Summary of perioperative care for pulmonary condition

: preoperative care for URTI

Surgery should be postpone(4- 6 wks) if pt has : * Temp >38c

.Purulent nasal discharge *

lower respiratory s\s (productive cough, crackles *
. ,wheezing, positive radiographic finding)

If air room oxygen saturation < 96% with absence of *
.chronic lung disease

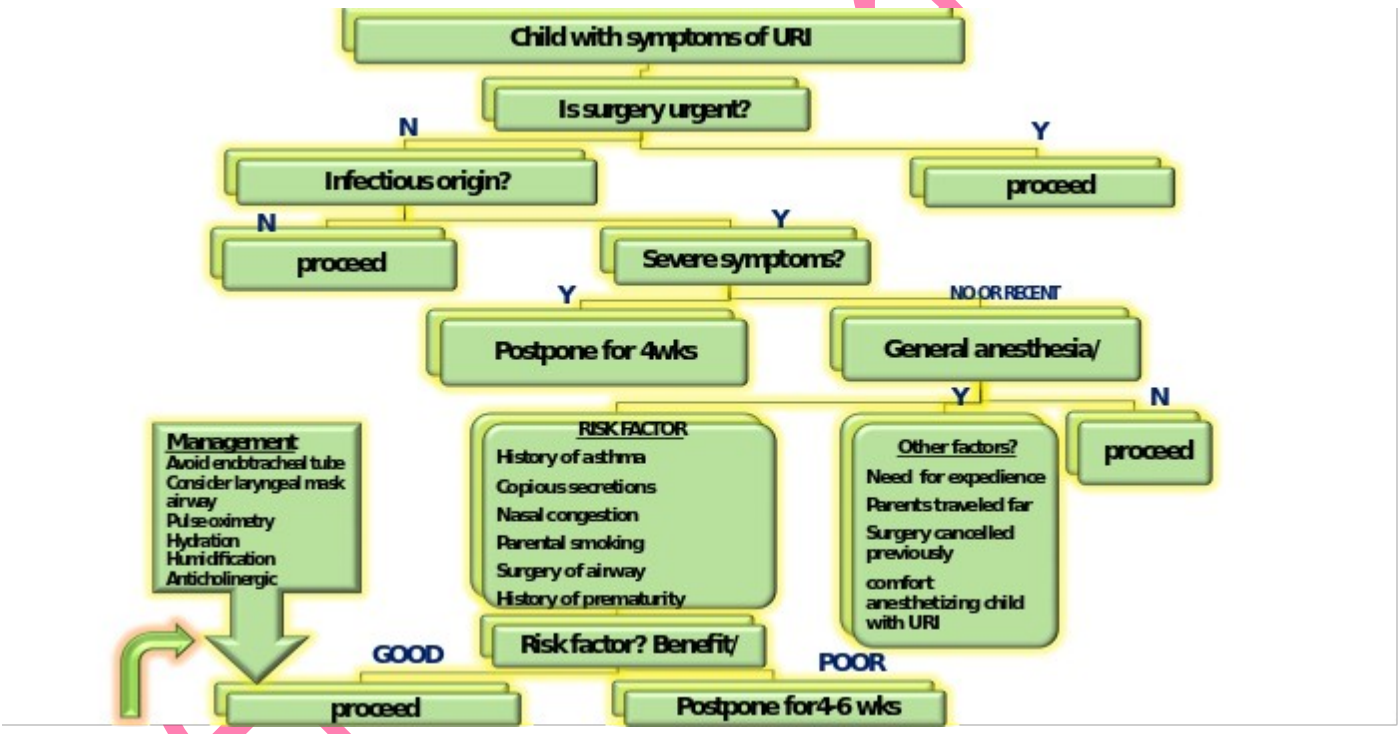
:Management of adverse respiratory event associated with mild to moderate URTI

.OXYGEN .1

.Inhaled beta-agonist .2

.Corticosteroid .3

.Increase post anesthesia care unit stay .4



: Asthma

: Elective surgery should be never performed in child who has *

.wheezing 2- recent attach of asthma -1

. pt should be free of wheezing several days before operation *

. SPO_2 must be more than 96% in the room air *

: preoperative treatment *

child who take asthma medication as ~~needed~~ → use inhaled B-agonist or oral medication -1
. 3 - 5 days preoperative

child who take medication on ~~long term~~ basis (oral or inhaled) steroid added in doses that are -2
.normally use for acute exacerbation of asthma

difficult asthmatic ~~child who~~ take bronchodilators , steroid regularly required intensification in -3
. the frequency on nebulizer treatment and add bronchodilators , increase steroid or all of these

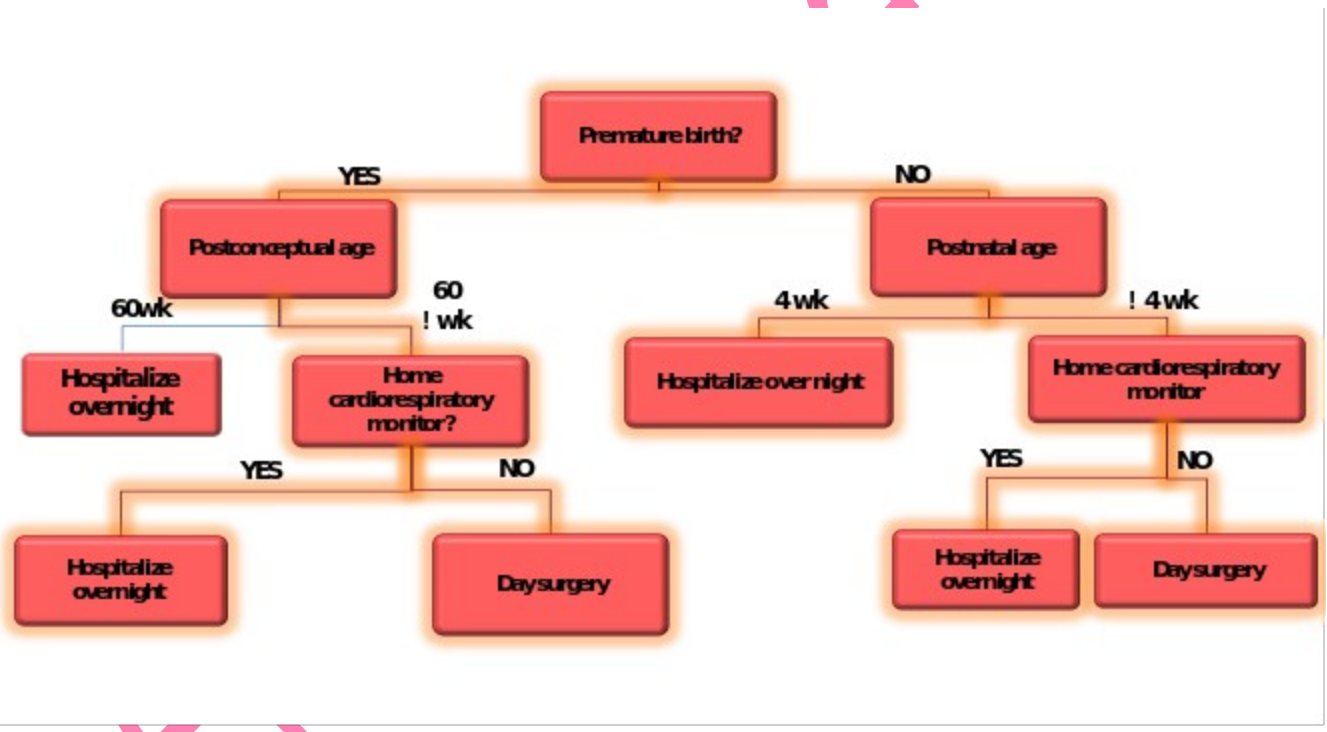
N.B : pt with steroid > 14 days & / or moderate to high dose ICS are at risk for intraoperative adrenal
. insufficiency so stress replacement dose of systemic steroid for surgery and postoperative period required

: OBSTRUCTIVE APNEA & PREMATURITY

. preoperative evaluation : 1- correct anemia (HB must be > 10g/ dl)

. perioperative use of caffeine -2

.admit all pt,s with(postconceptual age < 60 wks) for 24hrs postoperatively -3



: BRONCHO-PULMONARY DYSPLASIA (CHRONIC LUNG DISAESE)

. preoperative care by :* ECG , echo

. O2 inspired tension should be increase *

Bronchodilator *

Antibiotic *

Corticosteroid *

Nutritional support *

Intraoperative care by using of laryngeal mask or regional anesthesia

. Postoperative care by continuous monitoring and ventilatory assistance for 24 - 48 hrs

: OBSTRUCTIVE SLEEP APNEA SYNDROME

. preoperative investigation : *serum electrolyte, room air SPO_2 , HCT ,PT, PTT

. chest x-rays , ECG,ECHO*

: Treatment

. Periopertively : give pt O_2 , single dose frusemide & overnight monitoring in high observation unit

:CYSTIC FIBROSIS

perioperative evaluation should be done to detect the severity of pulmonary disease and use all methods which are possible to optimize the severity in consultation with the pediatric . pulmonologist

. preoperative evaluation and treatment include : * pulmonary function test

preoperative air-room SPO_2 *

. chest x-ray & ct-scan *

preoperative antibiotic *

. chest physiotherapy and mucolytic *

.Nutritional support & pancreatic enzyme supplement *

.correction of electrolyte and coagulation abnormalities *

: CONNECTIVE TISSUE DISORDERS

perioperative : if pt use aspirin or NSAID → stop it for one week before operation to prevent * .plat dysfunction

* .If impossible to stop it test bleeding time & evaluate the plat impairment

. correct anemia if present *

Be aware for : dysphagia → pulmonary aspiration *

.fibrosis of temporomandibular or cricoarytenoid joint → complicate ETT

. pulmonary infiltration and fibrosis → intraoperative hypoxia

* .Investigations : CBC,S.creatinine, BL. smear ,S . electrolyte , chest x- ray, ECG

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