



Product Evaluation Tool: Xhale Nasal Alar Oximetry Sensor

Evaluator's Name: _____ Department: _____ Date: _____

Position/Title (Please Circle): RN MD NP/PA RRT Other: _____

Product Specific Questions

Clinical Considerations	Meets Expectations	Does Not Meet Expectations (Please explain below or in Comments)	Not Applicable
1. Ease of Sensor Application			
2. Time to obtain quality signal			
3. Quality of signal over your shift with patient			
4. Alarm frequency-nuisance over actual			
5. Patient comfort			
6. Skin integrity assessment			
7. y 8 hours and checking every 4 hours. (Changing location every 4 hours and checking every 2 hours for patient deemed high risk)			
8. Sensor remained secured with proper placement (cable loop around ear)			

Is the product clinically acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to use this product in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ClinicianComments/Concerns: _____

