

Clinical Use Cases for Capnography

Location	Clinical Application	Standards/Recommendations for EtCO ₂ Monitoring
Hospital-based or free- standing sleep laboratory	Sleep studies	American Association for Sleep Medicine (AASM)* Scoring manual requires monitoring of either transcutaneous PCO ₂ or end-tidal CO ₂ for pediatric sleep studies
Outpatient or ambulatory surgery centers; special procedures area (e.g., cardiac catheterization lab, endoscopy)	Procedural or conscious sedation – adequacy of ventilation	American Society of Anesthesiologists (ASA) Standard of Basic Anesthetic Monitoring (updated 2011) Requires capnography during procedural sedation
General medical/surgical hospital ward	Patient safety during patient- controlled analgesia (PCA) or continuous narcotic administration	The Joint Commission Sentinel Event Alert 2004 Recommends capnography monitoring for patients receiving opiates that can suppress respiration Anesthesia Patient Safety Foundation (APSF)** Recommends continuous ventilation monitoring for all postoperative patients and patients receiving supplemental oxygen to mitigate the effects of opioid-induced respiratory depression.
Emergency; crash cart	Cardiopulmonary resuscitation – confirm endotracheal tube placement, determine effectiveness of chest compressions(CPR) and detect Return of Spontaneous Circulation (ROSC)	American Heart Association (AHA) 2010 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Recommend continuous waveform capnography during CPR on intubated patients
ICU, Emergency Department	Airway management for all intubated patients	Royal College of Anaesthetists and Difficult Airway Society studies, 2011*** Recommend capnography for all intubated patients

^{*} The AASM Manual for the Scoring of Sleep and Associated Events; Rules, Terminology and Technical Specifications

Nonin Medical capnographs provide accurate, first-breath EtCO₂ value and waveform — ideal for spot check and continuous EtCO₂ monitoring.

^{**} APSF Essential Monitoring Strategies to Detect Clinically Significant Drug-Induces Respiratory Depression in the Postoperative Period, June 2011

^{***} Cook TM, Woodall N, Frerk C. British Journal of Anaesthesia 2011; 106(5):617-31 Cook TM, Woodall N, Harper J, Benger J. British Journal of Anaesthesia 2011; 106(5)632-42