## MISLEADING DISPLAY OF HAEMODYNAMIC AND RESPIRATORY PARAMETERS: FROZEN MONITOR

Dear Sir,

Technical issues with monitors remain a concern in the perioperative management of a patient. Early detection avoids any mishap pertaining to monitoring. But sometimes, technical snags may go unnoticed in the absence of a suitable indicator (audio or visual).

A 45-year-old male patient was undergoing emergency appendicectomy under general anaesthesia. In the operation room, routine monitors (Colin BP 508, Colin Corporation, Japan) were attached. Capnography was initiated after tracheal intubation. During surgery, the patient showed some physical movement even though the monitor displayed stable parameters, including the electrocardiographical, pulse oximetry, and capnographic tracings. On close observation, we realised that the display on the monitor was frozen. The monitor was restarted, after which the display could be seen with the cursor of the waveform trace moving. The rest of the operation was uneventful.

A newer generation of monitoring devices is available, with the option of freezing the display for the purpose of looking closely at the trace, or for printing out a specific incident manifested on the waveforms. Usually the screen will indicate the frozen status when this option is selected. But due to the technical snag in our case, this option was self-activated without our notice. This could adversely affect the outcome of the surgery (and the patient) if the frozen screen was not observed and remained unrectified for any length of time. Thus, monitoring devices should have an alarm function which is automatically activated in the event of a device failure.<sup>(1)</sup>

We want to highlight to our readers the possibility of frozen screens and its early detection. One must be careful to ensure that the screen is moving in real time (i.e. with the cursor showing movement). In addition, monitoring devices should come with an alarm activation for screen malfunctions, such as frozen displays.

Yours sincerely,

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## REFERENCE

1. Imhoff M, Kuhls S. Alarm algorithms in critical care monitoring. Anesth Analg 2006; 102:1525-37.