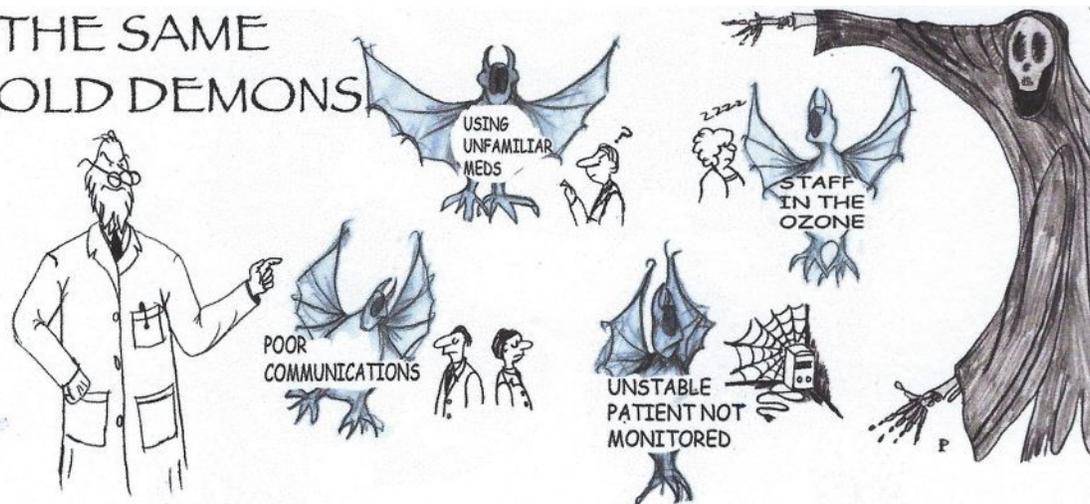


THE SAME OLD DEMONS



DR. WITHERSPOON
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Demons

Following surgery, a woman was in severe pain. The pain medication her surgeon ordered was inadequate. They called his office and one of their doctors ordered a narcotic skin patch. This device gives a steady dose of medication through the skin and can last up to three days.

That evening, the nurses found her difficult to arouse. They called again and the doctor who answered assumed she was over-sedated. He ordered naloxone to reverse the overdose. The patient woke up.

About 45 minutes later, she again became difficult to arouse. Again, naloxone was ordered and, again, she awoke. Nearly an hour later, the same sequence was repeated.

Early the next morning, a relative of the patient came by to visit. It was almost two hours after the third dose of naloxone had been given. He entered the room and found the woman unresponsive. He notified the nurses immediately.

The patient was in respiratory arrest. She was moved to the intensive care unit and placed on a ventilator. They worked feverishly to revive her but, sadly, were unsuccessful.

It was determined she suffered anoxic encephalopathy from respiratory failure likely caused by narcotic overdose.

Dr. Witherspoon says:



Another sad tale, another slippery slope down which everything that could go wrong did go wrong. All we can do now is learn from it.

And folks, there is, indeed, much to learn from this one.

First of all, why on earth did he order that blasted patch? That thing is supposed to be for patients with severe, chronic pain conditions, like terminal cancer or failed back syndrome, not hospital patients who just came out of the OR.

We usually give post-op patients medications with a fairly rapid onset and short duration. Makes for easy adjustments. The skin patch slowly builds up efficacy then lasts for three days.

Of the available doses of this device, the strongest was used. The manufacturer clearly states the higher doses are reserved for patients who have a documented resistance to narcotics through long-term use. Even with those patients, you're supposed to start with the lowest strength and gradually increase to tolerance. Titrate 'em up, so to speak. Using the highest dose outright under these circumstances was a whopping no-no. Regardless, don't give the fentanyl patch for post-op pain control.

Next point. Naloxone is notoriously short acting. Its duration is listed as lasting half an hour to an hour but I've seen the need for re-dosing as early as fifteen minutes.

Know your meds! Doggonnit, you can't just give this stuff for an opioid overdose then walk off for a couple of hours after they've come around. For a severe overdose you can actually put them on a naloxone drip.

Next, we have the of lack of communication. I'm not sure if the doctor on call knew what the first doctor did or if there was any discussion between the two. Was he even aware of the patch?

The record's a bit unclear. He may have ordered it removed but been unaware of its lingering effects. That's one of the peculiar dangers of this device: it can last for several hours after its removal.

Which brings me to my third point. Three doses of naloxone - count 'em-three - were given for respiratory depression and nobody thought to *monitor* this patient?!

I can't believe that. This is an old case and I'm not sure if pulse oximeters were routinely used at the time but no matter. They should have monitored her the old-fashioned way.

Anytime, and I mean *anytime* you have to reverse a narcotic overdose, *stick a dadgummed pulse ox on the patient!!*

Finally, what's with the nurses? When things are going haywire, usually it's a good nurse who gets her radar up, calls the doctors and gets 'em moving. I do so wish any one of a number of the good nurses I've worked with over the years had been on the floor that fateful day. The outrage would have been legendary, the woman alive today.

"The lady can't *breathe!* Are you guys gonna do something?!!"

We've seen it all before. Different places, different people but the same old demons, back in different clothes:

Wrong meds.
Poor communications.
The unstable patient doesn't get monitored.
Staff off in the ozone.

Folks, we had several chances to catch this one but at every turn we let the opportunity slip away. Eternal vigilance with a dogged attention to detail is the only answer. In this business, there's just no gettin' around it. It's the only sure-fire way to keep those demons in their box.