



비엔동물전문의료센터  
BIEN ANIMAL MEDICAL CENTER

# 비엔 마취 세미나 : Monitoring

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# Previous seminar

## 1. Pre-anesthetic period

- History and definition of anesthesia
- Pre-anesthetic period
- Patient evaluation
- Consent form
- Hydration
- NPO
- Medication discontinuation

## 2. Anesthetic period

- Anesthetic protocol
- Physical examination
- Pre-medication
- Induction
- Intubation
- Anesthetic machine
- Monitoring
- Recovery

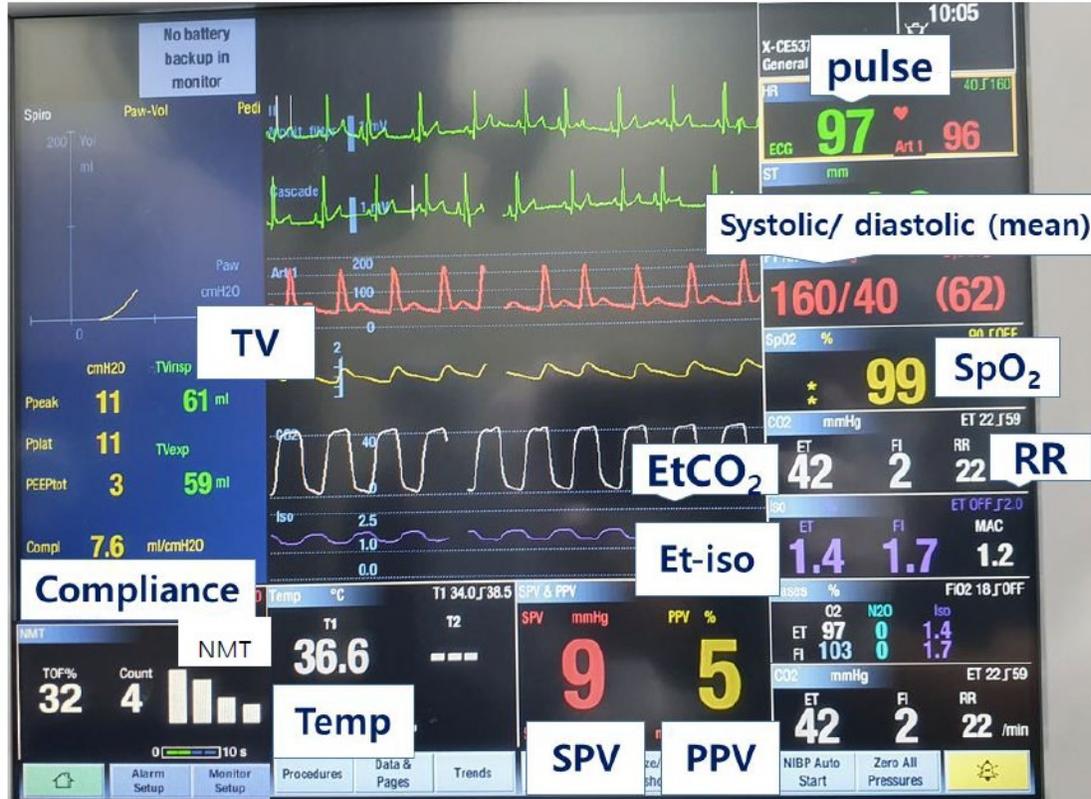
## 3. Post-anesthetic period

- Patient handover
- Brachycephalic dog
- Re-starting oral feeding

# Monitoring

- What is monitoring? - 5 steps
- Monitoring  $\hat{=}$  predicting
  - Patient-related
  - Non-patient-related
- Criteria: absolute vs. relative
- Treatments: cause vs. symptomatic
  - Pulse rate (ECG, SpO<sub>2</sub>)
  - Blood pressure
  - End tidal carbon dioxide level
  - Temperature
- Quiz

# What is monitoring? – 5 steps



## Criteria

- ① Know the normal range
- ② Recognize abnormal status

## Treatments

- ③ Differentiate the cause
- ④ Determine the priority of interventions
- ⑤ Re-evaluation

# Monitoring $\hat{=}$ Predicting

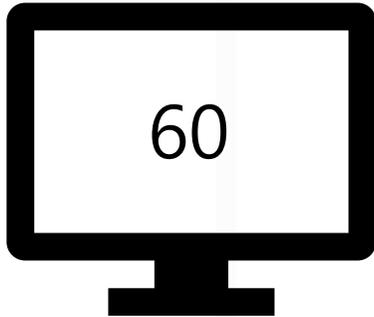


10 min before      Now      10 min after

60  $\longrightarrow$  60  $\longrightarrow$  60

**Trend**

80  $\longrightarrow$  60  $\longrightarrow$  40



**Good?**

**Bad?**

**Patient-related**

Brain, heart, lung, liver, kidney, etc.

**Trends**

Anesthetic protocol, position,  
surgery type, endoscopy, CT&MRI

**Non-patient-related**

$\rightarrow$  Pulse rate, EtCO<sub>2</sub>, blood pressure, etc.

# Monitoring $\hat{=}$ Predicting

## Patient-related

- Brain
  - Brain disorder: prolonged recovery
  - ICP  $\uparrow$ : need higher MAP
- Heart
  - MMVD: regurgitation
  - DCM: contractility
  - HCM: impaired filling
- Lung
  - Upper airway: BOAS
  - Lower airway: trachea-lung
- Liver
  - PSS, liver failure
- Kidney
  - CKD, AKI

## Non-patient-related

- Anesthesia protocol
- Position
- Surgery types
- Endoscopy
- CT & MRI

## Criteria: absolute vs. relative

**Absolute: reference range**

**Relative: individual patient**

	Dogs				Cats
Pulse	Puppy	Small	Medium	Large	
	70-220	90-180	80-160	70-140	140-220
BP	SAP	90-140 mmHg			80-140 mmHg
	MAP	60-100 mmHg			60-100 mmHg
	DAP	50-80 mmHg			55-75 mmHg
EtCO <sub>2</sub>	35-45 mmHg				27-41 mmHg
Temp.	37.5-39°C				38-39.5°C
SpO <sub>2</sub>	> 95%				

**But!** should compare with the **physical examination or previous data**

## Treatments: cause vs. symptomatic



## Treatments: cause vs. symptomatic



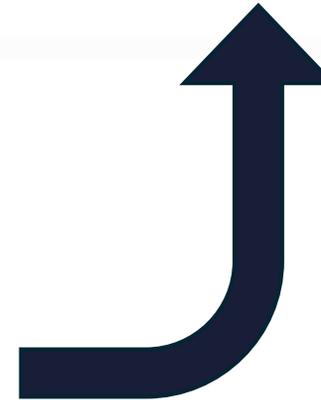
### Artifact

#### Asystole

- Too small QRS wave → abnormal heart axis, small dog or cat

#### Double counting

- Too tall P or T wave → abnormal heart axis, disease



# Treatments: cause vs. symptomatic



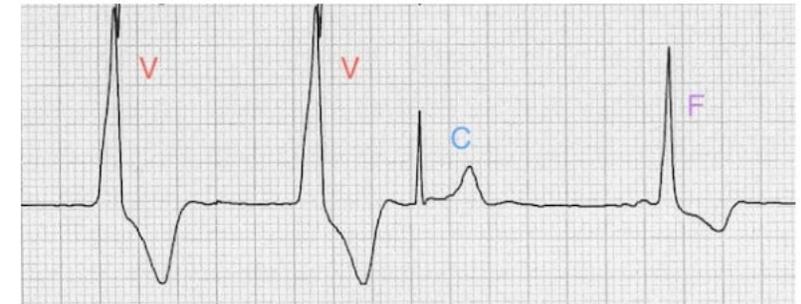
## Tachycardia

### Tachycardia

- Pain, hypovolemia, vasodilation → Analgesics, sympathomimetics

### Accelerated idioventricular rhythm (AIVR)

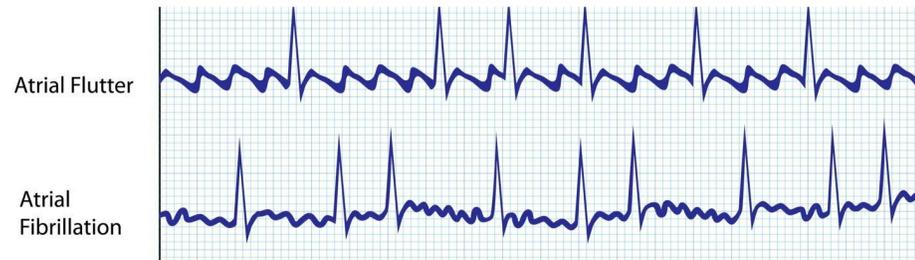
- Ischemia (hemoperitoneum; ruptured spleen or liver, chronic anemia)
- < 160-180 bpm, benign



AIVR showing ventricular complexes (V), capture beat (C), fusion beat (F)

### Fibrillation

- A-fib, V-fib
- > 160-180 bpm, malignant
- De-fibrillation



### Ventricular Fibrillation (Vfib)



- Completely **disorganized**
- Immediate cessation of cardiac output, **no associated pulse**
- No discernible P waves, QRS complexes, or T waves
- **Incompatible with life**

# Treatments: cause vs. symptomatic

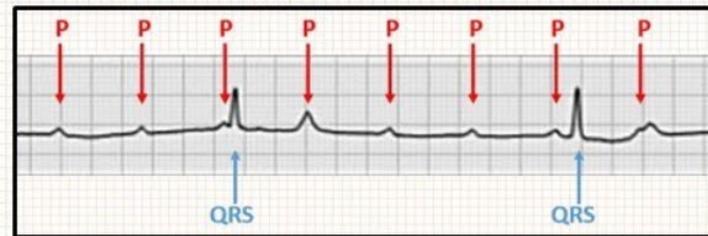
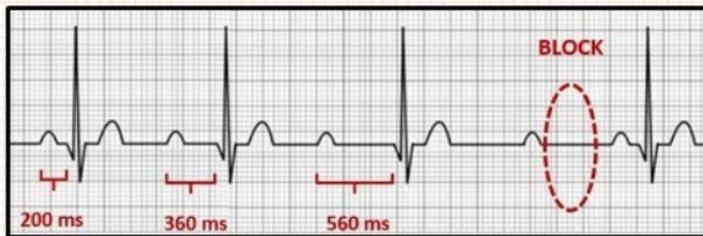
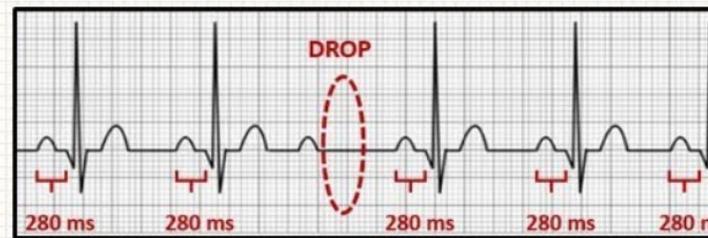
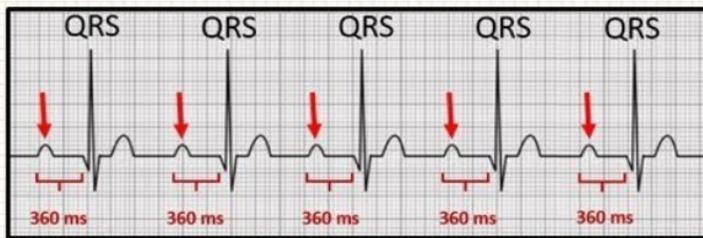


## Arrhythmia

### Respiratory

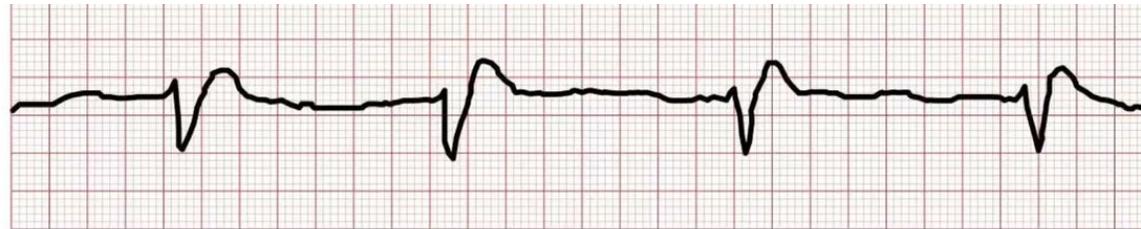
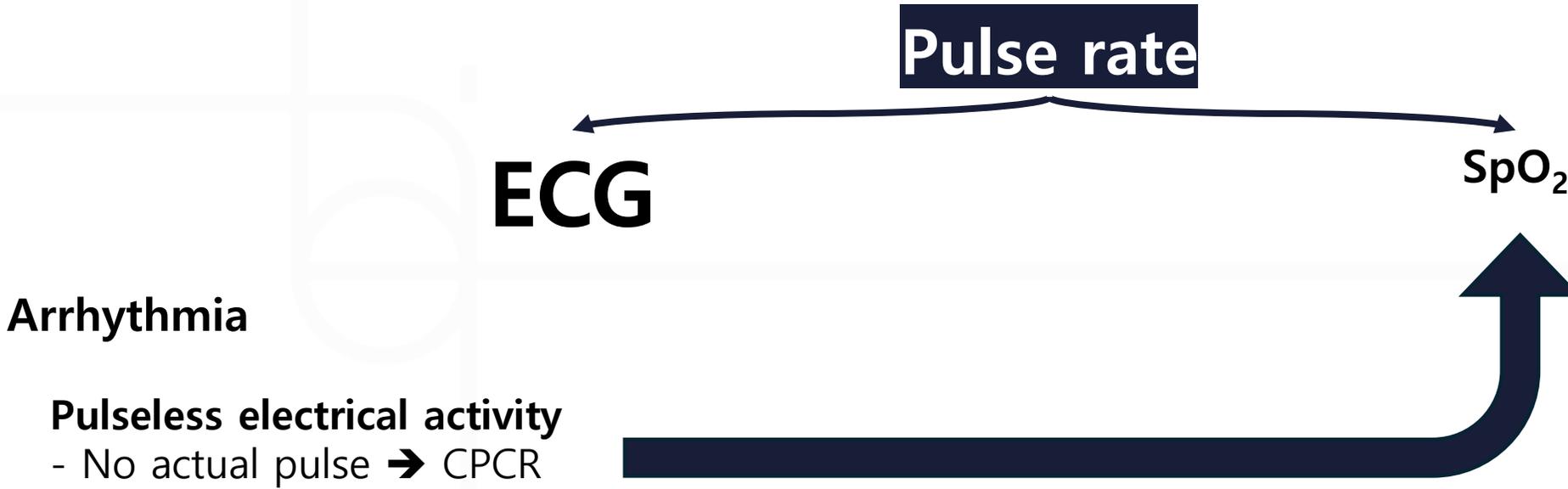
- Respiratory cycle (inspiration: expiration)

### AV-block



**Anticholinergics**

# Treatments: cause vs. symptomatic



**PULSELESS ELECTRICAL ACTIVITY (PEA)**

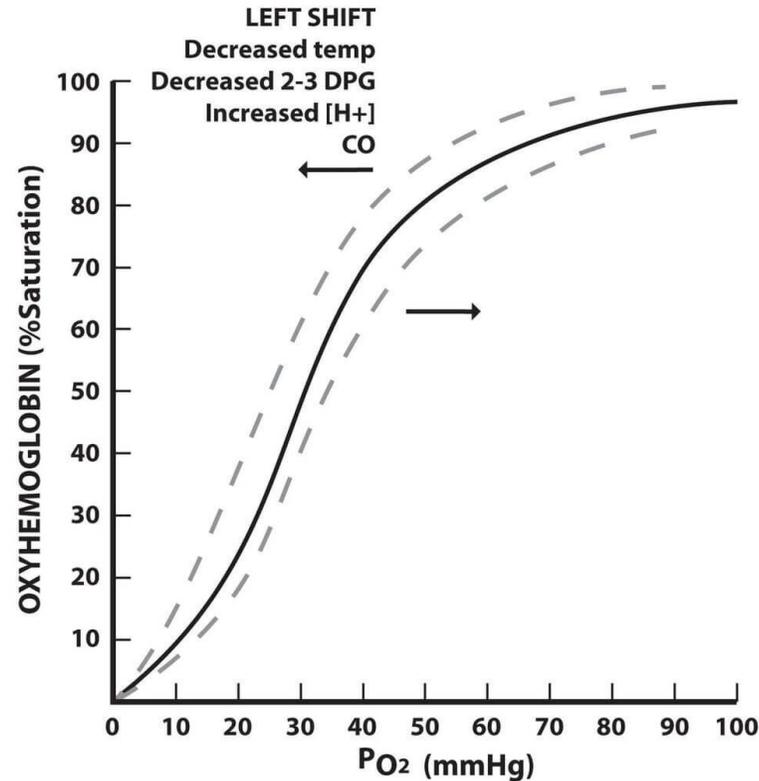
RHYTHM	RATE	QRS	P-WAVES/ PR INTERVAL
<i>Regular or irregular</i>	<i>Any (Fast or slow)</i>	<i>Narrow or wide</i>	<i>May be visible, normal, including sinus in origin</i>

# Treatments: cause vs. symptomatic



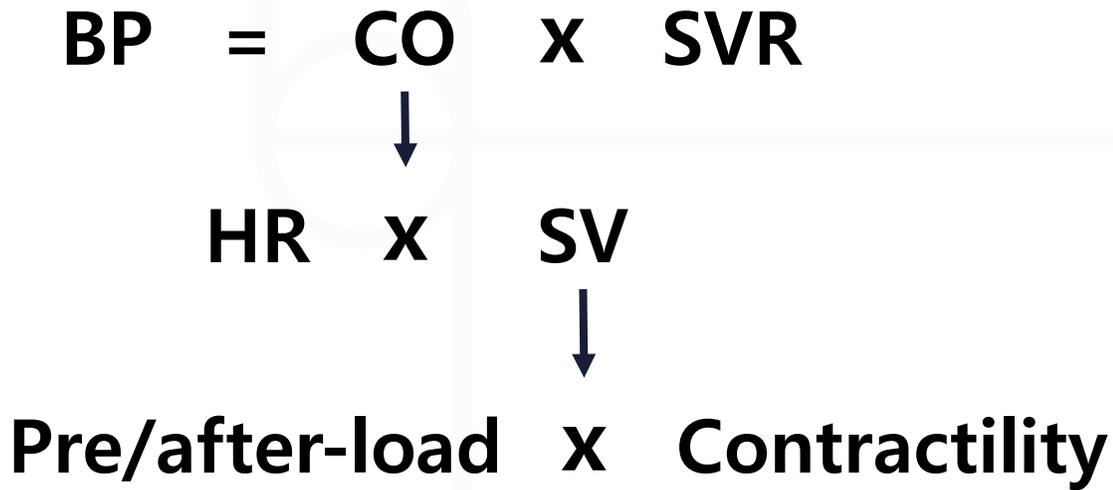
## Artifact

- Cyanosis?
- Damaged probe
- Poor perfusion
- Movement
- Color
- Inherited forms of hemoglobin
- Carbon monoxide poisoning



# Treatments: cause vs. symptomatic

## Blood pressure



Cause	Sample Diseases	Treatments
<b>Reduction in Preload</b>		
Hypovolemia	Hemorrhage Severe dehydration Edema/cavitary effusions	Address underlying problem. Provide fluid resuscitation.
Obstructive	Gastric dilation-volvulus Mesenteric volvulus Caval/portal venous occlusion Pericardial effusion Severe pleural space disease Pulmonary thromboembolism	Relieve the obstruction if possible, with surgery, pericardiocentesis, or thoracentesis; administration of thrombolytics; or thrombectomy as needed. Provide fluid resuscitation.
<b>Reduction in Cardiac Function</b>		
Primary	Cardiomyopathy Valvular disease Tachyarrhythmia or bradyarrhythmia	Administer positive inotrope. Administer antiarrhythmics. Provide supportive measures for congestive heart failure
Secondary	Systemic inflammatory response syndrome/sepsis Electrolyte abnormalities Severe hypoxia Severe acidosis or alkalosis	Address the underlying cause. Administer positive inotrope.
<b>Reduction in Systemic Vascular Resistance</b>		
	SIRS/sepsis Electrolyte abnormalities Severe hypoxia Severe acidosis or alkalosis Drug or toxins	Address the underlying cause. Provide fluid resuscitation. Administer vasopressors.

BP: blood pressure  
 CO: cardiac output  
 SVR: systemic vascular resistance  
 HR: heart rate  
 SV: stroke volume

# Treatments: cause vs. symptomatic

## Blood pressure

$$BP = CO \times SVR$$

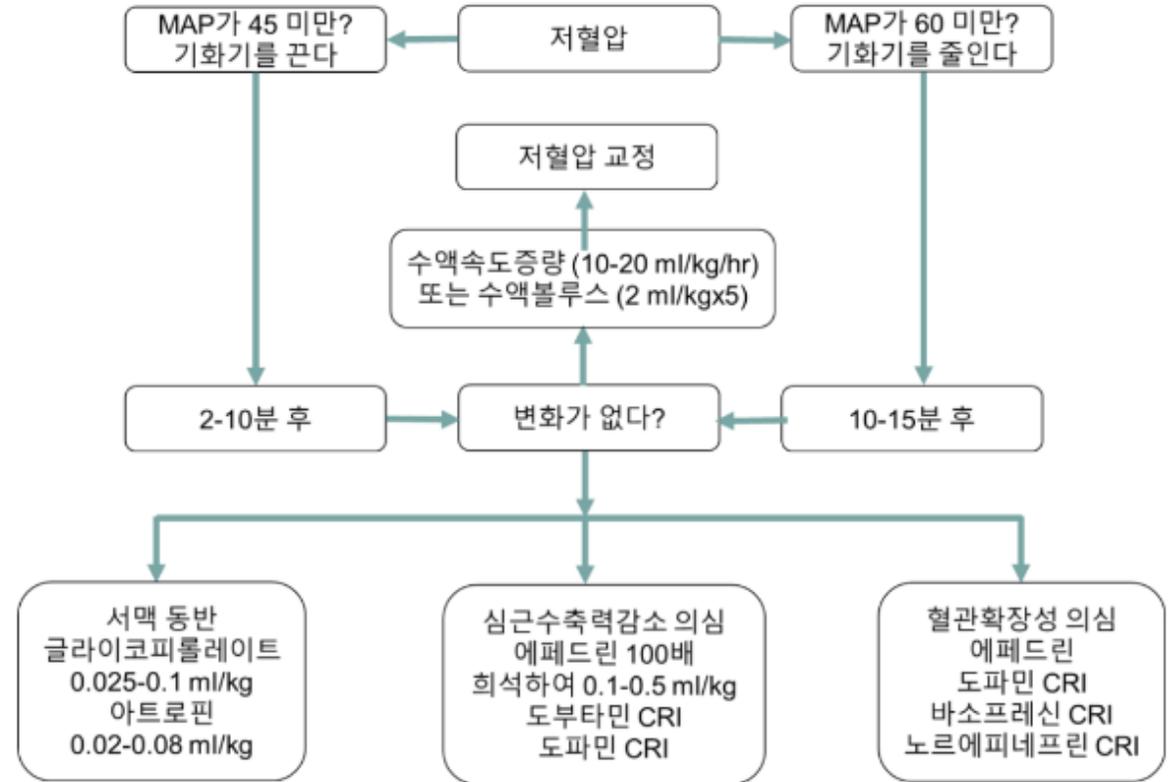
$$CO = HR \times SV$$

$$BP = HR \times SV \times SVR$$

Pre/after-load  $\times$  Contractility

Guess what is cause?

- SVR
- HR
- Contractility
- Pre/after-load



BP: blood pressure  
 CO: cardiac output  
 SVR: systemic vascular resistance  
 HR: heart rate  
 SV: stroke volume

# Treatments: cause vs. symptomatic

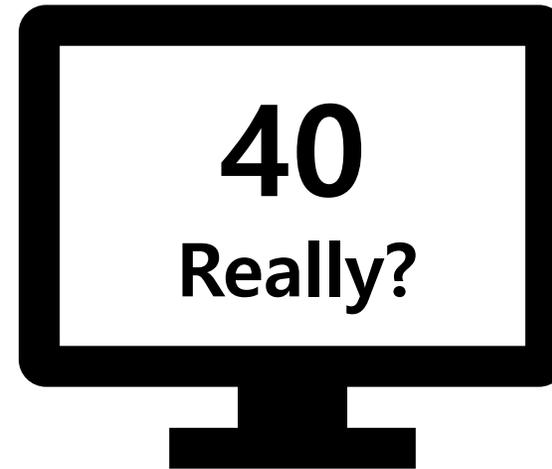
**EtCO<sub>2</sub>**

EtCO <sub>2</sub>	Dogs	Cats
	35-45 mmHg	27-41 mmHg

$$MV \propto \frac{1}{EtCO_2}$$
$$= VT \times RR$$

↓

**P<sub>insp</sub> or T<sub>insp</sub>**



**Bagging checking**

MV: minute ventilation  
VT: tidal volume  
RR: respiratory rate  
P<sub>insp</sub>: peak inspiratory pressure  
T<sub>insp</sub>: time of inspiration

# Treatments: cause vs. symptomatic

**EtCO<sub>2</sub>**

- Ventilator setting failure
- Leaking
- One-lung ventilation
- Bronchoconstriction (asthma)
- Hyperthermia
- Pneumothorax

- Ventilator setting failure
- Hypothermia
- (tension) Pneumothorax

**EtCO<sub>2</sub>**

## Bagging checking

- (malignant) Hyperthermia
- Pulmonary edema
- Pulmonary hemorrhage
- Pneumonia

- High RR or VT
- Hypothermia
- Hypotension

**MV**

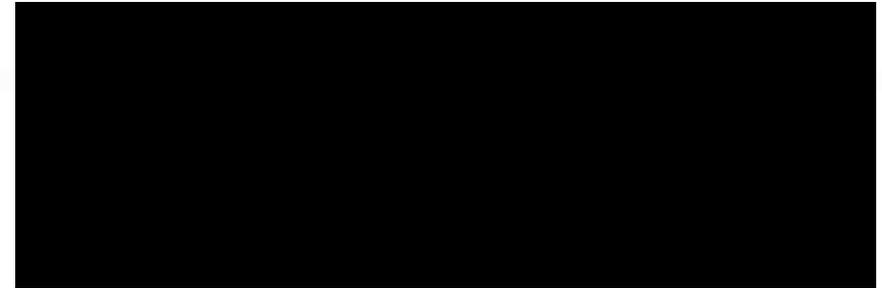
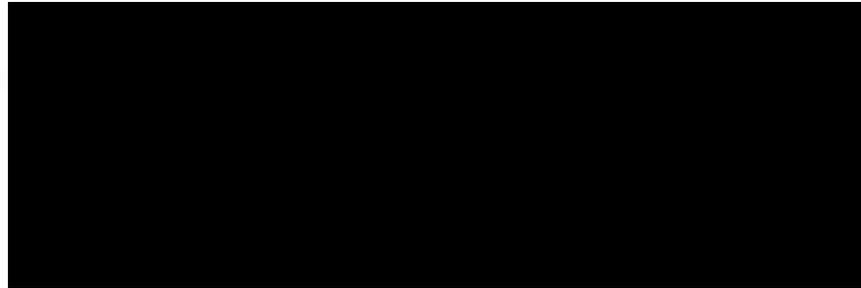
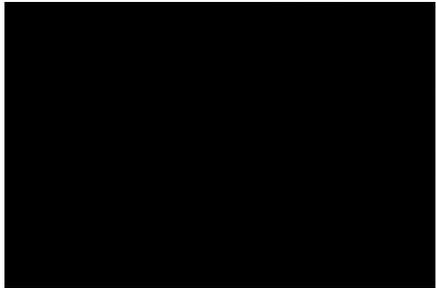
# Treatments: cause vs. symptomatic

EtCO<sub>2</sub>

Normal

Hypoventilation

Hyperventilation

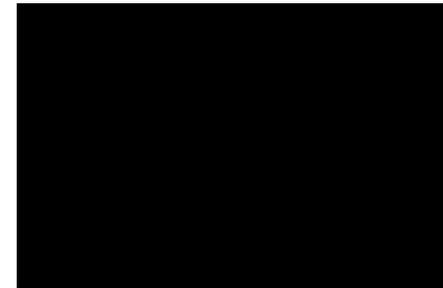
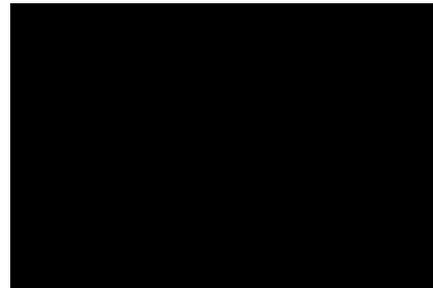
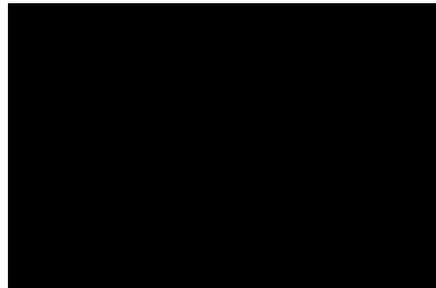
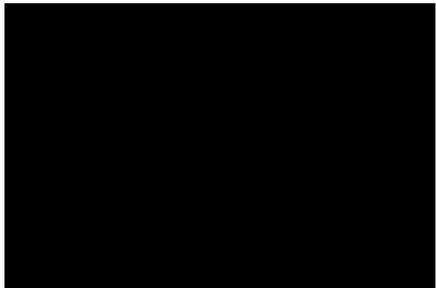


Cardiac oscill.

Spon. breathing

Leak/asthma

Soda lime



# Treatments: cause vs. symptomatic

## Temperature

Temperature	Dogs	Cats
	37.5-39°C	38-39.5°C

### Hypothermia

- < 36°C: Anesthetic requirement ↑ → prolonged recovery
- < 34°C: Coagulopathy, seizure
- < 32.8°C: Cardiovascular depression

### Hyperthermia

- > 40°C: Coagulopathy, oxygen requirement ↑
- > 42°C: Cell death

## Quiz

- 6살 비글견 수컷 Rt. TPLO 수술
- 마취 전 수화 후, 탈수 < 5%, Alfaxalone 2 mg/kg IV, Isoflurane 2%
- 신체검사 시, HR 130, BP 130/85/60, Temp. 37.9°C, RR 18
- 마취 중, HR 90, BP 90/55/45, Temp. 37.1 °C, RR 20, EtCO<sub>2</sub> 38
- 2° AV block

### 가장 우선적으로 시행할 것은?

1. 기화기 줄이기
2. 수액 투여
3. 글라이코 투여
4. 에페드린 투여
5. 노르에피네프린 CRI 투여

# Quiz

- 10살 웰시 크기, 암컷 담낭절제술
- CRP ↑, Alb ↓
- 마취 전 수화 후, 탈수 5%, Alfaxalone 2 mg/kg IV, Isoflurane 1.8%
- 신체검사 시, HR 180, BP 110/65/40, Temp. 39.7°C, RR 40
- 마취 중, HR 190, BP 70/45/35, Temp. 39.2 °C, RR 24, EtCO<sub>2</sub> 42
- 저혈압 개선 위해 기화기를 1.0% 까지 줄였는데 환자는 깨고 BP 90/57/40 (아직 담낭 주변 둔성분리중)

## 가장 우선적으로 시행할 것은?

1. 수액 투여
2. 기화기 증가시키기
3. 에페드린 투여
4. 노르에피네프린 CRI 투여
5. 수술 빨리 끝내기

## Quiz

- 11살 불독, 흉요추 MRI (IVDD susp.), BCS 8/9, 16 kg
- Propofol 6 mg/kg IV, Isoflurane 1.5%
- 마취 중, HR 110, BP 120/70/55, Temp. 38.5 °C, RR 15, EtCO<sub>2</sub> 57, VT 80 mL

### 가장 우선적으로 시행할 것은?

1. 흡기시 압력 증가시키기
2. 기화기 줄이기
3. 에페드린 투여
4. 더 큰 사이즈 ET tube 삽관
5. 호흡수 줄이기

## Quiz

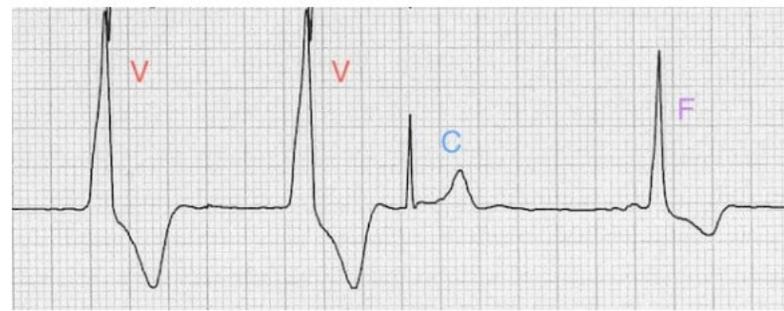
- 3살 닥스훈트, 발치 및 치석제거, 8 kg
- Alfaxalone 2 mg/kg IV, Isoflurane 1.7%
- 마취 중, HR 120, BP 140/80/65, Temp. 37.1 °C, RR 20, EtCO<sub>2</sub> 31, VT 35 mL

### 가장 우선적으로 시행할 것은?

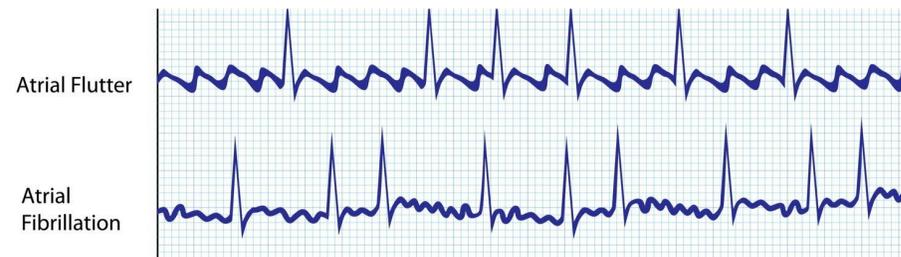
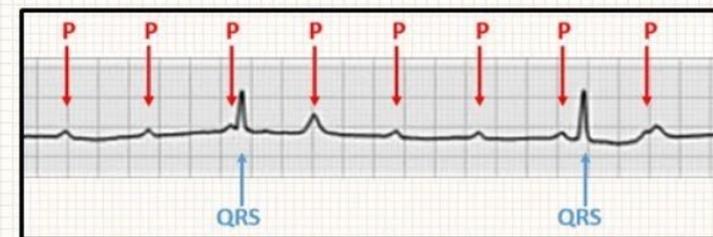
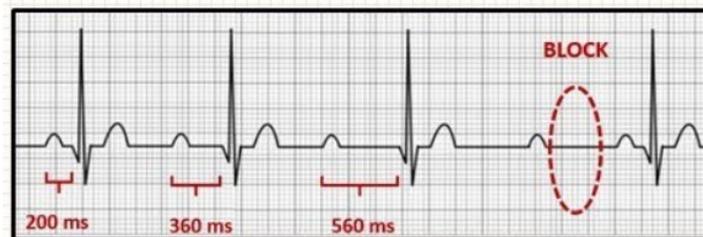
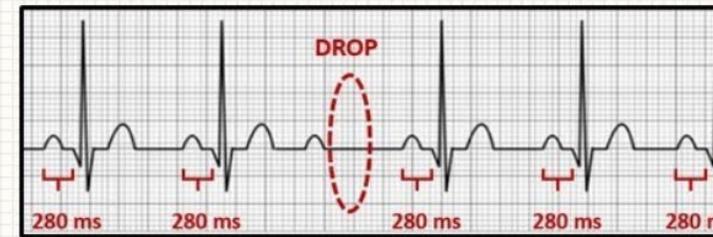
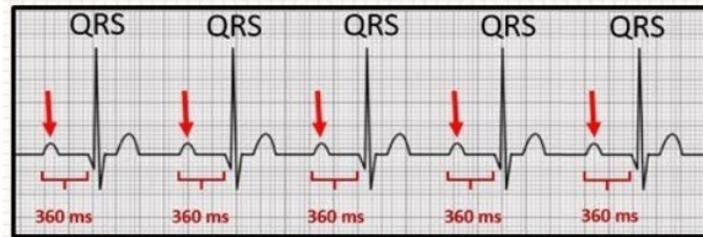
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5. 호흡수 줄이기



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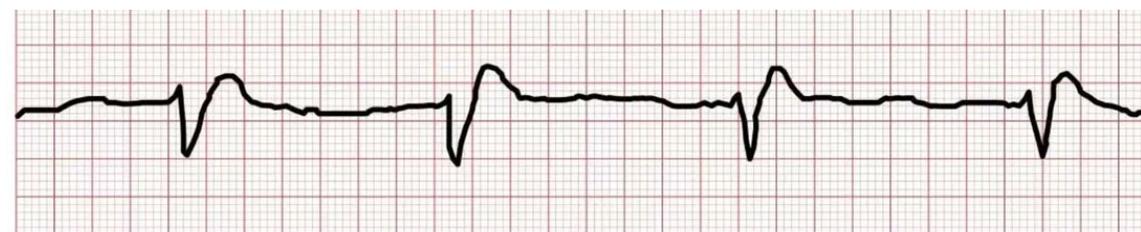
AIVR showing ventricular complexes (V), capture beat (C), fusion beat (F)



## Ventricular Fibrillation (Vfib)



- Completely **disorganized**
- Immediate cessation of cardiac output, **no associated pulse**
- No discernible P waves, QRS complexes, or T waves
- **Incompatible** with life



## PULSELESS ELECTRICAL ACTIVITY (PEA)

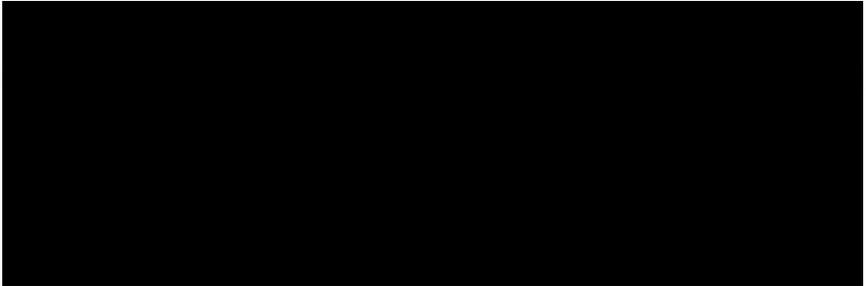
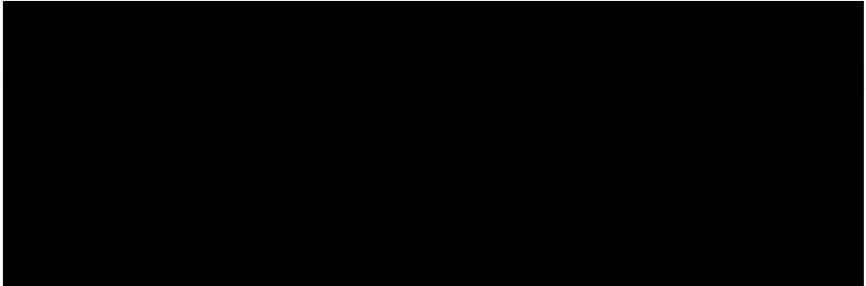
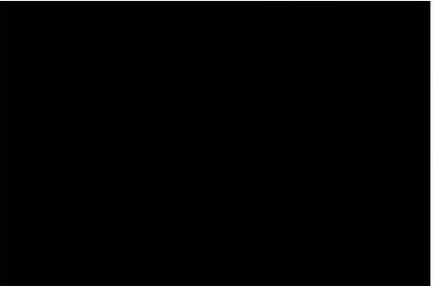
RHYTHM	RATE	QRS	P-WAVES/ PR INTERVAL
<i>Regular or irregular</i>	<i>Any (Fast or slow)</i>	<i>Narrow or wide</i>	<i>May be visible, normal, including sinus in origin</i>

**EtCO<sub>2</sub>**

**Normal**

**Hypoventilation**

**Hyperventilation**

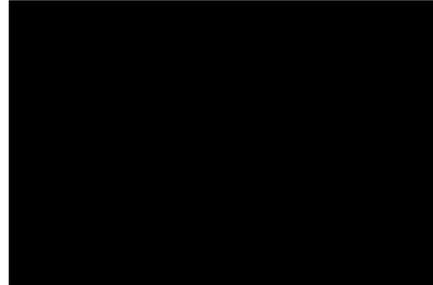
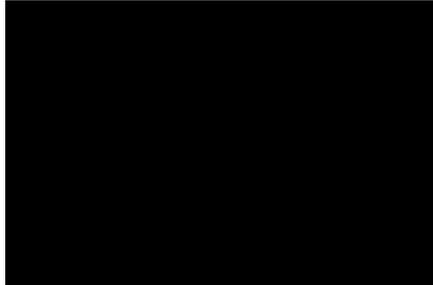
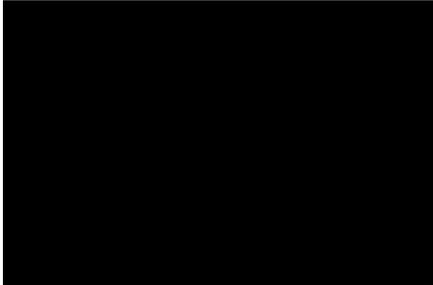
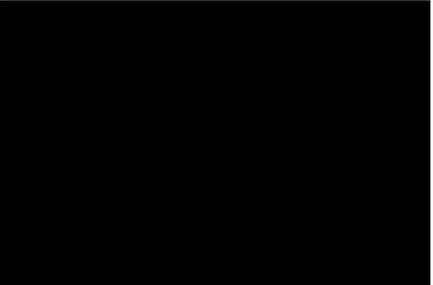


**Cardiac oscill.**

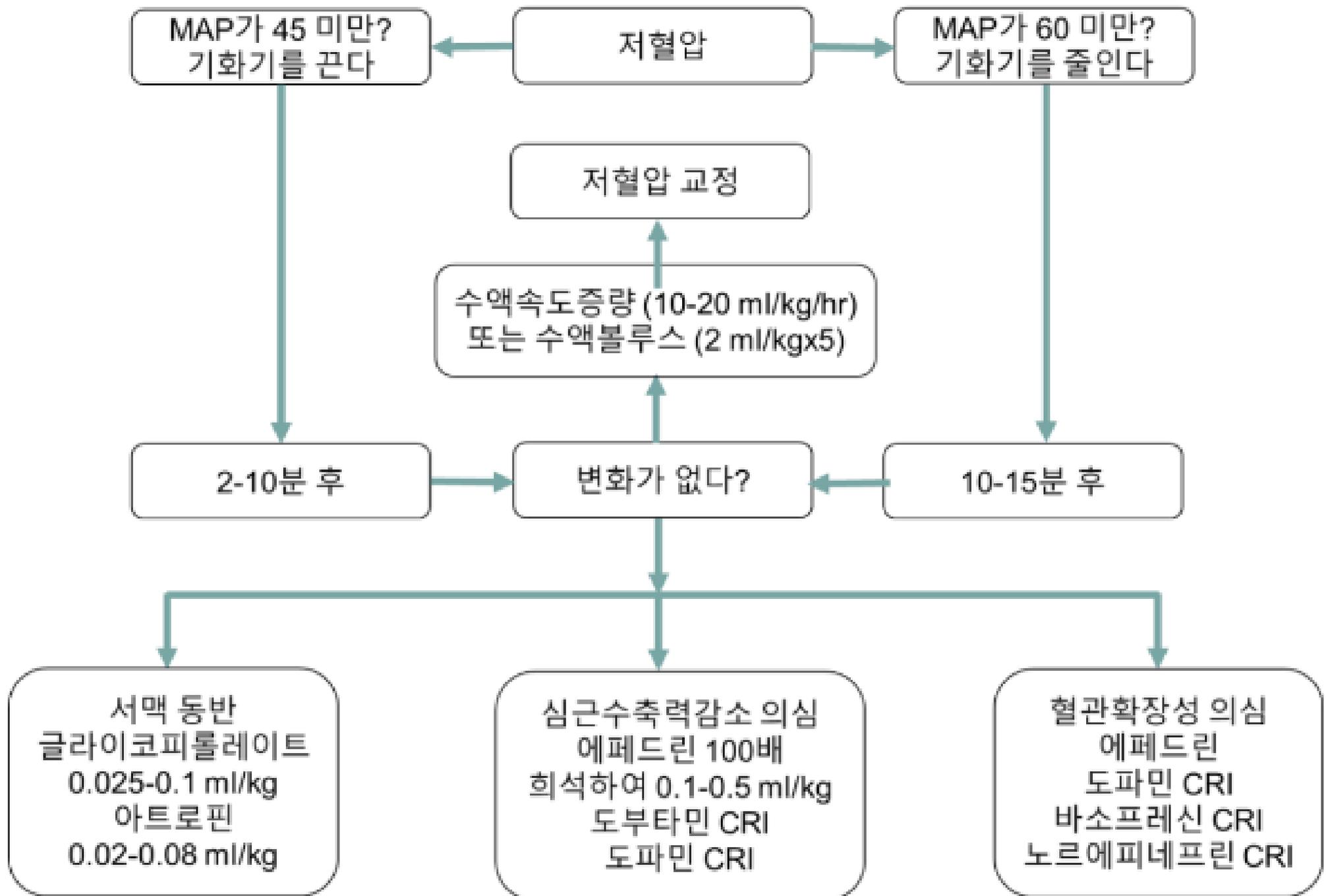
**Spon. breathing**

**Leak/asthma**

**Soda lime**



	Dogs				Cats
Pulse	Puppy	Small	Medium	Large	140-220
		70-220	90-180	80-160	
BP	SAP	90-140 mmHg			80-140 mmHg
	MAP	60-100 mmHg			60-100 mmHg
	DAP	50-80 mmHg			55-75 mmHg
EtCO <sub>2</sub>	35-45 mmHg				27-41 mmHg
Temp.	37.5-39°C				38-39.5°C
SpO <sub>2</sub>	> 95%				



**Table 8-1 Causes of Hypotension and Recommended Treatment**

Cause	Sample Diseases	Treatments
<b>Reduction in Preload</b>		
Hypovolemia	Hemorrhage Severe dehydration Edema/cavitary effusions	Address underlying problem. Provide fluid resuscitation.
Obstructive	Gastric dilation-volvulus Mesenteric volvulus Caval/portal venous occlusion Pericardial effusion Severe pleural space disease Pulmonary thromboembolism	Relieve the obstruction if possible, with surgery, pericardiocentesis, or thoracentesis; administration of thrombolytics; or thrombectomy as needed. Provide fluid resuscitation.
<b>Reduction in Cardiac Function</b>		
Primary	Cardiomyopathy Valvular disease Tachyarrhythmia or bradyarrhythmia	Administer positive inotrope. Administer antiarrhythmics. Provide supportive measures for congestive heart failure
Secondary	Systemic inflammatory response syndrome/sepsis Electrolyte abnormalities Severe hypoxia Severe acidosis or alkalosis	Address the underlying cause. Administer positive inotrope.
<b>Reduction in Systemic Vascular Resistance</b>		
	SIRS/sepsis Electrolyte abnormalities Severe hypoxia Severe acidosis or alkalosis Drug or toxins	Address the underlying cause. Provide fluid resuscitation. Administer vasopressors.