

# Desaturation. A guide for Non Critical Care Staff

A quick guide to aid troubleshooting

Accept SATS > 92% / PaO<sub>2</sub> > 8 unless otherwise specified

Is the CO<sub>2</sub> wave form still present, If not Consider airway displacement- CALL FOR HELP IMMEDIATELY

SATS Have dropped

- Does it look like the Patient is coughing on the tube?
- Can you feel vibration on the ET tube/vent tubing?
- Expiratory flow/staggered waveform?

## FLOW WAVEFORM



A jagged expiratory flow waveform normally means secretions are sitting in the upper airways causing resistance to flow. ET suction is required

Perform Endotracheal suction- Use Bolus O<sub>2</sub> Key

Is the Chest moving equally?

- If not CALL FOR HELP
- Consider CXR, Increase FiO<sub>2</sub> while you wait

Reposition

- Have the tidal volumes dropped?
- Place the patient on their back, in an upright position. CALL FOR HELP

Nebulizers

- Could Bronchospasm be the cause. Consider Salbutamol/Ipratropium/MgSO<sub>4</sub>
- Mucolytics. Saline nebulizers/Parvolex nebs/Hypertonic saline

Still Hypoxic?  
Consider these actions with anaesthetic Dr or ICU nurse

- Ensure Ventilation is optimised
- Consider disconnecting if Chest hyper-inflated/gas trapping
- Rule out other causes. PE/Pneumothorax
- Consider Prone Position