

I'm not robot!

Pulse oximeters are a widely available piece of anaesthesia patient monitoring equipment used in veterinary practices. They are inexpensive, easy to use, and provide a non-invasive method to gain real-time information on oxygen transport, accompanied by an audible pulse rate. The use of pulse oximetry has been shown to reduce the risk of anaesthesia related deaths (Brodbeck et al., 2008). Oxygen Transport Oxygen is transported from the lungs into the blood where it is released into the tissue for cellular metabolism. Oxygen diffuses into the plasma and then binds to the protein haemoglobin found in red blood cells, however, a very small amount of oxygen remains dissolved in plasma. Each red blood cell carries millions of haemoglobin molecules; when the four subunits of the haemoglobin molecule are each carrying an oxygen molecule, the haemoglobin become 'saturated' and is referred to as "oxyhaemoglobin", conversely when haemoglobin is not carrying oxygen it is referred to as "deoxyhaemoglobin". The pulse oximeter uses a light absorption technique to determine how much of the haemoglobin in arterial blood is saturated with oxygen (SpO₂). The Pulse Oximeter Probe The most common probe used is the transmission probe; this clip design holds a thin piece of tissue between it and emits an infrared light and a red light from one side of the clip to a receiver on the other side. Placement of the probe should be on pigment free tissue where contact can be made: mucous membranes like the tongue and lip are commonly used, however the prepuce, vulva, ear or webbing between the toes can be used too. If the patient has dark or thick fur, readings may be very difficult to obtain or they may be inaccurate. The probe selectively reads the (pulsatile) arterial blood flow of the tissue; oxyhaemoglobin absorbs more infrared light and deoxyhaemoglobin absorbs more red light at different wavelengths. The pulse oximeter then gives a reading based on the difference between these two absorbances. For example, if an SpO₂ reading is 97%, it means that 97% of the red blood cells that were read by the probe had haemoglobin molecules that were fully saturated with oxygen, and 3% were not. What is Pulse Oximetry telling us? Pulse Oximetry provides information on oxygen transport; its relationship to the Oxyhaemoglobin Dissociation Curve and the Partial Pressure of Arterial Oxygen (PaO₂) is used to presume there are normal levels of oxygen in the blood for cellular metabolism in the tissues. In a healthy patient breathing room air, a normal PaO₂ is 80-100mmHg which correlates to an SpO₂ of 95%-99%. The PaO₂ measures the amount of oxygen that is dissolved in plasma after the red blood cells are fully saturated. PaO₂ is what drives the diffusion of oxygen into the tissues, so think of SpO₂ as the oxygen reservoir until it is released into the plasma. Hypoxemia is defined as a PaO₂ is less than 60mmHg which correspond to an SpO₂

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