

## STELLINGEN

1. Continuous respiratory monitoring is as important as measuring haemodynamic parameters in the operating room and in the intensive care unit.
2. A systematic measurement system ("Methodological Platform") is essential in cardiac surgery since it improves patient care.
3. End-tidal carbon dioxide monitoring may prevent the deleterious effects of hyperventilation or hypoventilation in the ventilated patient.
4. The addition of carbon dioxide in the inspired gas mixture is unnecessary and may be harmful in operative deep hypothermia.
5. Prolonged post-operative ventilation is unnecessary in most cardiac surgical patients.
6. The administration of 15 micrograms per kilogram of fentanyl prevents awareness in patients ventilated on oxygen/nitrous oxide 40:60.
7. In clinical patients, the observation of a trace on the oscilloscope provides more useful information than instantaneous digital values.
8. Mixed venous oxygen saturation is a valuable parameter in deciding when to extubate post-operative cardiac surgical patients.
9. Monitoring of expired carbon dioxide gives important information not only about ventilation but also about circulation and metabolism.
10. The best pre-operative assessment of lung function is the case history.
11. Skin temperature of the great toe is a useful guide for the evaluation of conditions of shock due to trauma and/or blood loss.

Bjørn Ibsen: Treatment of shock with vasodilators measuring skin temperature on the big toe. *Diseases of the Chest* 52: 425, 1967.

A. G. Spitzer and Lord Brock: The recognition of hypovolaemia after open heart surgery *Guy's Hospital reports* 117: 131, 1968.

Henri R. Joly and Max Harry Weil: Temperature of the great toe as an indication of the severity of shock. *Circulation* 39: 131, 1969.

O. Prakash, S. Meij, P. G. Hugenholtz and S. G. van der Borden: Predictive value of core-toe temperature and mixed venous oxygen saturation after cardiac surgery. In: B. M. Tavares and R. Frey (Eds.): *Anaesthesiologie und Intensivmedizin, Band 116. Acute Care.* (p. 274). Berlin, Springer-Verlag, 1979.

12. Closed-circuit control of ventilation is not feasible on the basis of present knowledge.
  - B. Jonson and O. Prakash: Feedback control of mechanical ventilation by end-tidal  $P_{CO_2}$ . Experience, problems and prospects from use in a thoracic surgical unit. In: Payne JP. Mechanical ventilation. London, Butterworth. 1980.
  - R. L. Coon, E. J. Zuperku and J. P. Kampine: Systemic arterial pH servocontrol of mechanical ventilation. Presented at the ASA Annual Meeting, San Francisco, California, 1976.
13. The close co-operation of anaesthesia nurses and anaesthetists is indispensable for optimal patient care. Specialized medical education is as important for anaesthesia nurses as for anaesthetists.
  - C. M. Chapman: Advanced nursing. Anaesthesia 32: 381, 1977
  - Editorial: Anaesthesia 32: 311, 1977.
  - D. H. G. Keuskamp: Anesthesiologie, postoperatieve zorg, reanimatie, beademing. Uitgegeven onder auspiciën van de Nederlandse Anesthesisten Vereniging.
14. The art of anaesthesia is an infinite capacity for taking pains.
15. Far away is close at hand in images of elsewhere.