

# Imprisoned by a Pulse Oximeter

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**“Sometimes we are confined by unreal barriers that are perceived to be real”**

-anonymous

M.T. Pockets is a 75 year old male with a history of end stage pulmonary fibrosis and requested a physician visit.

I made a visit and what struck me initially was the amount of stairs both outside and inside the home. He told me he felt like a prisoner in his own home because he couldn't leave his house. Of course I asked what was keeping him in his home and not allowing him to get out. He showed me his finger pulse oximeter (small detector that checks blood oxygen) that was hanging from his neck. He then went on to tell me that he checks it many times throughout the day and maintains his oxygenation above 90% (because, “that's what the doctor told me”) by sitting still and barely moving if it drops below 90%. he checks it when he walks to the kitchen, when he eats, when he showers etc. He also uses his oxygen to increase his pulse ox when it appears to be low.

He went on to tell me that he noticed his pulse oximeter readings going down over the last several months. Because his oxygenation was worsening he began to limit himself until he ultimately limited his activity to being at home. Naturally as a Hospice and Palliative Care Doc, *I asked if he was symptomatic when his readings dropped below 90%. He paused, thought about the question and stated, “you know I never thought about how I felt, I was only focused on my numbers. Doc I'm not sure if I'm short of breath or not but I don't think I am short of breath when my oxygen sat drops below 90%.”*

*I encouraged him to focus less on numbers and more on symptoms to drive his limitations. I could tell this was going to be hard for him since checking his pulse ox was hard wired in his brain.* So, after thinking and discussing further, I thought I would try and work within his system. I recommended a walker with a seat. His instructions were to walk to the top of the first set of stairs, stop, sit down and check his pulse ox. Once it increased >90% he was to have his wife carry his walker down the stairs and then descend the stairs himself. At the base of the stairs he was instructed to sit down, check his pulse ox and when >90% he was to walk to the next set of stairs etc., etc. until he was able to get to his car. He thought this was very clever and was enthusiastic to follow my instructions once the walker came. Several days later I got a message that the patient was ecstatic and *thought I was the best doctor because he was able to leave his house and drive again.*

M.T. Pockets reminded me that we can tell patients what to do or how to think but at times we just have to let go of our beliefs and expectations and meet the patient where they are at.