

Bleeding Post Cardiac Surgery

Set-up:	
Lines/access:	RIJ CVC, left radial arterial line, 2 large bore peripheral cannulae
Infusions:	Sedatives, sodium nitroprusside & 1L crystalloid (attached but not running)
Airway:	ETT
Ventilator:	VCV 500/8 FiO ₂ 0.5 Rate 10 breaths/min
Other:	Drains able to fill with blood – see video Blood products Mannequin must have 2 ID bracelets (blood product checking)

Clinical Setting

- I: You are the CICU registrar and are asked to prescribe a fluid bolus for a post-surgical patient
- S: Nurse reports that night doctor forgot to prescribe more than one bolus, and the patient is a little tachycardic but requiring sodium nitroprusside to achieve systolic blood pressure targets
- B: 70F immediately post CABG+AVR
- A: Mildly tachycardic requiring colloid therapy
- R: Asked to chart fluids

Potential Clinical Course

- Initially **A** ETT, **B** SpO₂ 99% on FiO₂ 0.5, VCV 500mls @ 10breaths/min, PEEP 7, ETCO₂ 4.6kPa, reduced breath sounds both bases **C** HR 98bpm, BP 101/72, **D** Sedated
- Becomes more tachycardic despite fluid bolus
- Quick dump of 300mls into drain then stops
- BP falls – discontinue sodium nitroprusside
- Further dump of 600mls into the drain
- Candidate declares major haemorrhage – manages blood products and resuscitation
 1. Red Cells
 2. FFP
 3. Platelets
 4. Cryoprecipitate
 5. Protamine
 6. TXA
 7. Calcium
 8. Warm
- Calls for senior help and cardiac-surgical help
- Begins to package patient for return to theatre
- Discusses further blood product management with lab – requests further products appropriately
- Anaesthetist arrives to take patient back to theatre – give clear and succinct handover