

Joint Event

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Practice patterns in neuromuscular blockade monitoring**Darryl DuVall**

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This study aimed to provide accurate estimates of rates of qualitative neuromuscular blockade (NMB) monitoring during surgical procedures utilizing NMB agents. Residual neuromuscular blockade in patients admitted to the post anesthesia care unit (PACU) is common, with inadequate postoperative neuromuscular block reversal event rates ranging from 16% to 70%. NMB monitoring is effective in detecting residual NMB, yet research findings suggest that in patients whom have had NMB agents administered, up to 40% do not receive intraoperative NMB monitoring. Anesthesia practice guidelines suggest performance of NMB monitoring when a NMB agent is administered. Despite best practice guidelines recommending NMB monitoring, estimates of the rate of NMB monitoring are dated and low. In our study, the estimated overall rate of NMB monitoring was 98.9%. No statistically significant differences in NMB monitoring rates were found for surgery year, provider type (MD/DO or CRNA), patient BMI, patient age, or length of surgery. There were a disproportionate number of females that had NMB monitoring performed compared to males ($p=0.002$). Additionally, there were a disproportionate number of patients aged 40-69 and 70-80+ that had NMB monitoring performed compared to patients aged 18-39 ($p=0.01$). Several variables were included in the final logistic regression model as significant predictors of the lack of NMB monitoring. A Delphi panel recommended future research examining adverse respiratory events in the PACU to establish a standard of care for quantitative versus qualitative NMB monitoring in the perioperative period

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