PLAN FOR WHAT MIGHT GO WRONG - PREVENTION IS KEY

Check the patient and equipment
Use a check list
Look out for the effects of anaesthesia and those of the specific procedure, then MONITOR (Fig 1)

AIRWAY OBSTRUCTION

Brachycephalic? Kinked tube? (Fig.2) Foreign body, mass or fluid in airways?
- Intubate
- Remove obstruction and intubate
Laryngeal spasm? Care with cats at intubation/extubation
- Stop stimulation, deepen anaesthesia, oxygenate

APNOEA OR BREATHING TOO SLOWLY

Breathing (almost) stopped
- Ventilate (Fig 3) and reduce the depth of anaesthesia
High ETCO₂ (hypercapnoea)
- Ventilate (Fig 3) and reduce the depth of anaesthesia

Low SpO₂ (hypoxaemia)
- Increase inspired oxygen concentration
- Check for external pressure on thorax
- Check for aspiration (e.g. stomach content)

FAILING CIRCULATION

Bradycardia
- Reduce depth of anaesthesia
- Use antagonist or anticholinergic

Blood & fluid loss
- Count/weigh swabs
- Estimate blood loss/dehydration
- Give IV fluids (Fig.4)

Dysrhythmias (ECG monitoring)
- Check ventilation
- Correct electrolytes
- Reduce depth of anaesthesia

TEMPERATURE

Hypothermia
- Insulate (Fig.5)
- Stop evaporation
- Use active warming devices

Hyperthermia
- Use ice, water and fans
- Increase ventilation
- Increase evaporation

DON’T FORGET COMPLICATIONS CAN OCCUR DURING RECOVERY TOO

Close monitoring during the first three hours is vital to recue morbidity and recovery. Most anaesthetic deaths occur in the postoperative period.