PN-U14 / SEE THE CONCEPT

Saturation improves. The patient may still deteriorate.

Read the visual model, then test the reasoning.



PaCO₂

42 → 60

mmHg

Shallow: 8/min

Hard to awaken

Read oxygenation AND ventilation

A reassuring saturation does not measure carbon-dioxide removal.

A postoperative adult receives prescribed oxygen. Verified observations change between 09:00 and 10:00. The urgent team is being activated, and the PN assists within the assigned role.

PN-U14 / WORK THE CASE

Saturation improves. The patient may still deteriorate.

Follow the stated conditions. Check the answer against the original case.

OBSERVATION	09:00	10:00
Responsiveness	Alert	Difficult to awaken
Breathing	16/min	Shallow, 8/min
SpO_2	93%	97%
$PaCO_2$	42 mmHg	60 mmHg

Oxygen saturation and carbon-dioxide removal answer different questions.

1 **READ OXYGENATION**

SpO_2 increases from 93% to 97%: four percentage points. This observation does not measure carbon-dioxide removal.

2 **CONNECT THE DETERIORATION**

Breathing becomes shallow at 8/min, responsiveness declines and $PaCO_2$ rises from 42 to 60 mmHg. The changes do not cancel one another.

3 **REPORT AND REASSESS**

Communicate times, depth/rate, responsiveness, oxygen setting and relevant medication exposures. Support the authorized airway/breathing response and reassess its effect.

TEST YOUR REASONING

Does 97% saturation establish recovery or prove the last opioid caused the change?

Neither follows. Ventilation and alertness worsened; timing alone does not establish the cause. Medication or ventilation changes require the responding team’s authorized plan.

Fictional teaching case. A pulse oximeter does not measure CO_2, establish sufficient hemoglobin or prove adequate tissue perfusion. Verify questionable readings without delaying help.