

GK

MY MOST MEMORABLE ANESTHETIC EXPERIENCE

My most memorable anaesthetic experience was in August of last year. It was about an OB patient. 36 yrs nursing student of a University. This patient was presented on the OB Ward for prolonged obstructed labor x 4 days.

EMERGENCY ASSESSMENT

- 1ST Preg
- No previous surgery
- No alcohol or drugs intake
- No known disease condition
- No family hx of any disease conditions

Physical Exam

G/C conscious, alert and oriented. Seen in painful distress.

Cong – pink, skin – well hydrated

Spinal Colon – normal

Abd- large

Exts – presence of edema

FH – 172

LAB VALUE: Hg 12.0g, M/S +

B/P 110/80, P88, R-22

PRE-OP MGT

IV line open

Investigation done

INTRA OPERATIVE MGT

- Patient was placed in a lateral position while my monitors were attached
- Spinal was administered with 25G spinal needle @ L3/4
- Patient place back in supine position with bed tilted
- Pt prep and surgery commenced

After the fetus was expelled, with in 5 min, pt started complaining of thirst, weakness in the limbs, verbal communication ceased, blood pressure decreased to 50/20, pt became cyanotic, breathing stopped. BP 0/0. Fortunately for me, I had my professor around plus other senior nurse anesthetist who came to my rescue

- Surgery was stopped
- CPR/immediately done
- PPV for 10 min
- Vessel pressure administer (Adrenaline) with good result

- the fluid rate increased
- After 15 min B/P increased to 80/40, pulse rate returned

When pt finally came through, surgery was continue and ended successfully. Pt was later taken to the recovery room for continuous monitoring. After another 30 min patient became fully conscious with vital signs stable. She was later transported to the OB Ward.

POST OP ANESTHESIA EVALUATION X 72 HRS

CC: HEADACHE

O/E G/C stable

Skin - Afebrile

Cong pink

CVS NAD B/P 120/70, P 72

RS NAD RR-20

Abd Slightly distended

Neuro muscular function. Normal reflexes

Plan – increase fluid intake + rest

GMK

S.N. Anesth.