

The Neurological Pupil index™

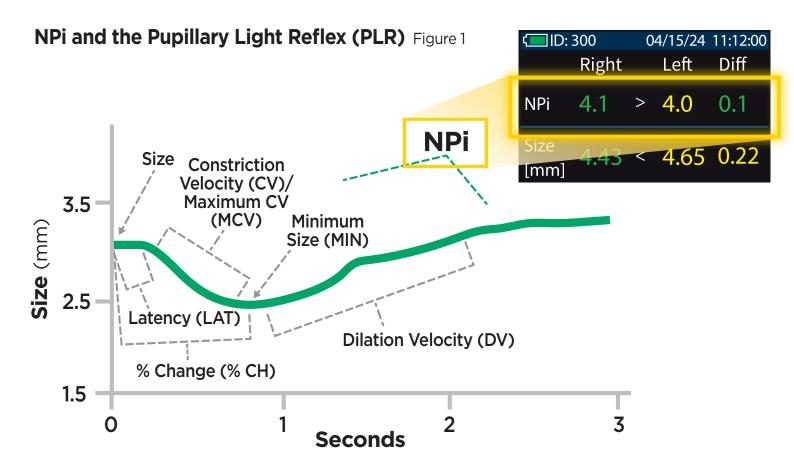


The Gold Standard for Pupillary Assessment in Critical Care and Emergency Medicine



NPi Measures the Entire Pupillary Light Reflex (PLR)

- The Neurological Pupil index™, NPi®, was developed as a quantitative measure of the entire PLR, because any one parameter alone is insufficient.
- NPi incorporates all 7 components of the PLR using analysis of the waveform measured by the NPi Pupillometer (Figure 1).



Adapted with permission: DaiWai Olson, PhD, RN, FNCS https://neuroptics.com/symposiums-on-demand/

The Neurological Pupil index™ (NPi®) Pupil Reactivity Assessment Scale

Measured Value*	Assessment
3.0 – 4.9	Normal
< 3.0	Abnormal
0	Non-Reactive, Immeasurable, or Atypical Response

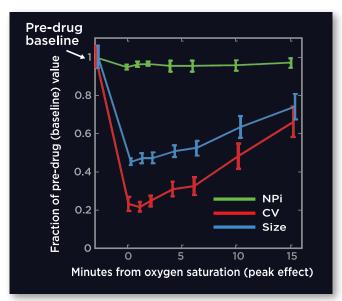
*A difference in NPi between Right and Left pupils of ≥ 0.7 may also be considered an abnormal pupil reading

*Per the Neurological Pupil index (NPi) algorithm

NPi provides Accurate Measurements of Pupil Reactivity in the Presence of Many ICU Medications

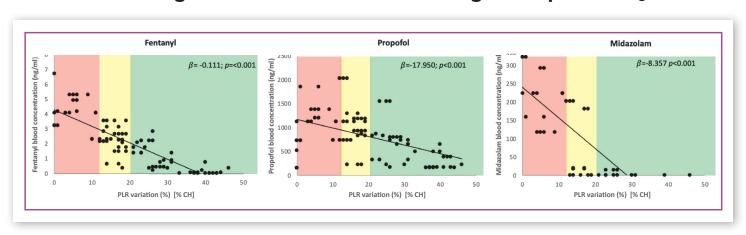
- NPi is a pupillary measurement parameter that remains unaffected by many ICU medications and intoxicants—including opioids (Figure 2), neuromuscular blocking agents (NMBA's), and sedatives—as demonstrated by numerous peer-reviewed clinical studies (see back page, Figure 4).
- Constriction velocity (CV), % change of pupil size (% CH), and **all** other singular measurement parameters are subject to significant influence by common medications and may lead to inaccurate conclusion of neurological changes (Figures 2, 3 and 4**).

Effects of High-Dose Opioids on NPi, CV, and Size Figure 2



Rollins MD, Feiner JR, Lee JM, Shah S, Larson M: Pupillary effects of high-dose opioid quantified with infrared pupillometry. Anesthesiology: The Journal of the American Society of Anesthesiologists, 121(5): 1037-1044 2014

Effects of Analgesics and Sedatives on % Change of Pupil Size Figure 3



Martineau-Lessard C, Arbour C, Germélus NE, Williamson D, De Beaumont L, Bernard F: Pupil Light Reflex for the Assessment of Analgesia in Critically III Sedated Patients With Traumatic Brain Injury: A Preliminary Study. Journal of Neuroscience Nursing, 54(1): 6-12, 2021.

Published Medication Findings with NPi Pupillometry Figure 4

Medication(s)	Medication Finding with NPi	Clinical Study
amphetamines, benzodiazepines, cocaine metabolites, ethanol, methadone, opiates (including oxycodone and fentanyl), phencyclidine, and tetrahydrocannabinol (THC)	NPi remains unaffected by clinical intoxication and can potentially be used for ED patient evaluation without risk of confounding by key intoxicants of abuse, such as opioids	**Jolkovsky et al: Impact of acute intoxication on quantitative pupillometry assessment in the emergency department (JACEP Open, September 2022)
midazolam, remifentanil, dexmedetomidine, propofol	NPi values were not significantly influenced by sedative drugs, consistent with previous studies	Kim et al: Neurological Pupil Index as an Indicator of Neurological Worsening in Large Hemispheric Strokes (Neurocritical Care, Feb 24, 2020)
midazolam, propofol, fentanyl	No significant correlation was found between NPi values and the average daily cumulative dose of sedatives	Miroz et al: Neurological Pupil index for Early Prognostication After Venoarterial Extracorporeal Membrane Oxygenation (CHEST, Feb 7, 2020)
sedatives, analgesics	In this setting, since it is not altered by sedatives/analgesics, NPi may confer a significant advantage over sPLR and provide accurate prognostic information, particularly in those patients with sedation or delayed awakening	Oddo et al: Quantitative versus standard pupillary light reflex for early prognostication in comatose cardiac arrest patients: an international prospective multicenter double blinded study (Intensive Care Med, Nov 26, 2018)
neuromuscular blocking agent (NMBA)	PLR is generated by smooth muscle and is unaffected by neuromuscular blocking drugs	Larson et al: Portable Infrared Pupillometry: A Review (Anesthesia- Analgesia, June 2015)
remifentanil	Because our cases were titrated into the range of dangerous opioid toxicity and we observed no change in NPi, we conclude NPi changes cannot be attributed to opioid therapy	**McKay et al: Detection of opioid effect with pupillometry (Autonomic Neuroscience: Basic & Clinical, Aug 2021)
epinephrine, atropine	Epinephrine and atropine do not abolish the PLR in patients who achieve ROSC after in-hospital cardiac arrest. Lack of pupillary response in the post- arrest patient should not be attributed to these drugs	Achamallah et al: Pupillary Light Reflex is Not Abolished by Epinephrine and Atropine Given During Advanced Cardiac Life Support in Patients Who Achieve Return of Spontaneous Circulation (J of Intensive Care Medicine, April 2021)

NPi has been documented in over 140 peer-reviewed clinical studies and scientific abstracts as an important pupillary measurement parameter for assessing changes during neurological exams, thus guiding treatment and informing prognosis.



To access all **NPi Pupillometry clinical publications and scientific abstracts**, scan the QR code to the left or visit: https://neuroptics.com/evidence/



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