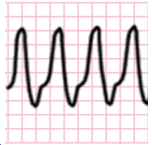


CQI Alerts

May
2005

OBSERVATIONS BY THE CONTINUOUS QUALITY IMPROVEMENT PROGRAM FOR UWMC ANESTHESIOLOGY



TRANSDUCE YOUR CENTRAL LINES WHEN YOU CAN

- Visualization of the blood may lead to false assumptions: *hypotensive / hypoxemic patients may have minimally pulsatile, dark arterial blood.*
- Save yourself trouble later on by hooking your transducer to the distal port, secure it at the phlebostatic axis, zero and level the setup, and have a look.



TEST PATIENT RXN TO TISSEEL VH FIBRIN SEALANT

- Tisseel Fibrin Sealant is a highly concentrated fibrinogen, aprotinin (bovine) solution made in part of Factor XIII and a solution of thrombin 4 and 500 and calcium chloride. Patients can be sensitive to these ingredients.
- Take care when these are used for large venous lacerations: there have been case reports of profound anaphylactic reactions to fibrin glue. The overall incidence of aprotinin-induced anaphylactic reactions in patients previously exposed to aprotinin has been reported to be 2.8%*
- Give a test dose of Tisseel early in anesthesia maintenance.
- * Dietrich W, Spath P, Ebell A, Richter JA. Prevalence of anaphylactic reactions to aprotinin: analysis of two hundred forty-eight reexposures to aprotinin in heart operations. *J Thorac Cardiovasc Surg* 1997; 113: 194-201.



ATROPINE FOR CPR 1 MG TO START

- Although giving less than 1 mg Atropine during CPR is okay, when your patient's heart rate dips suddenly, you should probably use 1 mg minimum as the first dose of Atropine you give for CPR.