Pseudocholinesterase Deficiency

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Recommended Citation
Residual anesthetic, including over.

Increased cerebral hemorrhage

Hypoxia

Hypothermia

patient outcomes.

management strategies to improve

as signs and symptoms, and patient

readily available and usually is

information is not widely known or

paralysis hours longer. This condition is

surfactant and the remainder of the

info on the neuromuscular

1:3200 people (Ok et al., 2013). An

pseudocholinesterase between 1:480 and

apnea from a genetic abnormality of

Pseudocholinesterase deficiency

neuromuscular blockers succinylcholine,

metabolism of choline esters such as the

Diagnoses for a delayed emergence.

considerations must be differential

no response to increase in CO

emergence patient remains apneic, with

140mg succinylcholine. Sevoflurane 2%

induction consisting of 80mg lidocaine,

temperature 98.4

waking up but was not sure”. Vitals:

A

0

The patient had

The most important issue is to keep

The patient must be

References

Ams, T., Boury-Renaut, S., Blain, J.,
Weinstein, M., Martinot, M.,
Implications of pharmacogenetics for

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AANA Journal

345.

Ramirez, J., Sprang, J., Rangan, M. T.,
Neuromuscular-induced prolonged

pseudocholinesterase in patients with

pseudocholinesterase deficiency.

Journal of anesthesiology. 65(Suppl), 519-

250 mg intravenously. The other options are

translutions of whole blood and FFP, and

purified human cholinesterase.

Conclusion

Pseudocholinesterase deficiency is a rare cause of prolonged paralysis. The potential for this deficiency can be life threatening, thus indicating the importance of education about this topic. A thorough prospective evaluation is crucial including a detailed family history and always further assessing a patient who states a family history or personal history of difficulty waking up after surgery. The clinician must take the time to perform a Dibucaine test, and be defibrillator on hand.

pseudocholinesterase. Dibucane is added

compared to untreated serum to show

pseudocholinesterase. Dibucane is a

receptor agonist at the

safest option. The other options are

Reference:

Nurses Association (AANA) and the

American Society for Anesthesiology.

American Society for Anesthesiology.

Nursing Implications

Dibucaine is an amide-local anesthetic

and for uncomfortable prolonged

paralysis. Dibucaine is added to a sample of the patient’s serum

Drug directly attached to the post synaptic acetylcholine receptor without the need for an intermediary mediator, causing muscle paralysis.

Dibucaine number and enzyme activity are both determined. A normal result is 80. The results indicate Dibucaine inhibits 100% of pseudocholinesterase. A dibucaine number of 20 is diagnostic for atypical neuromuscular blockers.

Treatment

Treatment is aimed at patient safety,

and comfort. The standard of care is to

maintain sedation and ventilation

until return of normal neuromuscular

function and patient is able to protect

their airway. This is considered the

safest option. The other options are

translutions of whole blood and FFP, and

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