



THE PULSE OXIMETER + SMART WEB SEARCHING

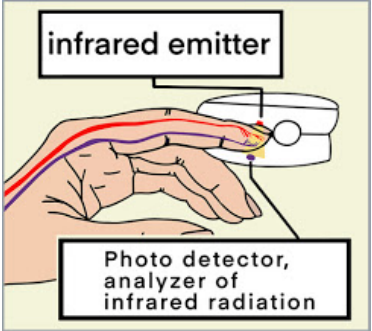
Does the Pulse Oximeter Belong in your Home Health Monitoring Kit?

Almost a year into the pandemic, we have seen waves of empty shelves of specific items due to panic shopping or the recent burst of proactive health trends. This reflects a significant part of "the Covid Culture"-comprising the demand for personal safety measures (beyond the holy trinity of masking, distancing and hand hygiene). A large part of our population also subscribes to proactive health measures in the home which includes a daily regimen of immune-boosting health supplements. In addition, more and more drug store shelves continue to stock up on self-check devices including the hand-held infrared THERMOMETERS, BLOOD PRESSURE CUFFS, SPIROMETERS and THE PULSE OXIMETER.



THE PULSE OXIMETER- is an electronic device that clips onto a patient's finger to measure heart rate and oxygen saturation in his or her red blood cells—the device is useful in assessing patients with lung disease.

According to a report from the Yalemedicine.org, "Pulse oximeters started to fly off store (and online) shelves when people learned that low oxygen saturation levels can be a sign of COVID-19. The logic is that shortness of breath, a symptom of the disease, may not be easy—or even possible—for a person to reasonably self-assess. What's more, doctors report that some COVID-19 patients suddenly develop a condition called "silent hypoxia," where people look and feel comfortable—and don't notice any shortness of breath—but their oxygen levels are dangerously low. It happens to patients both in the hospital and at home, but it is a particular problem in the latter case because the symptom may indicate severe COVID-19-related pneumonia, requiring a ventilator. That's why some people may want or need to monitor their oxygen saturation levels at home." [1]



There are various schools of thought when it comes to this device. Physicians often use this as a preliminary for gathering a patient's vitals. Though highly useful for its quick and portable data-grab, common belief is that the oximeter is not relied upon for more than this. In fact, interviews with paramedics have recommended the use of the CAPNOGRAPH vs. the Oximeter as a portable diagnostic for presence of lung disease and forms of congenital heart disease. [2] The idea of home testing remains a valid protocol for wellness maintenance and prevention, and having a small arsenal of home testing devices (if used correctly) can certainly support this. Regular self-checks of one's circulatory performance strongly supports a lifestyle of safety and survivorship from the pandemic and disease in general. But nothing tops primary monitoring like watching for coughs, shortness of breath, muscle pain and loss of taste and smell [1].

How to get a Proper OxySat Reading



In symptomatic patients, monitoring with HOME PULSE OXIMETRY is recommended (due to asymptomatic hypoxia). The limitations of home pulse oximeters should be recognized, and validated devices are preferred. Multiple readings should be taken over the course of the day, and a downward trend should be regarded as ominous. Baseline or ambulatory desaturation < 94% should prompt hospital admission. The following guidance is suggested:

- o Use the index or middle finger; avoid the toes or ear lobe
- o Only accept values associated with a strong pulse signal
- o Observe readings for 30–60 seconds to identify the most common value
- o Remove nail polish from the finger on which measurements are made
- o Warm cold extremities prior to measurement

Source: [FLCCC.net](https://www.flccc.net) (Front Line Covid-19 Critical Care Alliance)

The ARDS / Covid-19 Connection?

Acute Respiratory Distress Syndrome (aka: Acute Lung Injury / Noncardiac Pulmonary Edema) is a serious lung condition that causes low blood oxygen where fluid builds up inside the tiny air sacs of the lungs (alveoli). This condition disables air from properly entering the lungs and moving enough oxygen into the bloodstream and throughout the body. [4]

Experts from the Yale School of Medicine states that "when the virus that causes coronavirus disease enters the body, it frequently attaches to cells in the upper airway... When this occurs, COVID-19 can lead to ARDS, typically setting in about eight days after the onset of initial symptoms. Certain risk factors increase the likelihood of the development of ARDS in people with COVID-19, including advanced age, diabetes, and high blood pressure". [5]

Covid-19 Resources: WHO (and HOW) to Believe



"In our complex information age, what we choose to believe defines us." The explosion of materials about the Coronavirus pandemic has reshaped the relationship between digital media and public readership. Today's web searcher is inundated by a tsunami of information, such that selective and intelligent searching, fact-checking and source-validating (or vetting) has become a major necessity in the daily course of education through the web.

The widely promoted prevention protocols (of masking, distance and hand hygiene) have conditioned us all toward proactive health consciousness- driving us to want to learn more and stay in touch with the current pandemic updates. Public health agency sites like [CDC.gov](https://www.cdc.gov), [NIH.gov](https://www.nih.gov) and the [WHO.int](https://www.who.int) are some of the top sources for these updates, offering a comprehensive list of resources and the latest proven information on personal safety, care, prevention and treatment solutions.

Meanwhile, medical experts and societies have also joined this worldwide coalition for public awareness and info-sharing. One such association is the **IDSA (Infectious Disease Society of America)**, a 50+ year old community of public health experts allied with major groups like the American Federation for Clinical Research (AFCR), the American Society for Clinical Investigation (ASCI), and the Association of American Physicians (AAP). The ISDA formed a branch called the **Covid-19 Real-Time Learning Network**, featuring a complete, well-maintained resource forum for the general public and the medical community. (see: [link](#)) This type of institutional resourcing brought full access to expert information, empowering the proactive researcher to a wider level of understanding- from current health news, updates on Covid safety guidelines and infection prevention.



HEALTH & SAFETY MOVEMENT 2021: "GET THE SHOT"

NYCRA NEWS and PREVENTION101 continues its mission to share the viewpoints of experts, renowned educators and health advocates in the spirit of expanding public knowledge. For this series, we connect with healthcare worker Dr. Michael Schulder, a leading Northwell Health neurosurgeon in Manhasset, NY. He is one of the first to share his insights and his personal research on the safety and efficacy of the recently deployed Coronavirus vaccine. Dr. Schulder also addresses his views on public skepticism about the vaccine over some of the unknown factors of the coronavirus. He shares his confidence in the science and the preventive strategy of the vaccine as well as its social impact on the global stage. See Feature article

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