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Protocolo:

VVT15388

Senha:

16101967

**Nome do Paciente:** NILVA TRINDADE**Data de Nascimento:** 16/10/1967**Médico(a) Solicitante:** DR FELIPE CAPISTRANO**Descrição do Exame:** MONITORIZACAO^DA^PRESSAO^INTRACRANIANA^PIC**ID do Paciente:** 15388**Nº de Acesso:****Data do Exame:** 11/08/2025 03:05

Care Nurs. Clin. North Am. 12, 429–436 (2000).

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15. Robba, C. & Citerio, G. How I manage intracranial hypertension. Crit. Care 23, 243, s13054-019-2529-z (2019).

16. Bernard, F. Neurotrauma and intracranial pressure management. Crit. Care Clin. 39, 103–121 (2023).

17. Andrade, R. de A. P. et al. A nanometer resolution wearable wireless medical device for non invasive intracranial pressure monitoring. IEEE Sens. J. 21, 22270–22284 (2021).

18. Rickli, C. et al. Use of non-invasive intracranial pressure pulse waveform to monitor patients with end-stage renal disease (ESRD). PLOS ONE 16, e0240570 (2021).

19. Rojas, S. S. O., Ordinola, A. A. M., Veiga, V. C. & Souza, J. M. de. The use of a noninvasive intracranial pressure monitoring method in the intensive care unit to improve neuroprotection in postoperative cardiac surgery patients after extracorporeal circulation. Rev. Bras. Ter. Intensiva 33, (2021).

20. Ballesterio, M. F. M., Frigieri, G., Cabella, B. C. T., de Oliveira, S. M. & de Oliveira, R. S. Prediction of intracranial hypertension through noninvasive intracranial pressure waveform analysis in pediatric hydrocephalus. Childs Nerv. Syst. 33, 1517–1524 (2017).

21. Saba, G. T. et al. Noninvasive intracranial pressure real-time waveform analysis monitor during prostatectomy robotic surgery and Trendelenburg position: case report. Braz. J. Anesthesiol. Engl. Ed. 71, 656–659 (2021).

22. Paraguassu, G., Khilnani, M., Rabelo, N. N., Cobos, L. D. & Frigieri, G. Case report: untreatable headache in a child with ventriculoperitoneal shunt managed by use of new non-invasive intracranial pressure waveform. Front. Neurosci. 15, 601945 (2021).


FELIPE CAPISTRANO RODRIGUES

DIRETOR TÉCNICO

CRMSP-148732

Assinado digitalmente em: Wed Sep 03 12:03:35 BRT 2025

Name: Nilva Trindade
Nickname:

Patient ID:
DoB: 10/16/1967 - (57a 9m 26d)

MRN:
15388

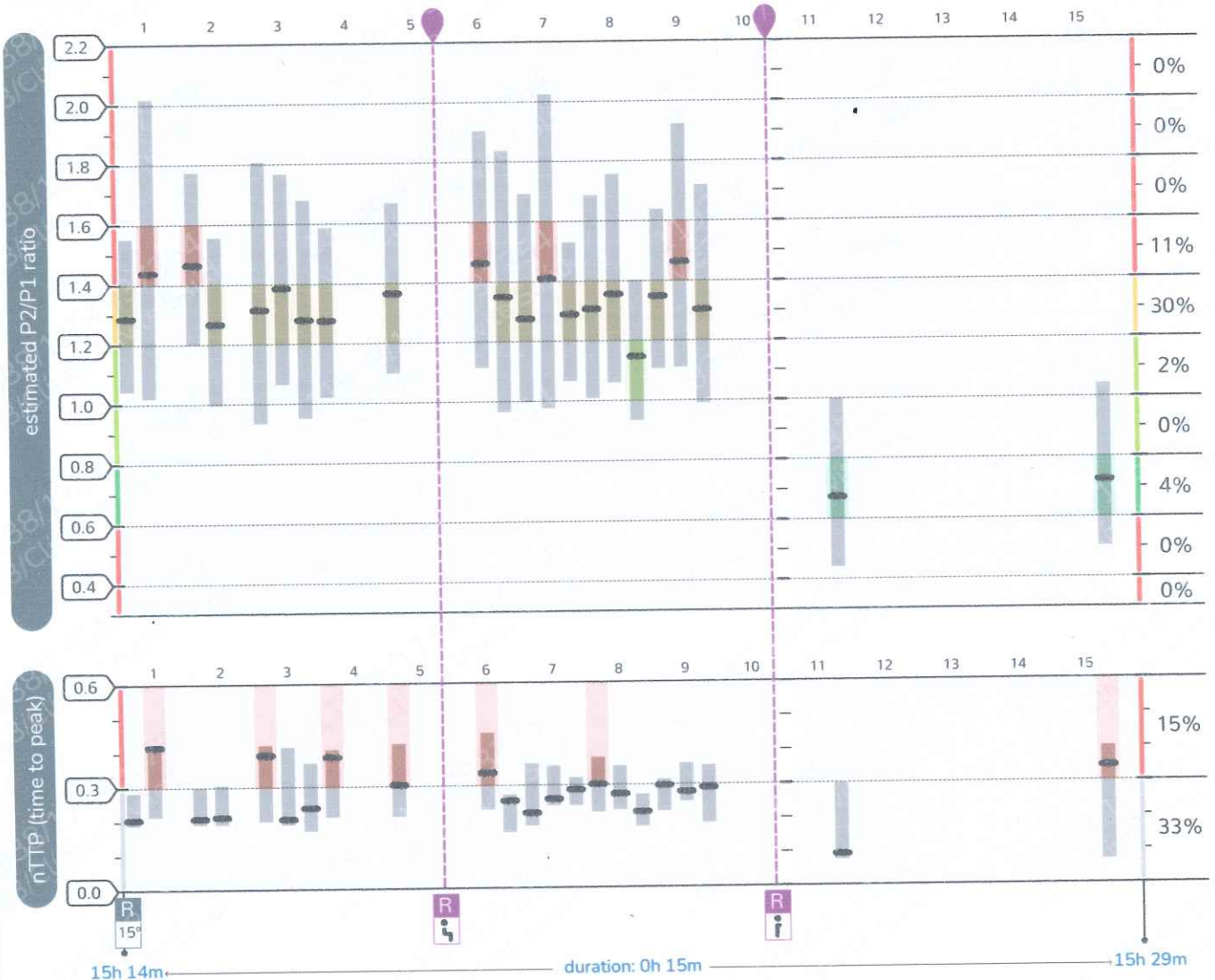
clinical context

female 57 years CEFALeia Isocoric

median P2/P1
1.31 yellow

median nTTP
0.28

1st session (current) - 08/11/2025 | 15h 14m UMI: B4CA213YZP8K



positions



	red	green	light g.	yellow	red
P2/P1 =	< 0.6	0.6 - 0.8	0.8 - 1.2	1.2 - 1.4	> 1.4
TTP > 0.3					

clinician notes

Indications for Use: The B4C System is intended to monitor variation in intracranial pressure in patients with suspected alteration of intracranial pressure (ICP) or change in intracranial compliance, by providing surrogate ICP waveforms and associated parameters (estimated P2/P1 ratio, normalized Time-to-Peak, derived useful ICP pulses and cardiac pulse) for interpretation. Refer to device labeling for more information regarding the derivation and interpretation of the output of the device. • **Contraindications, warnings and precautions:** Refer to the B4C System User Guide for the full list of contraindications, warnings and precautions as well as questions about the ICP waveform information that is presented. • **PHI Information:** This report contains protected health information (PHI). Please follow your institution's privacy and information security policies when accessing and sharing this content. • **P2/P1:** The peaks identified in this report are the most likely P1 and P2 derived from a statistical model based on the cardiac cycle of patients. The estimated P2/P1 ratio shows the value of the division between the amplitude of the peak P2 and the amplitude of the peak P1. values above 1.0 indicate that P2 is greater than P1 when monitored with the brain4care sensor. **The B4C System does not replace a comprehensive clinical evaluation.** The waveform output should always be evaluated by the clinician in conjunction with other clinical parameters or analyses. Refer to device labeling for more information regarding the derivation and interpretation of the output of the device. (Est. P2/P1=Estimated P2/P1; nTTP=Normalized Time-to-Peak; HR=Heart Rate.)

Name: Nilva Trindade
Nickname:

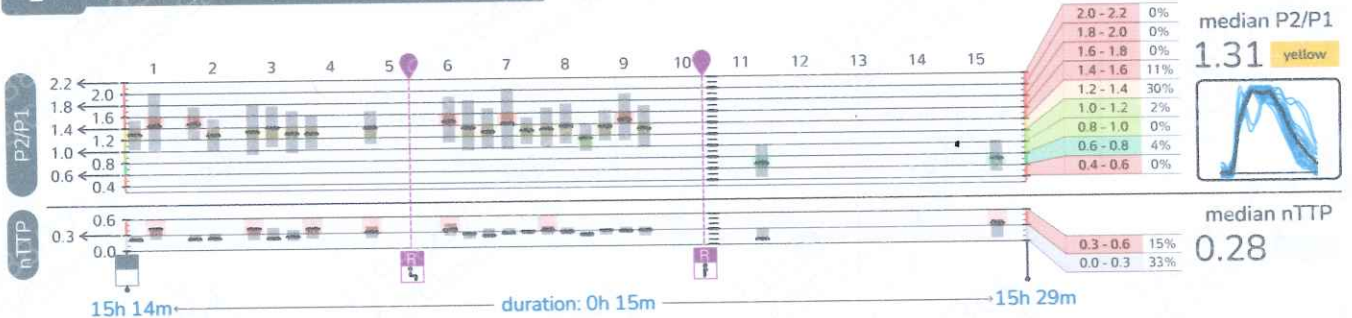
Patient ID:
DoB: 10/16/1967 - (57a 9m 26d)

MRN:
15388

clinical context

female 57 years CEFALÉIA Isocoric

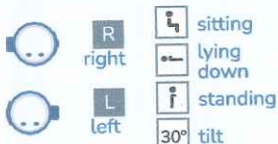
1st session (current) - 08/11/2025 | 15h 14m UMI: B4CA213YP8K



clinical notes

- minute 5: patient: seated - sensor: right
- minute 10: patient: standing - sensor: right

positions



	red	green	light g.	yellow	red
P2/P1 =	< 0.6	0.6 - 0.8	0.8 - 1.2	1.2 - 1.4	> 1.4 TTP > 0.3

clinician notes

Name: Nilva Trindade
Nickname:

Patient ID:
DoB: 10/16/1967 - (57a 9m 26d)

MRN:
15388

clinical context

female 57 years CEFALÉIA Isocoric

median P2/P1

1.31 yellow

median nTTP

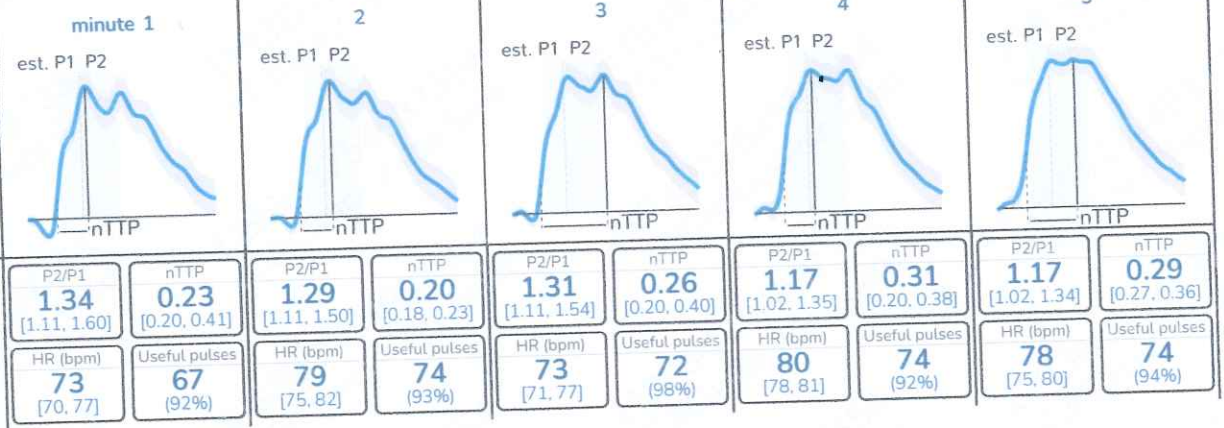
0.28

1st

session (current) - 08/11/2025 | 15h 14m UMI: B4CA213YZP8K

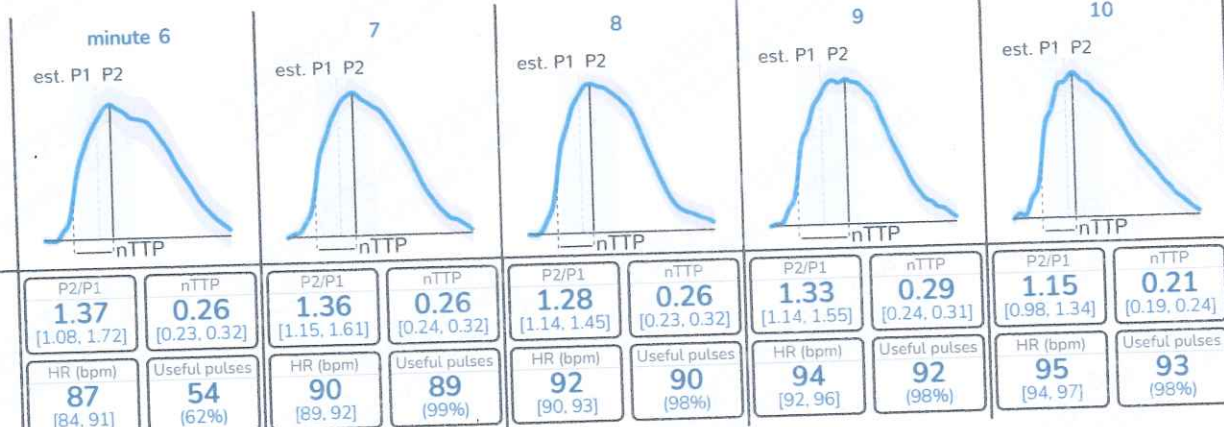
pulse morphology
(average per minute)

parameters



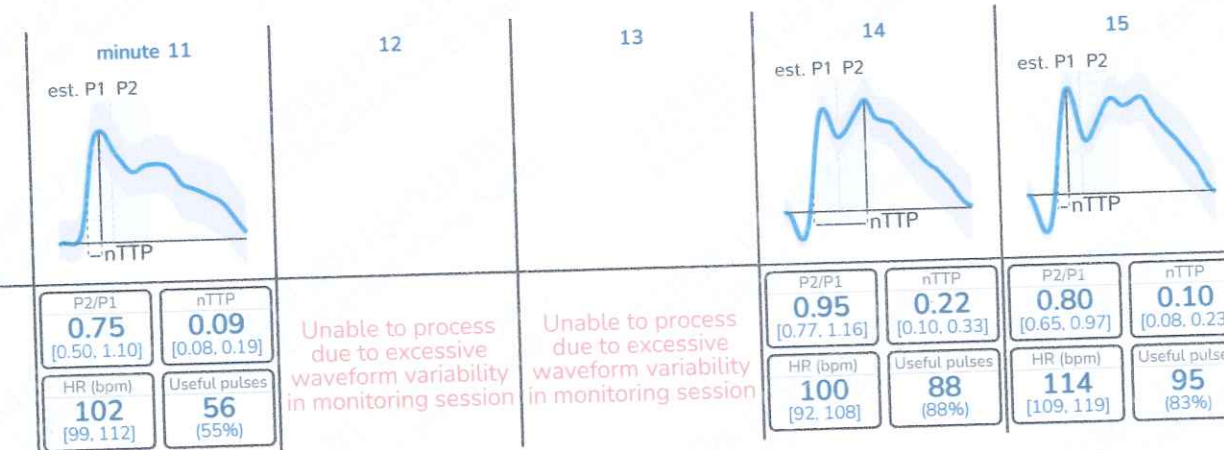
pulse morphology
(average per minute)

parameters



pulse morphology
(average per minute)

parameters



Name: Nilva Trindade
Nickname:

Patient ID:
DoB: 10/16/1967 - (57a 9m 26d)

MRN:
15388

clinical context

female 57 years **CEFALEIA** Isocoric

median P2/P1

1.31 **yellow**

median nTTP

0.28

1st

session (current) - 08/11/2025 | 15h 14m

UMI: B4CA213YZP8K

pulse morphology
(average per minute)

minute 16

parameters

Unable to process
due to excessive
waveform variability
in monitoring session