

PACU DILEMMAS

Case: The patient is a 26 year-old male who has undergone an uneventful right inguinal hernia repair under General Endotracheal Anesthesia. His past medical history is significant only for seasonal allergies and mild asthma, for which he uses an inhaler as needed, last used over a year ago. He has no known drug allergies, has never had surgery before, and has no family history of anesthesia complications. He is 5'10" tall and weighs 185 lbs. As PACU resident, you have received report from the team, who state that the procedure was uneventful and the patient is stable. Fifteen minutes later the nurse calls you because the patient's saturation is falling and is now 89%.

As you run toward the patient, formulate a differential diagnosis. Prioritize this list in several different ways, e.g. most to least likely, most urgent to least urgent, etc. What will you do first? What questions will you ask of the team? Of the nurse?

Chart review reveals that the surgery lasted one hour and fifteen minutes; he received 1300cc of lactated ringers; intraop drugs included Fentanyl, Versed, Nimbex, Ancef, Sevoflurane, Nitrous oxide, and Propofol. He was reversed at the end of the surgery with Neostigmine 4.0 mg/Glycopyrrolate 0.8 mg, and was promptly extubated.

How does this information influence your differential diagnosis? What are the criteria for reversal? For extubation? How will you evaluate his muscle strength in the PACU?

Auscultation of the chest reveals a "hint of wheezing" but otherwise you suppose he sounds OK, but frankly with these disposable stethoscopes it's kind of hard to tell. Maybe the problem with the saturation is really the monitor's fault.

What does (or can) a "little wheezing" mean? What other parameters will you use to investigate further? Are you sure it's wheezing? If so, how will you treat him? Will you send him home? What are the criteria for discharge from the PACU? Can he go home today? When is it "the monitor's fault?"

References:

1. Standard textbooks (Barash, Miller, etc.)
2. Twersky R. Recovery and Discharge of the Ambulatory Anesthesia Patient. ASA Annual Meeting Refresher Course Lectures, 2000.
3. Rock P. Evaluation and Perioperative Management of the Patient with Respiratory Disease. ASA Annual Meeting Refresher Course Lectures, 2000.
4. Stanec A. Three Essential Steps in the Clinical Use of Muscle Relaxants: Choice of Reversal Agents. Anesthesiology News, February 1999.