

RESPIRATORY COMPLICATION



Detects Opioid Induced Respiratory Complication

About the Patient:

A 72-year-old patient was on the ward 12 hours post partial knee replacement surgery. The patient was on a 4 hourly observation regime. The patient in the past had suffered mild obstructive sleep apnoea (OSA).

Ward rounds and NEWS:

Day 1 22:40 Patient Stable

Sensium Notifications:

Day 1 22:32 Alert High RR 21

Day 1 22:55 Alert High RR 22

Clinical Response

The nurse was notified of a sustained high RR and went to assess the patient. On review the patient was noted as being asleep and stable. From the trend screen it is evident that the patient's episode of hyperventilation had abated by the time the nurse reached the patient.

The nurse then received a second notification for high RR. The patient was now noted as in respiratory distress and escalated to the surgical team. OSA exacerbated by effects of anaesthetics and any postoperative analgesia was suspected.

Outcome

This episode of respiratory distress may have gone unnoticed for another 2.5 hours until the next set of scheduled observation. As the effects of anaesthetics wore off the patient's condition stabilised.

