serum magnesium (0.4 mmol/l; normal range 0.7–1.0 mmol/l) calcium gluconate was discontinued and magnesium sulphate was administered. The tetany responded immediately but his condition gradually worsened and he died. The diagnosis of Hodgkin’s lymphoma was confirmed at autopsy. The hypomagnesaemia was due to renal tubular damage from aminoglycosides. 

Since magnesium deficiency impairs secretion of parathyroid hormone and may render bone and kidney resistant to the effect of the hormone, hypocalcaemia can be reversed only by administration of magnesium. 

The syndrome may occur during prolonged courses of aminoglycosides and monitoring of serum potassium and serum calcium as well as serum magnesium concentration is therefore recommended for such patients.

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References


Transfer from recovery room to ward

Sir,

From an anaesthetic point of view, a patient can be discharged from the recovery room (a) when he is able to maintain adequate alveolar ventilation and can clear his airway; (b) he is awake, alert, well orientated in space and time and can make his wants and needs known, and (c) if he is able to maintain adequate tissue perfusion, without continuous monitoring and support of his cardio-vascular system. Patients with unstable cardio-vascular systems should not be moved, unless they are well stabilized.

From the surgical point of view, if the patient is not expected to need close surgical surveillance he can be transferred to his ward. A trained nurse preferably should accompany the patient whenever necessary.

The author’s (Salim) recovery score (Table I) assesses three physical signs, i.e. ‘ABC of recovery’ – Airways, Behaviour, Consciousness. A score of eight is the minimum for discharge from the recovery room in most instances.

We assessed this ABC score in more than 2000 patients aged one to 80 years to judge its effectiveness. We found that this score is effective for assessing recovering patients and sending them to the wards.

It is a great help to trainee doctors and students. We have now made a printed chart in our recovery room for guidance of trainees, doctors and nurses.

Colonel M. Salim
Army Medical College,
Rawalpindi, Pakistan.

References


Table I Postanaesthetic recovery score

<table>
<thead>
<tr>
<th>Physical signs</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airways</td>
<td>Patient can cough or cry</td>
<td>Maintains clear airway without holding the jaw</td>
<td>Holding of jaw and other measures taken to maintain airways</td>
<td>Holding of jaw</td>
</tr>
<tr>
<td>Behaviour</td>
<td>Patient can lift the head</td>
<td>Can open the eyes and show his tongue</td>
<td>Some non-purposeful movements</td>
<td>No movements at all</td>
</tr>
<tr>
<td>Consciousness</td>
<td>Fully awake, can talk, well oriented</td>
<td>Awake but needs support</td>
<td>Responds to stimuli only</td>
<td>No response</td>
</tr>
</tbody>
</table>

Salim’s ABC recovery score

Score for response

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