

22 Total Spinal Anesthesia

Rapid Rise in sensory blockade, dyspnea, bradycardia, hypotension, loss of consciousness, apnea and cardiac arrest after neuraxial or nerve blockade.

START

- 1 Call for help, inform team, consider code cart/defibrillator
 - ▶ Ask: “Who will be the crisis manager?”
- 2 Support ventilation and intubate if necessary
- 3 Treat mild bradycardia with atropine but progress quickly to epinephrine
- 4 Administer IV fluid bolus
- 5 If parturient, place in LUD, monitor fetal heart rate, be prepared for emergent CS.

DRUG DOSES

Atropine:	0.5-1 mg IV
Epinephrine:	10-100 mcg IV escalate as needed

Critical CHANGES

If Asystole **PEA** develops, Go to ▷ CHKLST 4
If VF/VT, Go to ▷ CHKLST 5