

[PDF] Crisis Management In Anesthesiology, 2e

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"Crisis Management in Anesthesiology", 2nd Edition,
9780443065378, ©2015 Elsevier Chapter 6 — Cardiovascular Events 171

Noting PE (see Event 2), Pulmonary Embolism and Event 8), Arterial Blood Gas (ABG)
Other cases of hypoxemia (see Event 5, Hypoxemia)
Arrest on Dräger after failed intubation due to esophageal, rapid fluid infusion, or movement
of the preoxygenated tube
Entrapment of air into a respiratory gas analyzer

MANAGEMENT

Notify the surgeon immediately of a possible VGE
The surgeon should check for possible entry sites to the wound
The nurses should check surgical insufflation equipment
Turn off all pressurized gas sources
Call for help
Confirm the diagnosis
Check the ETCO₂ trend recording
Check the EIP
Listen carefully to the preoxygenated Dräger signal
Check TEE if available
Listen for milkweed murmur
Check PA pressure, if available
If available, check for air in the supine
Check the ETCO₂, if available
Inspect for air in the supine
VGE may still be present if no air is aspirated
If gas embolism is confirmed
Attempt to aspirate gas from available CV catheter again
The surgeon should flood the surgical field with saline or pack the wound with saline
Administer 100% O₂
Administer 100% O₂
Provide Valsalva maneuver by manual ventilation to prevent further air from entering the
heart and to avoid the vascular entry site to the surgeon
Inflate IV fluid rapidly
Use vasopressors and inotropes as needed to support the circulation (see Event 5,
Hypotension)
Reposition the patient, if feasible
Flank, tilt the operating table to lower the surgical site below the level of the heart
If possible, place patient in Trendelenburg position
Consider applying 5mm H₂O PEEP
If hemodynamic compromise is severe
Perform CPR if cardiac arrest occurs (see Event 2, Cardiac Arrest)
Direct aspiration of air from the heart or great vessels via a femoral artery may be necessary
Internal cardiac massage may be required
If VGE is noted several minutes in supine, consider emergency MRI and consider hyper-
baric O₂ therapy if available

COMPLICATIONS

Hypotension
Myocardial ischemia or infarction

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Description:

The fully updated Crisis Management in Anesthesiology continues to provide updated insights on the latest theories, principles, and practices in anesthesiology. From anesthesiologists and nurse anesthetists to emergency physicians and residents, this medical reference book will effectively prepare you to handle any critical incident during anesthesia.

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