ANAESTHETIC ROOMS

BY

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The design of anaesthetic rooms has not received much attention in this country. They are often small, noisy, and inconvenient. They may be used as a convenient short-cut for students discussing the interesting findings in yesterday's necropsy. They are often cluttered up with the overflow of store-rooms, such as stacks of dressing-drums, which crash down at fairly frequent intervals. At least one hospital has both an internal and an external telephone extension with particularly loud buzzers in each anaesthetic room. The entrance and exit doors may be opposite to one another, so that if they are left partly open the incoming patient may see the remains of his predecessor being stitched up. The reader can doubtless add other features which are undesirable.

It may be thought that with adequately premedicated patients these inconveniences are trifling, but this is definitely not the case. Some operations are still done under local analgesia, while sedation must be extremely light in patients undergoing caesarean section. In any event, loud noises are apt to disturb the tranquillity of any patient who is not actually unconscious.

Some thought has, however, been given to the design of anaesthetic rooms in recent years (Hewer, 1953). Just before the Ministry of Health took over the hospitals the London County Council, after consideration of the problem, recommended that the minimum area of an anaesthetic room serving one theatre should be 196 sq. ft. (18.2 sq. m.), and that the corridor outside should be at least 7 ft. (2.1 m.) wide, so that trolleys could be turned easily into the door (Ward, 1949). It had also been suggested that anaesthetic rooms should be divided into two by means of a washable curtain, the patient being wheeled into a compartment looking, so far as is possible, like an ordinary room. Induction of anaesthesia having been attained by an intravenous barbiturate, the curtain could then be drawn back, when the gas-oxygen and other apparatus would be immediately available (Ostlere, 1950).

FIG. 1.—Plan of anaesthetic room for gynaecological theatre, St. Bartholomew's Hospital.

The building of the new gynaecological theatre at St. Bartholomew's Hospital enabled some new ideas to be carried into practice, and Fig. 1 is a rough sketch of the anaesthetic room.

It will be seen that the patient enters a small compartment shut off from the main anaesthetic room by a curtain. The only furniture is a homely-looking table and chair. The original idea of a false window with a mirror back and a shelf for flowers was abandoned when it was realized that the patient lying on her back with one pillow would normally see only the upper part of the opposite wall and the ceiling. It was therefore thought that a simple painting on these areas would be ideal for fixing the patient's attention and would have the additional advantage of presenting no difficulties in cleaning. A well-known mural artist, Mrs. Pamela Johnstone, very kindly offered her time and skill for this project, and has produced a really charming picture

FIG. 2.—Photograph of ceiling of anaesthetic room.

of deer drinking at a pool for the wall decoration, while a gaggle of Canadian geese (not storks!) fly overhead (Fig. 2). It might perhaps be pointed out that these are not the only mural paintings in St. Bartholomew's Hospital, the previous artist being Hogarth (1697–1764).

Once the patient is unconscious the curtain is pulled back, when plenty of room is available for subsequent manoeuvres such as intubation, setting up of intravenous drips, etc. Three wall plugs provide for nitrous oxide, oxygen, and suction, the small cylinders on the anaesthetic trolley acting as an emergency reserve. The cupboard for warm blankets has an opening, both into the anaesthetic room and into the adjoining recovery room. In order to save space the cupboard is insulated, and its top provides a shelf for laryngoscopes, tracheal tubes, syringes, etc. The room is fully air-conditioned, and all electrical switch gear is over 3 ft. (90 cm.) above the terrazzo floor.

I am greatly indebted to Mr. John Beattie, senior gynaecological surgeon to St. Bartholomew's Hospital, for his co-operation in attempting to provide an anaesthetic room which has at least some features which benefit the patients as well as the surgical team. Fig. 2 is a reproduction of a photograph taken by the Department of Medical Photography, St. Bartholomew's Hospital.

REFERENCES

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