

# Hypoxemia and Blood Pressure Changes During Burn Dressing Changes Under Monitored Anesthesia Care



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## SIGNIFICANCE

- Achieving adequate analgesia in burn patients can be challenging, as burn wound pain remains unpredictable and difficult to treat.
- Data on the use of monitored anesthesia care (MAC) for burn dressing changes is limited.
- We aimed to identify prevalence and factors associated with hypoxia and blood pressure changes during MAC for inpatient burn dressing change.

## DATA SOURCE

- Retrospective chart review on 112 adult inpatients undergoing 1 or more burn dressing changes under MAC from March 2014 to December 2017 at a single burn center.

## KEY POINTS

- MAC anesthesia dressing changes are performed on individuals during all stages of the burn recovery.
- Identification of statistically significant associations is difficult given low frequency of these events during dressing changes.
- MAC anesthesia is an incredibly safe option for sedation and analgesia during dressing changes in burn inpatients while caring for significantly ill patients.

## RESULTS

- Included 112 burn inpatients undergoing 210 burn dressing changes under MAC.
  - Median age was 43 years (range 18-93).
  - 78% were male and 95% were Caucasian.
  - Average BMI was 29.7 (range 18-66).
  - Average % total body surface area (TBSA) burned was 24% (range 1-70%).
  - Number of MAC dressing changes per patient was 1 to 16, with most (71.4%) undergoing 1 MAC dressing change.
  - Among 210 MAC cases, 5 involved a hypoxemic event defined as %O<sub>2</sub> saturation < 90%.
  - 14 cases involving 7 patients involved a blood pressure change, defined as a mean arterial pressure (MAP) < 60 mmHg.
  - 3 (1.4%) of the hypoxemic events were also associated with hypotension.
  - None of these events were associated with poor outcomes.