



Every Child Deserves Gold-Standard Monitoring

Every child deserves a safe recovery. Yet, studies show that **10–30%** of patients experience residual paralysis when anesthesia is managed without objective monitoring (Ledowski et al.; Veyckemans et al., 2025). This risk is now preventable: the latest guidelines call for quantitative electromyography (EMG) monitoring as the standard of care (Veyckemans, 2025). With its pediatric-specific design, the Next-Generation TetraGraph® with the TetraSens™ Pediatric sensor makes advanced monitoring simple, reliable, and gentle—helping clinicians protect their smallest patients at the moments that matter most.

The new pediatric guidelines also recommend:

Use EMG— rather than AMG—based neuromuscular monitoring.⁴

Next-Generation TetraGraph® with TetraSens™ Pediatric:

Why it Matters:

Residual paralysis is common:

Nearly 1 in 3 children still have residual neuromuscular block (TOF <0.9) at extubation when not quantitatively monitored (Faulk et al., 2024).

Consequences are serious:

Residual neuromuscular block (rNMB) increases risks of airway obstruction, hypoxia, aspiration, re-intubation, and delayed recovery.

Gaps in practice:

Historically, pediatrics relied on qualitative or no monitoring, leaving fragile patients exposed.

The 2025 ESAIC and ESPA guidelines on neuromuscular block in anesthetized children recommend that, whenever a neuromuscular blocking agent (NMBA) is used, quantitative neuromuscular monitoring be applied to modulate the level of neuromuscular block and to rule out a residual neuromuscular block before extubation.

The guidelines recommend using NMBAs to facilitate intubation. (Veyckemans, 2025).



The SOLUTION

Next-Generation TetraGraph with TetraSens Pediatric Sensor

Pediatric-specific and skin-safe design:

Regulatory-cleared separately and specifically for infants ≥ 1 month*, with a low-profile, flexible electrode array gentle on delicate skin.

The flexible sensor can be placed on the hand (ADM or AP muscles) or on the foot.

Proven signal strength feedback:

EMG technology delivers strong, consistent signals—even in children < 2 years or with tucked arms where AMG fails. Individualized signal strength confirms correct sensor placement at the start and ensures accurate readings throughout the case.

Seamless workflow:

Quick and easy setup, no calibration required, and continuous train-of-four (TOF) data without interrupting clinical flow.

Smarter dosing decisions:

Intuitive TetraGraph Level-of-Block Gauge™ provides real-time feedback to guide precise NMBA and reversal dosing, optimizing safety and minimizing unnecessary drug use.

Safety you can trust:

From intubation to extubation, the Intubation Readiness Indicator helps guide optimal intubation conditions, while TOFR $\geq 90\%$ confirms safe recovery before extubation.

*Age is defined based on the Food and Drug Administration's FDA's guidance: "...the upper age boundary for neonates (through the first 28 days of life) and the lower age boundary for infants (29 days) are defined in days rather than months, consistent with national statistical standards for reporting neonatal and infant mortality according to post-natal age."



Scan the QR code to learn more, or visit [Senzime.com/Pediatric](https://www.senzime.com/Pediatric)



Order Information:

SEN2013 TetraSens Pediatric (box of 15)

References

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