

TOPIC : A PATIENT WHO WAS EXPECTED TO LIVE BUT DIED

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This is a story of a 35 years old female who was admitted at my hospital for myomectomy. Upon admission a night before the surgery; a preoperative assessment was made during which the following findings were noted. Haemoglobin was 10.5gm. Blood type was O+, Malaria smear was negative. Physical examination reveals clear airway, chest, looks healthy, good airway, abdominal mass the size of 16 weeks gestation, pregnancy test negative.

She had a Blood Pressure of 130/80 mmHg, Pulse 80b/min, Temperature of 37C and respiration of 18 b/min.

Spinal anesthesia was the choice, however, all preparation were made for the maintenance of the airway in case of any problem. The patient was reassured and informed of the procedure.

Because of other emergencies the case was not done until about 1.00pm that day.

When she was brought into the operating room a 18G intravenous cannula was placed and secured properly and a liter of Ringers lactate started. 500ml of this (R/L) solution was allowed to run fast for preloading. After that she was placed in the sitting position for the puncture. Lumbar 2 and 3 space was selected and punctured. 3ml of Marcain 0.5% was given and the pt was positioned. Between 5-15 minutes the patient was prepared for the surgery. When the surgeon tested for sensation. The patient could not feel anything at the incision site.

During the surgery the Blood Pressure was between 120/80 – 110/70mmHg and pulse was 80b/min. Additional Ringers lactate was given. She was normal during the surgery. We discussed many things during the surgery.

This patient was also my own relative, therefore, I was extra careful, and concerned about her well being.

The surgeon took about one hour thirty minutes to do a sub-total hysterectomy. The wound was dressed and she was transferred to the ward with a BP 110/70mmHg Pulse 78b/min. Frequent visits were made at her bedside and about 5.30pm she started complaining of pains in the site. The nurses at this time gave her 100mg Tramadol IM for the pains. Twenty minutes after that she started to vomit and became restless, the Blood Pressure drop to 100/60mmHg.

Before this the surgeon who performed the surgery had left the hospital, I also was off duty. According to the Nurses the Doctor on call was informed of the patient condition. He order the Hb check and the administration Hydrocortisone 100mg IV stat – and the rate of the fluid increased.

The patient expired about five hours later without any real indication of the death.

When I returned to work the following day I was told of the death and was surprise of the death not knowing the cause of death.