هو الشافي

arm

CARDIOPULMONARY BYPASS PERFUSION RECORD

Name:	Date:	Perfusionist:	Oxygenator & No:
Age:	BSA:		
Weight:	Flow:	Surgeon:	Arterial Filter:
High:	Diagnosis:	Anesthesist:	Elective:
BG:	Procedure:	File No	Emergency:

Medical History:
……..

CPB TIME

On Bypass: 1)----------2)---------- X clamp on:1)---------- 2)--------

Off Bypass:1)----------2)---------- Total:-------- X clamp off:1)---------- 2)-------- Total:--------

HEPARIN

Time/Unit: 1)------/--------2)-------/------ 3--------/-------- Aortic Cannulation Time:----------First Swing Pressure----------

PERFUSION VALUES

Time							
Blood Flow							
MAP							
CVP/PA							
Line Pressure							
GAS Flow							
Fio2							
Temp:N/R/B							
Temp Water							
Temp Blood Art/Ven							

Cannulation

Arterial: □Ao-Arch □Femoral

□Axillary □ Other Type:
Size:

Venous: □ SVC □ IVC

□TS □Femoral □ Other
Type: Size:

ABG & LAB VALUES

PH							
PaO_2							
PvO_2							
O_{2s}							
VO_{2s}							
PCO_2							
HCO_3							
BE							
Lac							
Na/K							
HB/HCT							
Glu							
ACT							
Ca							

Prime Solutions

4) Fluid:…. ml 2)Colloid …. ml 3)Manitol: ……ml

4)Blood:….ml 5)Heparin……..7) …..

Total:

Cardioplegia

Blood □ Crystalloid □ Antegrade □
Retrograde □ Cold □ Tepid □
Warm □

Time:								
Volume:								

Others:----------
……..

I & O

Blood No								
Fluid:----------								

Urine								
Hemoconcentrator								

	TCA	ACP	RCP	CARR
ON:				
OFF:				
TOTAL:				

PBUF □ CUF □ MUF □ ZBUF □ OTHER:……..

EVENTS

Centrifugal Pump □ Pulsatile Flow □ Cell Saver □ IABP □ VAD □

VAVD □ KAVD □ Dc/shock □ TPM □ ECMO □

Comments:----------

PERFUSIONIST SIGNATURE

1) 2)

PRE- BYPASS CHECKLIST

1)Patient
□ID Correct
□Chart reviewed

2)Sterility
□Components:integrity and expire date

3)Heart-Lung machine
□Power Connected
□Start-up Normal
□Back-up Power

4) Heater-Cooler
□Start-up Normal
□Water connections:Flow Verified
□Water Temperature:------o_c

5)Gas Supply
□Gas lines Connected
□Flow meter/blender in order
□Vaporizer shut off
□Co_2 Flush
□Hoses Leak free
□Gas exhaust unobstructed

6)Pump
□Speed Controls operational
□Roller heads not obstructed
□Flow meter:calibration & direction
□Tubing holders secure
□Occlusion set

7)Tubing
□Pump tubing condition inspected
□Connections secure & leak – free
□Suckers functional and sucking
□One- way valves:direction correct
□Circuite shunts closed
□Patency of arterial (line) cannula verified

8)Monitoring
□Temperature probes positioned
□Pressure transducers calibrated
□In/on-line sensors callbrated

9)Safety & alarms
□Low level alarm engaged
□Air detector engaged
□Pressure alarm limits set
□Temperature alarm limits set
□Cardiotomy reservoir vented

10)Oxygenator
□Gas line attached
□Heat exchanger integrity inspected
□Scavenger attached

11)Debubbling
□Tubing
□Oxygenator
□Arterial filter/Bubble trap

12)Cardioplegia
□Solution checked
□System de-bubbled/Leak-free

13)Accessories
□Tubing clamps
□Hand cranks
□Backup circuit components

14)Anticoagulation
□Heparin time and dose verified
□Anticoagulation testd and reported

15)Ready to start by pass

Signature & time:……