

THE LANCET

Global Health

Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Starr N, Rebollo D, Asemu YM, et al. Pulse oximetry in low-resource settings during the COVID-19 pandemic. *Lancet Glob Health* 2020; published online July 3. [http://dx.doi.org/10.1016/S2214-109X\(20\)30287-4](http://dx.doi.org/10.1016/S2214-109X(20)30287-4).

	Operating room	Post-anaesthesia care unit	Intensive care unit	Emergency room
Hospitals with functioning unit (n=59)	59 (100%)	48 (83%)	41 (70%)	54* (91%)
Functioning beds	3 (2-6)	4 (2-8)	4 (0-6)	4 (2-6)
Integrated pulse oximeters	3 (2-5)	2 (1-4)	4 (4-6)	1 (0-2)
Portable pulse oximeters	0 (0-2)	0 (0-1)	0 (0-1)	0 (0-1)
Monitoring gap†	-0.6 (2.3)	2.9 (3.1)	1.2 (2.7)	2.9 (3.1)
Units with complete pulse oximetry coverage	52/59 (88%)	8/48 (17%)	23/41 (56%)	13/53 (25%)

Data are n (%), median (IQR), mean (SD), or n/N (%). *Number of integrated or portable monitors was not available for one of the surveyed emergency rooms—53 functioning emergency rooms were used for the monitoring gap calculations. †Monitoring gap=functional beds-(integrated pulse oximeters+portable pulse oximeters).

Table: Pulse oximetry monitoring capacity and gaps by clinical care unit