

Pulse Oximetry in Children with Congenital Heart Disease: Effects Of Cardiopulmonary Bypass And Cyanosis.

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Introduction

The objective of this prospective, observational study with consecutive sampling was to assess the reliability, bias, and precision of Nellcor N-395 (N) and Masimo SET Radical (M) pulse oximeters in children with cyanotic congenital heart disease and children with congenital heart disease recovering from cardiopulmonary bypass-assisted surgery admitted to a cardiovascular operating suite and pediatric intensive care unit at a tertiary care community hospital.

Methods

Forty-six children with congenital heart disease were studied in 1 of 2 groups: (1) those recovering from cardiopulmonary bypass with a serum lactic acid > 2 mmol/L, and (2) those with co-oximetry measured saturations (SaO₂) $< 90\%$ and no evidence of shock. Measurements of SaO₂ of whole blood were compared to simultaneous pulse oximetry saturations (SpO₂). Data were analyzed to detect significant differences in SpO₂ readout failures between oximeters and average SpO₂ - SaO₂ ± 1 SD for each oximeter.

Results

A total of 122 SaO₂ measurements were recorded; the median SaO₂ was 83% (57 - 100%). SpO₂ failures after cardiopulmonary bypass were 41% (25/61) for N versus 10% (6/61) for M (P $< .001$). There was a significant difference in bias (ie, average SpO₂ - SaO₂) and precision (± 1 SD) between oximeters (N, 1.1 \pm 3.3 vs M, -0.2 \pm 4.1; P $< .001$) in the postcardiopulmonary bypass group but no significant difference in bias and precision between oximeters in the cyanotic congenital heart disease group (N, 2.9 \pm 4.6 vs M, 2.8 \pm 6.2; P = .848).

Conclusions

The Nellcor N-395 pulse oximeter failed more often immediately after cardiopulmonary bypass than did the Masimo SET Radical pulse oximeter. SpO₂ measured with both oximeters overestimated SaO₂ in the presence of persistent hypoxemia.