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IC007

Interventional Cardiology & Catheterization • Poster Presentation

PHYSIOLOGICAL RECOGNITION OF DETERIORATION IN THE CARDIAC CATHETERIZATION LABORATORY

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Stand: POSTER #IC007 | **Venue:** Poster Exhibition Hall & Gallery - Eko Convention Centre |**Online Ref:** https://nigeriancardiacsociety.com/abstracts/IC007

Background: Clinical deterioration in the catheterization laboratory may occur rapidly, but physiological instability is often preceded by measurable changes in cardiovascular function. Continuous ECG and haemodynamic monitoring therefore provides an opportunity to recognise deterioration before overt clinical collapse.

Methodology: This presentation examines the role of real-time physiological monitoring in recognising procedural deterioration. It considers changes in cardiac rhythm, arterial pressure, oxygenation and other physiological signals, with emphasis on distinguishing clinically meaningful changes from normal physiological variation and technical artefact. The contribution of situational awareness, communication and multidisciplinary interpretation is also explored.

Results: Physiological changes may precede obvious clinical deterioration and can provide important early warning during invasive cardiovascular procedures. Recognition is most effective when individual physiological signals are interpreted together and in relation to the procedural context. Effective surveillance therefore depends not only on continuous monitoring, but also on the ability to identify significant changes, communicate them promptly and support appropriate clinical intervention.

Conclusions: Physiological monitoring is more than data collection; it is a process of continuous clinical recognition. Strengthening the ability of cardiac physiologists and the wider cath lab team to interpret and communicate physiological changes may improve situational awareness and contribute to procedural safety as interventional cardiovascular services expand in Nigeria.

Keywords: Cardiac catheterization laboratory; Physiological monitoring; Haemodynamic monitoring; ECG monitoring; Clinical deterioration; Situational awareness; Procedural safety.