

P 9 Hypotension

Unexplained drop in blood pressure refractory to initial treatment

START

1 Call for help and a code cart/defib.

- ▶ Ask: "Who will be the crisis manager?"

2 Check...

- ▶ Pulse
- ▶ Blood pressure
- ▶ Equipment
- ▶ Heart rate
 - If BRADYCARDIA, go to ▷Pedi CHKLST 3
- ▶ Rhythm
 - If VF/VT, go to ▷Pedi CHKLST 5
 - If PEA, go to ▷Pedi CHKLST 4

3 Run IV fluids wide open

4 Give vasopressors and titrate to response

- ▶ MILD hypotension: Give ephedrine or phenylephrine
- ▶ SIGNIFICANT / REFRACTORY hypotension: Give epinephrine bolus, consider starting epinephrine infusion

5 Turn FiO₂ to 100% and turn down volatile anesthetics

6 Inspect surgical field for bleeding

- If BLEEDING go to ▷Pedi CHKLST 8

7 Consider actions...

- ▶ Place patient in Trendelenberg position
- ▶ Obtain additional IV access
- ▶ Place arterial line

8 Consider causes...

Operative field

- Mechanical or surgical manipulation
- Insufflation during laparoscopy
- Retraction
- Vagal stimulation
- Vascular compression

Unaccounted blood loss

- Blood in suction canister
- Bloody sponges
- Blood on the floor
- Internal bleeding

Drugs / Allergy

- Anaphylaxis go to ▷Pedi CHKLST 2
- Recent drugs given
- Wrong drug/wrong dose
- Drugs used on the field (i.e., intravascular injection of local anesthetic drugs)
- Drug interaction

DRUG DOSES and treatments

- Phenylephrine: 40 - 80 mcg IV, repeat as needed
- Epinephrine: • BOLUS: 0.5 -1 mcg/kg IV
• INFUSION: 0.1 -1 mcg/kg/min IV

Breathing

- Increased PEEP
- Hypoventilation
- Hypoxia go to ▷Pedi CHKLST 10
- Persistent hyperventilation
- Pneumothorax
- Pulmonary edema

Circulation

- Air embolism go to ▷Pedi CHKLST 1
- Bradycardia go to ▷Pedi CHKLST 3
- Malignant hyperthermia go to ▷Pedi CHKLST 11
- Tachycardia go to ▷Pedi CHKLST 12
- Bone cementing (methylmethacrylate effect)
- Myocardial ischemia go to ▷CHKLST 16
- Emboli (pulmonary, fat, septic, amniotic, CO₂)
 - Pulmonary Embolism, go to ▷CHKLST 21
- Severe sepsis
- Tamponade