SNS COLLEGE OF ALLIED HEALTH SCIENCES
SNS KALVI NAGAR,COIMBATORE-35
AFFILIATED TO Dr MGR UNIVERSITY,CHENNAI

DEPARTMENT OF OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY

3rd YEAR

SUBJECT:Principles of Anaesthesia II

TOPIC:ICU management

- Airway & Ventilation
- Monitor for airway obstruction or bronchospasm

- Continue mechanical ventilation if:

- Poor respiratory effort

- High oxygen requirement

- Post-pneumonectomy or lung transplant

- Ensure correct DLT/ETT position if still intubated

- Humidified oxygen via face mask or HFNC post-extubation

Pain Management

- Thoracic epidural or paravertebral block preferred
- Monitor pain scores and adjust infusion
- PCA (Patient Controlled Analgesia) if no regional block
- Multimodal analgesia: paracetamol, NSAIDs, opioids

Hemodynamic Monitoring

- Continuous monitoring (ECG, BP, CVP if line in place)
- Maintain adequate MAP and perfusion
- Watch for bleeding or cardiac arrhythmias (common post-lobectomy)

Chest Drain Management

- Monitor chest tube drainage: quantity, quality (e.g., blood, air leak)
- Ensure proper functioning of underwater seal system
- Suction as per surgeon’s order
- Record hourly drainage initially

Respiratory Care

- Regular chest physiotherapy & incentive spirometry
- Positioning: semi-Fowler’s or lateral with good lung up
- Early weaning from ventilator
- Monitor ABGs and oxygen saturation closely

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Fluid Management

- Conservative fluid strategy to prevent pulmonary edema
- Monitor urine output and CVP if available
- Avoid fluid overload especially post-lung resection

Infection Control

- Aseptic care of drains, IV lines, epidural catheters
- Monitor for signs of pneumonia, wound infection, sepsis

Nutrition & Mobilization

- Early enteral nutrition if stable
- Mobilize early to reduce DVT, atelectasis risks

Monitoring for Complications

- Air leak / bronchopleural fistula
- ARDS / respiratory failure
- Cardiac events (e.g., AF)
- Re-expansion pulmonary edema

Communication & Handover

- Clear documentation of surgery and anaesthetic course
- Handover to ICU team: tube type, pain plan, chest drain info, expected course

THANK YOU