

PACU: Court Says Special Level Of Attention Is Required With Morbidly Obese Patients.

After an obstetric procedure seven months earlier the patient had been unresponsive for nineteen minutes in the PACU before regaining consciousness.

This time another obstetric procedure went according to plan and she was transferred to the PACU with steady blood pressure and pulse.

Over the next ninety minutes the patient's nurses recorded eleven instances of dyspnea and shallow breathing before a nurse started her on a ventilator and called the physicians.

Five minutes after she went on the ventilator she began seizing. A brain scan the next morning revealed no evidence of a stroke, infarct or intracranial mass.

The final diagnosis was ischemic hypoxic encephalopathy related to oxygen deprivation which occurred in the post-anesthesia unit during that critical ninety minute period before the patient went on the ventilator.

She was transferred to another hospital in an unresponsive state and from there to a long-term care facility.

The patient's husband sued the hospital on her behalf.

Morbidly Obese Patient

Special Attention to Respiration

The Court of Appeals of Texas began its discussion by pointing out that the patient stood 4' 11" tall and weighed 207 lbs, which translates to a body mass index of 41.6. That is, by objective criteria the patient was morbidly obese.

According to the medical experts' opinions endorsed by the court, hypoventilation and respiratory arrest are possible complications with morbidly obese patients recovering from general anesthesia.

Post-anesthesia nurses share responsibility with the patient's anesthesiologist and/or the physician who is directly supervising the post-anesthesia service.

The nurses must watch the patient's respiratory effort closely and immediately report any respiratory difficulty to the physician without delay. **Gelman v. Cuellar**, ___ S.W. 3d ___, 2008 WL 3522098 (Tex. App., August 14, 2008).

The standard of care is correctly stated in the patient's medical expert's opinion.

A morbidly obese patient's respiratory effort must be observed continuously in post-anesthesia recovery.

A morbidly obese patient's abdominal girth and chest size depress respiratory effort. Furthermore, the drugs given intra-operatively can accumulate in adipose tissue and result in prolonged awakening and delayed restoration of normal physiologic functioning following a surgical procedure.

The anesthesiologist and PACU nurse share responsibility for the patient. The anesthesiologist should formulate a plan for an obese patient and communicate the plan to the nurses.

The patient should be monitored with a pulse oximeter, EKG and blood pressure cuff.

The patient should be checked for oxygenation, ventilation, circulation and level of consciousness. It can also be helpful to elevate the head of the bed to allow gravity to assist in lung expansion and secretion clearance.

COURT OF APPEALS OF TEXAS
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