

(Smeltzer & Bare 2000).

Shortness of breath or dyspnoea is a common symptom of coronary disorders, it is defined as laboured or difficulty breathing (Eaton, 1999). Mr Pinks level of consciousness was initially assessed and recorded. Although in distress he was orientated to time and place. On observation he appeared cyanotic, having a bluish tinge to his lips and nail beds. Cyanosis is an indicator of hypoxia and is determined by the amount of de-oxygenated circulating blood (Hand, 2001). However assessment of cyanosis can be affected by the room lighting, the patient's skin colour and the distance of the blood vessels from the skin therefore cyanosis is not a reliable indicator of hypoxia (Thompson & Webster 1992).

During his routine haemodynamic observations his oxygen saturations were recorded at 92% on air. Pulse oximetry is a non-invasive method of continuously measuring the oxygen saturation of hemoglobin. It reduces the need for invasive blood gas samples and therefore encourages compliance. A sensor was placed on Mr. Pink's index finger and light signals were passed through the probe and reflected on the blood pulsating through the tissues. Pulse oximetry is an effective tool at detecting subtle or sudden changes in oxygen saturations (Chandler, 2000). Reports suggest that there is a general lack of information and knowledge surrounding its usage and limitations and that education was vital in the fundamentals of pulse oximetry (Stoneham, 1994). Mr Pink tolerated the probe well but again his anxiety increased when his saturations dropped causing the monitor to alarm. Once his pain was controlled he began to relax and his breathing became more effective. His Hudson mask was changed to a re-breather mask and his oxygen saturations were recorded between 97% -100% on 4 litres of oxygen per