

CARDIAC OBS PLANNING TOOL



SELECT GOALS:

Rate & Rhythm

Preload

Contractility

Afterload

PVR

FOUNDATION:

Risk Stratification

- CAPREG I and CAPREG II scores
- WHO risk stratification
- Multi-disciplinary review
- Involve cardiac anaesthetist

High risk lesions

- Pulmonary arterial hypertension
- Eisenmenger's
- Severe mitral stenosis
- Severe aortic stenosis
- Cardiomyopathy, EF < 30%, NYHA 3/4
- Coarctation
- Aortopathy (Marfans AD > 45 or bicuspid valve AD > 50)

Preparedness + Monitoring

- Arterial line and 5-lead ECG
- Central line for vasopressors + CVP monitoring
- TTE / TOE intrapartum
- Defibrillator pads
- Supplemental oxygen
- Uppers and downers as needed

Medications

- Continue beta-blockers if advised
- Safe interval planning with anti-coagulation if neuraxial anaesthesia planned

CONSIDER ISSUES + SOLUTIONS:

Autotransfusion

Increases preload

Elective Caesarean

Caval compression

Reduces preload

**Uterine displacement
Avoid supine position**

Pain

Tachycardia + hypertension

Excellent analgesia

Pushing

Valsalva,
Reduces preload

**Excellent analgesia
Assisted 2nd stage**

Ergometrine

Hypertension + coronary spasm

Avoid ergometrine

Syntocinon

Hypotension + tachycardia

**Infusion only
Avoid bolus**

Carboprost

Increases PVR

Avoid carboprost

Neuraxial

Reduces SVR

Careful titration

Fluid overload

Increases Preload

**Concentrated infusions
Strict fluid balance**

Blood Loss

Reduces Preload + Oxygen Delivery

**Pharm + Non-pharm
Cell salvage**

Bubbles

Air Embolism

**LOR to saline
Caution with IV lines**

Vasopressors

Hypertension

Avoid prophylactic use