RECOMMENDATION FOR VF/VT

"For VF/pulseless VT you may delay external cardiac massage for up to one minute to administer shocks" (Class IIA, Level B) STS

Dunning J, Levine A, Ley SJ, et al. *Ann Thorac Surg*, 2017; 103:1008.

Recommendations for Cardiac Arrest After Cardiac Surgery

COR	LOE	Recommendations
1	C-LD	2. In a trained provider-witnessed arrest of a post–cardiac surgery patient, immediate defibrillation for VF/VT should be performed. CPR should be initiated if defibrillation is not successful within 1 min.

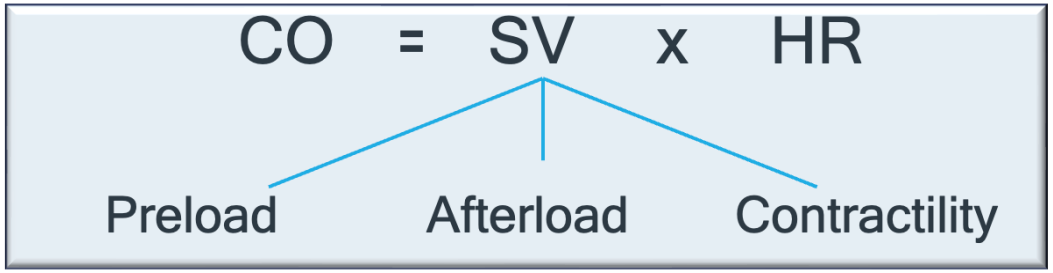
Recommendation for Energy Dose:
Follow manufacturer's specified recommendations; "maximum dose setting for device may be considered"

Panchal AR, et al. Circulation 2020;142(suppl 2)S445.

Sample Slide - Lecture #1 - Introduction to Essentials of Cardiac Surgical Resuscitation (54 slides)

Sample Slide - Lecture #2 – Managing Cardiac Surgical Emergencies (44 slides)

Causes of Arrest After Cardiac Surgery



↓ Preload

- Hypovolemia due to bleeding

↓ Afterload

- Vasodilation/vasoplegia

↑ Afterload

- Acute hypertension

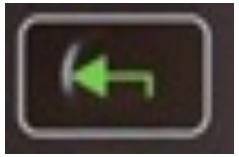
↓ Contractility

- Tamponade
- Ventricular failure (RV or LV)
- Ischemia
- Acute valve dysfunction

Heart Rate ↑/↓

- Dysrhythmias

EMERGENCY KEY = DOO

- DOO = dual pacing at <u>maximum</u> atrial (20mA) & ventricular (25mA) outputs
- Can initiate from ON, OFF, LOCKED, or UNLOCKED positions. Note: if device is ON, rate will not change
- *Practice: with device ON at rate of 50, press emergency button and note rate*
- To resume normal pacing, press enter key 

Sample Slide - Lecture #3 – Emergency Use of Temporary Pacemakers After Cardiac Surgery (53 slides)

EMERGENCY CARTS

- Where are specialized resternotomy carts located?
- If applicable, where is additional equipment located that should be obtained (e.g., ECMO cart, rapid infuser)?
- What is the frequency and process for ongoing cart verification? For restocking the cart promptly after use?

Sample Slide - Lecture #4 – Facility Specific Information – for Regulatory Compliance (18 slides)

CASE STUDY #2

- Your 74-year-old patient returned 4 hours ago following an AVR and CABG x 2. He produced 90mL urine and 65mL CT drainage during the last hour. He is awake and c/o chest pain. While preparing the pain medication, he becomes acutely agitated and his BP rises from 140/82 to 210/120 mmHg. You note the onset of bright red CT drainage that is rapidly filling the container.
- *What is your assessment and plan?*

Sample Slide - Lecture #5 – Summary Scenarios (55 slides)