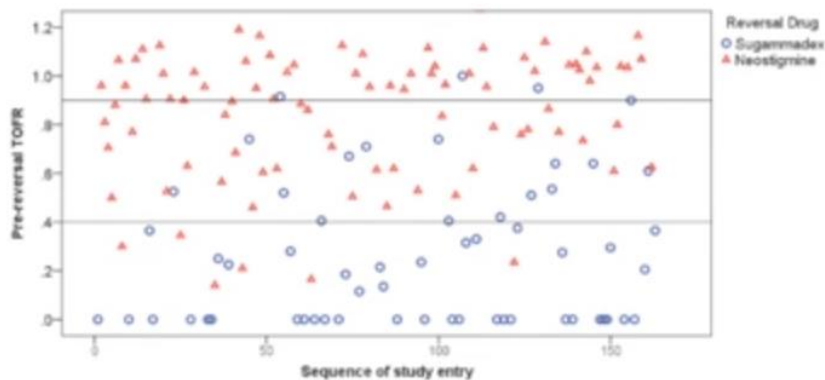


Qualitative vs Quantitative Monitoring

Peripheral Nerve Stimulator, N=163
Sugammadex if any subjective fade



Quantitative Monitoring, N=189
Sugammadex if TOF ratio < 0.4

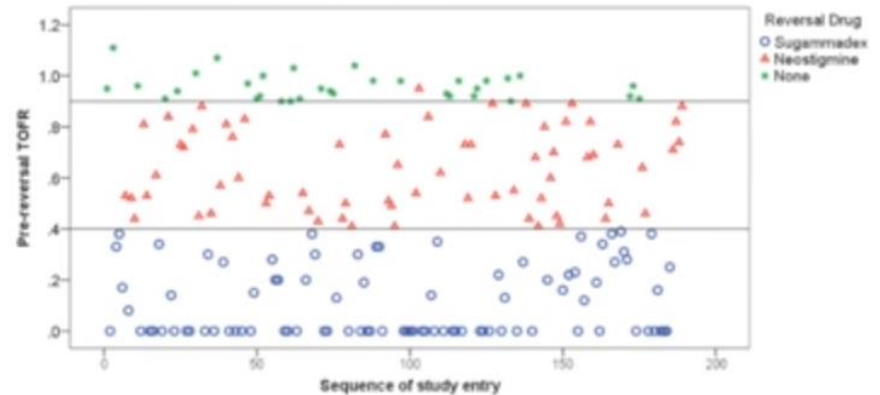
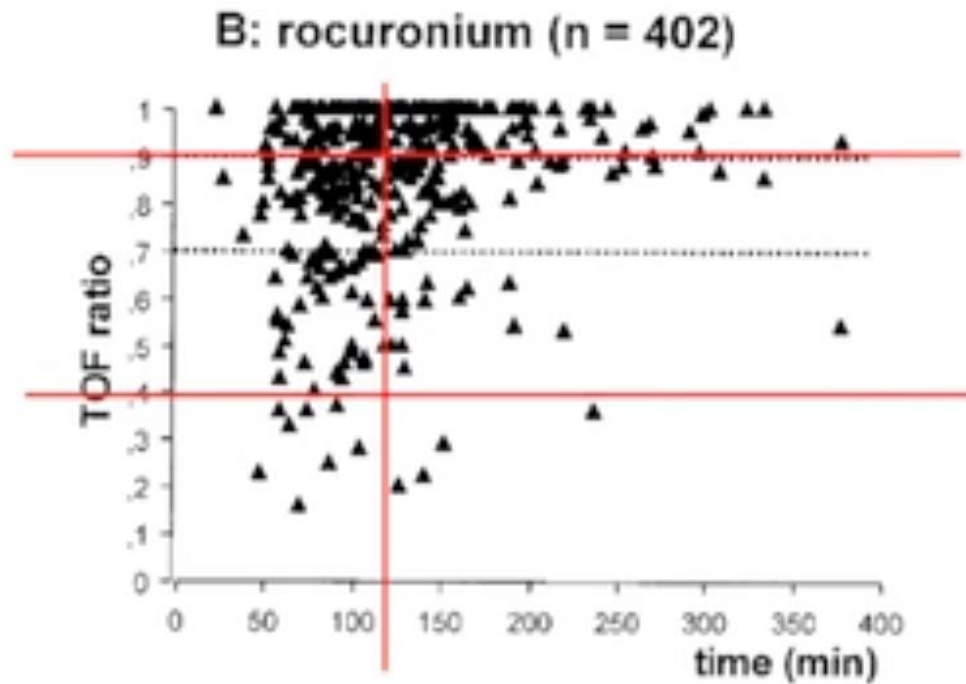


Table one: shows when using a traditional PNS to monitor NMBA subjectively that Neostigmine and Sugammadex were often given to patients that did not need any reversal shown in the top third of first table. The middle third of the first table shows patients were given sugammadex when they could have administered Neostigmine as patient's TOF ratio was over 40%. The lower third of the first table (TOF Ratio < 40%) shows several instances where Neostigmine was given, risking incomplete reversal. **Table Two:** shows when using QTOF monitoring the anesthesia providers used Sugammadex and Neostigmine and no reversal at the appropriate times resulting in safer use of medications and better overall

patient care. The second table shows a high percentage of patients did not need or get reversal whereas ALL patients were given some reversal shown in table one even when not needed with subjective monitoring.

Interpatient variability



Debaene et al, *Anesthesiology* 2003;
98:1042-8

Note: Data shows that even after 120 minutes rocuronium is present in a large percentage of patients having TOF ratio's under 90%. Thus relying on a two hour window of having rocuronium being worn off is not safe. This further supports the use of Quantitative TOF monitoring.