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A tie t o i e cted to li e but died:

- There are some factors that is responsible for a patient expected to live but died after surgery.
- Poor management and monitoring in the recovery room or on the ward.

For instance a obese patient was brought in for emergency ruptured ectopic, surgery done under light general anaesthesia, with patient lying in Trendelenburg position, auto transfusion done. After the case, patient taken to the recovery room for monitoring and management. Knowing fully well that obese patient has an associated increased blood volume and increased cardiac work, hypertension, and cardiomegaly. On the respiratory function: vital capacity and FRC will decrease and closing volume will increase. Coronary artery disease more common in them. As a result increase shunting may occur though under ventilation. The Pt needs to be kept in a sitting position after the surgery or head up. Obese patient has a problem in finding their IV line and taking the blood pressure unless you have appropriate size of cuff. Technically the surgery is more difficult and the volume state is also difficult, with heavy blood loss.

- Patient likely to come down with wound infection. For this reason the recovery nurse, nurse anaesthetic, the surgeon has to monitor the vital sign, fluid balance the airway at all time, because the risk of airway obstruction following extubation.
- Avoid intramuscular analgesic it can cause unpredictable absorption, subsequent pulmonary aspiration, may occur and lead the patient to death.
- This patient should not have died, but because of poor management and care for the patient it lead the patient to die.