

RESPIRATORY DEPRESSION

Detects Opioid Induced Respiratory Depression

About the Patient:

A 65 year old male patient was transferred from the critical care unit to a side room in the general surgical ward. The patient was 2 days post laparotomy for subtotal colectomy and on a 4 hourly observation regime.

Ward rounds and NEWS:

Day 3 03:58 drugs round, morphine
 Day 3 05:32 Low O2 saturation

Sensium Notifications:

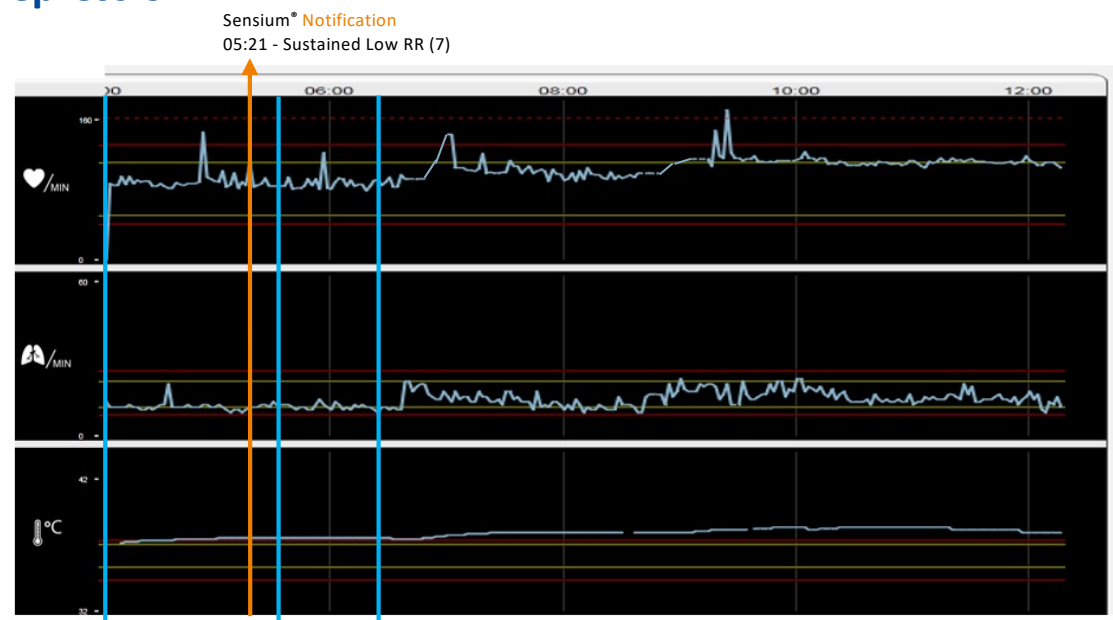
Day 3 05:21 Alert Low RR 7

Clinical Response

The patient was administered prescribed morphine for the management of post operative pain. The nurse continued with her drugs round and 90 minutes later received a notification for sustained low RR. Upon review it was confirmed that the patients oxygen saturation was low and the patient was noted as being drowsy. Opioid induced respiratory depression was suspected and the patient was escalated to the surgical team. Naloxone was prescribed to counter the effects of morphine.

Outcome

The patient was in a single side room and incapable of calling the nursing staff. The Sensium notification brought the nurse to the patient 2.5 hours earlier than the next set of scheduled observations. If left untreated for longer this episode of opioid induced respiratory depression could have had profound and severe consequences for the patient.



Drug Round
 Morphine administered for post operative pain management

Observations
 05:32 Patient drowsy, Oxygen saturation confirmed low, escalated to surgical team

Note: 06:32 Naloxone administered to counter act the effects of the prescribed morphine.