Break the cycle.

“ReDS is the fifth vital sign for patients with congestive heart failure.”

- Dr. William Abraham
Detecting Volume Overload Study

In a study designed by Dr. Peacock, ReDS demonstrated effectiveness at detecting volume overload in the Emergency Department. ReDS corroborated detection of lung fluid with the gold standard clinical determination of fluid exhibiting **sensitivity and specificity of 89% and 83% respectively** for a cutoff ReDS reading of 37%.

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**1.** Fluid determination by ReDS has strong agreement with clinical diagnosis by a team of physicians with all available data 30 days post discharge.

**2.** ReDS can help triage Emergency Department patients with shortness of breath quickly.

**3.** ReDS quick and accurate determination of fluid may lead to better clinical outcomes and may help save money with patient throughput improvements.

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Remove the Burden from the Emergency Department

Alamance Regional had over a 90% admit rate for shortness of breath in the Emergency Department (ED). This study examined 58 patients with a history of heart failure presenting to the ED with complaint of worsening shortness of breath (SOB) or swelling.

<table>
<thead>
<tr>
<th>ED ReDS Reading</th>
<th>No. of Patients (n=58)</th>
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</thead>
<tbody>
<tr>
<td>≤ 35%</td>
<td>33% (19)</td>
</tr>
<tr>
<td>36-39%</td>
<td>26% (15)</td>
</tr>
<tr>
<td>≥40%</td>
<td>41% (24)</td>
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</tbody>
</table>

**33%** of patients experienced SOB for reasons other than congestive heart failure and should not be admitted for heart failure.

**26%** of patients could potentially be managed with diuretic therapy under observation to avoid an admission to the hospital.

As many as **59% of patients in the ED could benefit from ReDS to potentially be cared for without a hospital admission.**

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Please consult the ReDS User Manual for device performance, warnings, and contraindications.

For more information: www.sensible-medical.com and info@sensible-medical.com