ROUTINE OBSEVATION In the PACU

From the time of arrival continuous observation and record including

1. Colour, 2. Resp. function, 3. Cardiovascular function, 4. level of consciousness, 5. Blood loss, 6. Care about pt. temperature (especially with long operation, children, large transfusion, and depilated pt.). 7.wound dressing, drainage and site of diathermy for evidence of burn

ASSESMENT OF COLOURE

1. The routine use of oximetry is recommended for all pt. recovering from anesthesia as this give an early warning of reduced oxygenation

2. Pink colour mean adequate cardiovascular and resp. function (if function is inadequate or decrease blood supply to the tissue lead to cyanosis or pallor)

3. Lips, conjunctiva, and tongue, for central cyanosis and finger nail for peripheral cyanosis (also in the toes and tip of the nose)

4. Peripheral cyanosis signifies a low cardiac output or hypotension; central cyanosis signifies impair gas exchange

- In the recovery period the most usual cause is hypoventilation

- A practical method to differentiate between the two state Is to massage the cyanotic skin where upon the peripheral cyanosis will disappear central cyanosis will not Assessment of respiratory function

Clinically, the best way to monitor patients' breathing is to place your hand on their chest, count the rate and feel what Is going on. Feeling your patient's chest can give you a lot of information.

We must first know whichh the normal resp. function Is

1. Satisfactory colour (there is no cyanosis of well perfuse area)

2. The movement of warm expired air can be felt by placing the hand In front the mouth or nose

3. The chest and abdomen rise together with inspiration, the chest should not retract as the abdomen rise

4. The breathing pattern Is regular with a rate between 12-24 per minute for adult.

5. Breathing is silent, there should be no snoring, no strider and no gargling sound from the pharynx, and there should be no wheezing

6. Breathing appear effort less, the accessory muscle of respiration (sternocleidomastoid muscle, and scalene) should not be in use and head should not retract with inspiration, the thyroid cartilage and upper trachea should not be drawn down during inspiration (tracheal tug), there should be no flaring of nostrils on inspiration

   Modern recovery room monitors sense the respiratory rate from the changes in voltage of the ECG. Sensory pads are available that detect apneic periods in babies under 12 months of age.

   - Any departure from the signs of normal breathing listed above must receive immediate attention since rapid deterioration in the pt. condition may follow

   Assessment of cardio vascular function

   A. Tissue perfusion. It is estimated by finding the skin warm, pink, and dry, no pallor no cyanosis

   - Poor peripheral perfusion is indicated by cold pale extremities and weak thready pulse

   - By compression on nail bed which make it pale and with release of compression, there is rapid return of pinkish colour

   B. Pulse measurement

   The pulse may be taken at the following site (radial artery, in the pediatrics brachial artery may be easier to felt,

temporal artery, femoral artery, popliteal artery, dorsalis pedis artery, posterior tibial artery e

*the pulse counted over one minute (rate, rhythm, volume)