CoSense® Key Features:

- **Supports best practices.** AAP recommends the use of ETCO.
- **Portable and non-invasive.** Test the newborn at the bedside without interruption of bonding.
- **Immediate results.** Non-invasively measures ETCO, which allows the physician to determine hemolytic status in less than five minutes.
- **Easy to use.** Just three simple steps and no calibration required.
**CoSense®**

**Easy, Rapid & Proven Solution.**

**Non-invasively detects**

**The Rate of Hemolysis**

**in Newborns using End-Tidal Carbon Monoxide (ETCO)**

**Measurements in the Baby’s Breath.**

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**Carbon Monoxide Detects Hemolysis**

Carbon monoxide and bilirubin are produced in a 1:1 ratio during hemolysis. Carbon monoxide is eliminated from the body through the lungs as ETCO. The AAP Guidelines state that ETCO is the ONLY clinical test that measures the rate of bilirubin production (hemolysis). Elevated levels of ETCO indicate the presence of hemolysis in newborns, and hemolysis in neonates with hyperbilirubinemia confers a higher risk for adverse neurodevelopmental outcomes. 

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**ETCO Measurement Detects the Presence of Hemolysis**

Published data shows that ETCO measurement is an accurate measure of hemolysis. Three clinical trials have been conducted to validate the ability of CoSense to detect the rate of hemolysis. These studies confirm that ETCO values with CoSense accurately measure bilirubin production and can detect the rate of hemolysis in newborns and pediatric patients. Preliminary data from Stanford shows that ETCO values with CoSense closely correlate with carboxyhemoglobin levels in the blood, confirming the ability of CoSense to measure the rate of hemolysis.

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**How Do You Know if this is Normal Newborn Jaundice?**

TODAY, physicians order different tests:

- Direct Coombs
- CBC
- Retic Count
- Peripheral Smear

BUT, some of these tests aren’t reliable in newborns.

So hemolysis can continue to go undetected, placing the newborn at risk for ADVERSE NEUROLOGICAL OUTCOMES.

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**Bilirubin Testing:** Provides the bilirubin level at a single point in time.

**End-Tidal Carbon Monoxide Testing:** Allows the physician to see the big picture.

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The CoSense End-Tidal Carbon Monoxide Monitor is not intended to screen or diagnose a specific disease or condition. Rather it is a tool intended for the monitoring of carbon monoxide in medical conditions in which the rate of hemolysis may be relevant.

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**Since 2004, the American Academy of Pediatrics has recommended the use of ETCO.**

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**AAP Guidelines** recommend the use of ETCO testing in newborns 35 weeks’ gestation or more who:

1. are receiving phototherapy, or
2. have TSB rising rapidly, or
3. have TSB approaching transfusion levels, or
4. have jaundice unexplained by history and physical.

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9 million babies are born in the US and EUROPE each year.

60-80% of these babies will develop jaundice.

In many babies, this is a normal condition that can be easily treated.

Babies with both HYPERBILIRUBINEMIA and HEMOLYSIS are at greatest risk for adverse neurodevelopmental outcomes.

According to the AAP Guidelines, newborns with a hemolytic condition need to receive phototherapy at lower levels of bilirubin than other newborns.

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