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### A Patient's Description of His Spinal Anesthetic: The Need for Reassurance

*To the Editor:*—Last month, at age 60, I had a lower torso spinal block for an operation. Everything was successful. When I started to “come to” in the recovery room, the nurses said, “Wiggle your toes”—and I couldn't, my legs were totally dead. My immediate thought was, “Something went wrong with the spinal, and I am paralyzed.” As I faded in and out, this was my recurrent thought, and I was too sedated to verbalize this concern. Thus, for whatever time it took (an hour—an hour and a half?) I was subjected to a level of mental anguish that no one should have to suffer unnecessarily. I say “unnecessarily” because it can be avoided or at least greatly minimized with two easy and simple changes in words and phrases.

When I told the anesthesiologist the next day, he said, “But I told you there would be some numbness.” I submit that this is not sufficient.

I suggest that the anesthesiologist say the obvious, such as, “The spinal block is to deaden the pain by blocking the nerves, and therefore also muscular response—and

the general sedative will wear off before the spinal block, and you will not be able to move for a few minutes. The recovery room nurses will check the wearing off of the spinal block by your ability to wiggle your toes.” Thus, everything is descriptive and sequential. The OR recovery room nurses should say, “Can you wiggle your toes yet? If not, then the spinal block has not worn off yet. Don't worry everything is fine, go back to sleep.”

Webster's (1966) second definition of anesthetic (yes, now everyone knows that I had to look up the spelling) is, “lacking perceptive sensitivity”—how apt in my example. I hope that all of you will take to heart these simple suggestions because it really was a terrifying experience and totally unnecessary.

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### Computer-assisted Pediatric Worksheets for Anesthesia

*To the Editor:*—Anesthesia for infants and children requires a clear understanding of the differences between pediatric and adult patients. These differences encompass not only the size differential of each of the organ systems involved (renal, cardiovascular, pulmonary) but pharmacologic, anatomic, and physiologic responses as well. Imprecise dosages of drugs, improper fluid administration, or poorly chosen anesthetic equipment can turn a routine pediatric case into a disaster.

No formula can accurately predict the drug requirements of infants in early life, however, some guidelines are necessary. Several authors have advocated the calculation of fluid needs, drug dosages, and respiratory variables of pediatric patients prior to the induction of anesthesia.<sup>1,2</sup> Pediatric worksheets have become popular as an aid to anesthesia residents at our institution preparing for pediatric cases. Worksheets initially were written by residents and listed the formulas for the calculation of drug dosages, fluid deficits, and infusions. Formulas varied from resident to resident and often were incorrect. Numerous calculations were needed and were as error prone as those performed mentally.

We have developed a pediatric worksheet for use in cardiac as well as general anesthesia, based upon one of the personal computer “spreadsheet programs.” A spreadsheet is a program that allows the user to put information into a multicolumn worksheet matrix and perform simple calculations on the information. The programs originally were developed for financial modeling but are flexible enough to be adapted by the nonprogrammer for a wide variety of uses.<sup>3</sup>

Using a minimum of equipment, an accurate and neatly presented worksheet can be prepared quickly for an individual patient. The example shown was developed using Visicalc (Visicorp; San Jose, California), an electronic spreadsheet program, on an Atari 400 Computer (Atari, Inc.; Sunnyvale, California) with 48K bytes of memory, a single floppy disk drive, and printer. The formula used for deriving values for a fluid management and drug dosages were taken from current editions of widely used anesthesia texts.<sup>4-6</sup> The Pediatric Worksheet template was prepared as illustrated in figure 1A and saved so that either a blank form or a completed form for an individual patient could be printed out. A completed form required