

## ASCAR Cardiac Anaesthetic Planning Form

### Case summary:

ECG:  
TTE:  
Cath:  
Bloods:

<u>Patient</u>	<u>Features of note</u>	<u>Interdisciplinary discussion:</u>	<u>Goals</u>	<u>Other tasks:</u>
Weight: Height:  Baseline HR/ BP:  Allergies:  Date of DAPT?	Left Main Stem Disease Severe P-HTN LV / RV dysfunction Severe Valvular Disease LBBB Oesophageal pathology  Other:		HR Rhythm Preload Confrac Afterload RV  Major bleeding?	Pre-med?  <b>Blood in Fridge.</b> Units?  Platelets available?  Spinal drain?

### Set up:

<u>Arterial line/s</u>	<u>Access/CVC/ Swan</u>	<u>Other Monitoring:</u>	<u>Induction + Doses</u>	<u>Other precautions</u>
Unilateral (usually R):  <b>Bilateral lines:</b> Aortic arch surgery Re-do surgery  Discuss L sided and femoral lines with surgeons first if anticipated.	Awake / Asleep?  Site?  Swan floated?  <b>14G / RICC / 2nd Sheath?</b>  Vascath?	<b>Defibrillation pads</b>  Baseline ROTEM  Multiplate test  Cerebral Oximetry	Midazolam: Fentanyl: Propofol: Thio/Ketamine Sevo: Arameen:  Roc / Vec / Panc / Cis  RSI? Advanced optics? DLT? (Size + Side)	Surgeon scrubbed and perfusionist in the room  Peripheral wires pre-induction?  IABP dots  IABP mode switched

### Intraop:

<u>Vasopressors / Inotropes</u>	<u>Right Heart support</u>	<u>Adjuncts + M</u>	<u>Lungs:</u>	<u>Patient Blood Management</u>
Noradrenaline Vasopressin Milrinone  Dobutamine  Adrenaline  SNIP / GTN	Milrinone Dobutamine  Protamine slowly  Inhaled pulm Vasodilators	Ephedrine  Glycopyrolate/Atropine  Esmolol  Magnesium	<b>Lungs on for sternotomy</b>  Minimise lungs off (strict CO2 control)  Pleural effusion check for drainage	pRBC on induction  Autologous (Dr Brady)  Washed pRBC getting on  RAP? Full? Partial?
<u>Heparin + Protamine</u>	<u>Other drugs / infusions</u>	<u>Off-pump</u>	<u>Bypass Bleeding</u>	<u>Bypass separation</u>
Heparin dose 400u x TBW:  Likelihood of resistance?  Anticipated Protamine dose (0.007 x Heparin units):	TXA post induction TXA after heparin  Cefazolin 3g (if > 120kg) Insulin Propofol Dexmedetomidine Hydrocortisone Vancomycin	Heparin dose Heparin infusion  ACT target: ACT level q30min  Warming on early  Fluids / Albumex:  Cerebral Oximetry	<b>ROTEM at 35 degrees</b> Sterile Bair Hugger OT temperature raised  CaCl prepared Platelets, FFP, Cryo How many?  FFP on re-warming? Prothrombinex. Dose? Factor 10 pre-approval	<u>Support:</u> IABP / ECMO  <u>Pacing strategy:</u>  <u>Arrhythmia:</u> Lidocaine/Mg/Defib  <u>High K:</u> Bicarb / Insulin / Lasix

## TOE Plan

<p><b>TTE findings:</b></p>	
<p><b>Pre-op TOE questions and (<u>non-routine</u>) parameters that may be useful in the assessment of this patient's disease:</b></p>	
<p><b>Post bypass TOE questions:</b></p>	

**Milrinone optimisation (Based on Actual Body Weight). Caution with loading:**

Weight	Loading	0.1mcg/kg/min	0.2mcg/kg/min	0.35mcg/kg/min	0.5mcg/kg/min	0.75mcg/kg/min
<b>60 kg</b>	3000 mcg <b>15 mL</b>	1.8 mL/hr	3.6 mL/hr	6.3 mL/hr	9 mL/hr	13.5 mL/hr
<b>70 kg</b>	3500 mcg <b>17.5 mL</b>	2.1 mL/hr	4.2 mL/hr	7.35 mL/hr	10.5 mL/hr	15.75 mL/hr
<b>80 kg</b>	4000 mcg <b>20 mL</b>	2.4 mL/hr	4.8 mL/hr	8.4 mL/hr	12 mL/hr	18 mL/hr
<b>90 kg</b>	4500 mcg <b>22.5 mL</b>	2.7 mL/hr	5.4 mL/hr	9.45 mL/hr	13.5 mL/hr	20.25 mL/hr
<b>100 kg</b>	5000 mcg <b>25 mL</b>	3 mL/hr	6 mL/hr	10.5 mL/hr	15 mL/hr	22.5 mL/hr
<b>110 kg</b>	5500 mcg <b>27.5 mL</b>	3.3 mL/hr	6.6 mL/hr	11.55 mL/hr	16.5 mL/hr	24.75 mL/hr