

Anaesthetic Apparatus

and

Responsibilities of a Nurse Assistant to the Anaesthetist

by Robinson Kharat (R. N.)

SINCE 1956, I am in contact with the modern anaesthetic apparatus named CENTANAEST. This apparatus is equipped with many accessories which are so finely adjusted that by the least touch an anaesthetist can make considerable changes in the administration of the substance or substances, he is employing. This apparatus comprises a four tube rotameter for delivering oxygen (O₂), Carbon (CO₂), Cyclopropane (C₃H₆) and Nitrous oxide Gas (N₂O). A closed circuit is provided in this apparatus, in this circuit the anaesthetic mixture is maintained at a constant level by the addition of oxygen for basal requirements, and removal of the waste product, carbon-dioxide, by means of soda lime tank. Two corrugated tubes are attached to it, at the other end of the tubes is the face piece (mask) by which the anaesthesia is delivered to the patient.

The advantage of this closed circuit is that the loss of body heat and moisture is prevented and, therefore, shock is considerably eliminated and at the same time great economy is affected in the consumption of the anaesthetic agents.

Importance of Junker's Inhaler

Equipments :

(1) Bellamy Gardner's drop tube fitted into a medicine bottle in which the anaesthetic fluid might be contained.

(2) Glass, drop bottle for chloroform with grooved stopper.

(3) Graduated drop bottle (Bloxam's)

(4) Junker's inhaler with bellows and face piece (mask).

It is important to assemble

Junker's inhaler correctly, if the bellows are placed on the wrong side of the bottle, liquid anaesthetic, chloroform or ether may be delivered to the patient which is dangerous.

As a rule arrows indicate the direction "In" and "Out" on the bottle or the metal tube may be marked "bellows" and "mask" indicating to which side respectively the mask and bellows should be fitted. The apparatus should be tested before it is used.

Anaesthetic drop bottle should be emptied and dried after use. The anaesthetist may, if he wishes, return any unused anaesthetic to the ether or chloroform bottles but the nurse should never do so. She cannot know for certain whether any liquid left in a drop bottle is ether, chloroform or a mixture of both so the only safe thing for her to do is to throw away any liquid left in an anaesthetic drop bottle.

Equipments required for General Anaesthesia

Anaesthetic apparatus, and apparatus should be tested before it is used.

Oxygen and nitrous-oxide, carbon-dioxide and cyclopropane cylinders and re-breathing bag and two corrugated tubes and rubber face piece (mask) should be tested before using.

Fill the fresh soda lime tank for every new case. Blood and blood transfusion apparatus should be checked and tested before use, (plus) ether and chloroform.

(2) Schimmelbusch's face mask and square of folded gauze and gamagee for use with these.

(3) Endotracheal tubes, various types, plain and cuffed and 20 c.c.

syringe and forceps for inflation of cuff.

(4) Endotracheal tube introducing forceps.

(5) Endotracheal tube connections various types.

(6) Endotracheal suction catheter.

(7) Suction apparatus.

(8) Laryngoscope with spare lamps.

(9) Emergency bronchoscope.

(10) Spray charged with local anaesthetic for spraying passages prior to passing an endotracheal tube.

(11) Mouth gags.

(12) Tongue forceps

(13) Sponge holding forceps with gauze.

(14) Air ways, various types and sizes.

(15) Air prop or rubber mouth prop.

(16) Hypodermic syringes and anaesthetic drugs.

(17) Receiver and towel in case of vomiting.

(18) Adhesive plaster and scissors.

(19) Liquid paraffin or castor oil and pipette

(20) Ointment

(21) Stethoscope

(22) Blood pressure apparatus.

(23) Spanner for opening cylinders.

Responsibilities of a Nurse Assistant to the Anaesthetist

The patient will probably have had a preoperative sedative, therefore, he requires to be kept both mentally and physically at rest. He should be accompanied by the following articles, the nurse assistance to the anaesthetist must
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