ABOUT THE STUDY:
Prediction of Opioid-induced respiratory depression in patients monitored by capnography

- 1,495 patients enrolled, data from 1,335 patients analyzed
- Blinded Microstream™ capnography and Nellcor™ pulse oximetry data used to determine respiratory depression episodes, based on predefined criteria
- Endpoints included 3 or more continuous minutes of alarm violations for all parameters, excluding apnea

1,495 patients enrolled, data from 1,335 patients analyzed

- 16 sites
- International multi-center prospective study
- Medtronic-sponsored

ABOUT THE PROBLEM
Respiratory depression is common

46% of patients receiving opioids on the general care floor experience respiratory depression

Respiratory depression episodes (RDEs) are costly — for both hospitals and patients

Patients with ≥1 RDEs were more likely to experience an adverse event (AE) that required action.1
- Relative risk of 1.36 for AE requiring prolonged hospitalization
- Relative risk of 2.46 for AE requiring rescue, including rapid response team activation

Even without serious adverse events, the mean cost for high-risk patients with respiratory depression is $6,448 higher than for high-risk patients without RDEs.2

Mean hospital length of stay was three days longer in patients with ≥1 RDE.1

ABOUT MITIGATING THE RISK
The PRODIGY Risk Prediction Tool

Validated scoring tool to help identify patients at risk for opioid-induced respiratory depression

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Opioid naïve</th>
<th>Sleep disordered breathing</th>
<th>Chronic heart failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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