed on the finger or toe, especially in children<sup>4</sup>
- Studies reporting on data of NIBP measurements taken from upper arm and lower calf in children are contradicting.<sup>5,6,7</sup>
- To our knowledge, there are no other studies comparing oxygen saturation of pulse oximeters placed on index finger and second toe in children.



FIGURES

#### METHODS

This study has received IRB approval (11255)

- <u>Inclusion criteria</u>: 3-10 years old, ASA I or II, undergoing dental procedures under GA
- Exclusion criteria: not ASA I or II, taking prescribed or OTC medications, systemic condition affecting BP or SpO<sub>2</sub>, or no local anesthetic administered
- Consent and assent (7+ years) obtained

#### Study Devices

- Monitors: Philips IntelliVue MP20, Dinamap Carescape
- BP: right upper arm and right lower calf
  - Proper BP cuff size determined per manufacturer guidelines
- SpO<sub>2</sub>: PO placed on left index finger and left second toe
- Following induction of GA, measurements taken every 5 minutes with patient in supine position

#### RESULTS

- 50 patients met inclusion criteria
- Age range: 3-9 years old
- Arm systolic and diastolic BPs were significantly lower than calf BPs (p<.001)</li>
- Finger SpO<sub>2</sub> was significantly lower than second toe SpO<sub>2</sub> (p<.001)</li>
- Agreement between arm/calf and finger/second toe measurements were low, based on both the mean differences and the relatively large differences between the measurements
  - Demonstrated in Figures 1, 2, 3

### DISCUSSION

- All measurements acquired in supine position, which should be considered when applying this information.<sup>8</sup>
- Calf measurements should be interpreted with caution based on our findings.
- Other studies report greater inaccuracy and increased delay in detection of hypoxemia when using big toe for SpO<sub>2</sub> measurements.<sup>9,10,11</sup>
- Our study suggests that the second toe may be considered as an alternative site for pulse oximeter placement in healthy patients.
- While our study suggests that SpO<sub>2</sub> of second toe was more frequently associated with higher SpO<sub>2</sub> than index finger, SpO<sub>2</sub> did not go below 97% in all patients. It is hard to predict the clinical value from our data when no episodes of hypoxemia were encountered.

## CONCLUSION

- Lower systolic and diastolic measurements of the arm were noted when compared to those taken from lower calf (just above ankle bone)
- Oxygen saturation was lower when obtained via pulse oximeter placed on the index finger compared to the second toe

# REFERENCES

