

2019 hypoperfusion 3

Permission to print:	Yes
Incident type	Good Catch No Harm Incident
Catagory	hypo / hyper perfusion
Type of incident:	Management
Procedure acuity:	Elective
Description:	<p>Bypass was initiated with Arterial Roller pump RPMs increasing to full flow. On scanning the HLM Arterial line pressure was observed to be lower than what would have been expected. The transducer was checked to ensure it had was working correctly and another Perfusionist was called in to help trouble shoot. The 2nd Perfusionist arrived quickly and suggested replacing the transducer. Meanwhile I noticed the Spectrum M4 Arterial flow was really low and the venous Saturations was trending down. I continued scanning the HLM ensuring spectrum flow probe and venous saturation probe was on correctly - it appeared to be. I scanned the bypass tubing from the reservoir to look for a cause, and found a slight kink in the silicon 1/2" Arterial pump boot just before it entered the Variolock tubing clamp module. I pulled and pivoted the roller pump swivel arm towards me, and slightly pushed and pivoted the venous reservoir bracket away from me, increasing the bend in the tubing and unkinking it. The Spectrum M4 flow increased to match the calculated roller pump flow and venous saturations began to increase and the arterial line pressure increased to what would have been expected. Lowest venous Sats: 56% Lowest MAP: 55mmHg Naso Temp 35C Duration of event: <4mins</p>
GOOD CATCH - what we	Observing the Arterial line pressure as bypass was initiated. Having the Spectrum M4 to measure the actual arterial pump flow to the patient, not just a calculated pump flow of the roller pump based on RPMs, as well as measuring venous saturations.
What could we do better	Swivel arms [of rollerpumps bracket] secured tighter so they don't pivot easily if bumped.
Preventive actions	Be careful when moving the HLM closer to the table and bumping and pivoting the venous reservoir swivel bracket on the HLM mast, and/or bumping and pivoting the Roller pump swivel arm, which could cause a tighter bend and kink the arterial tubing between the venous reservoir outlet and the arterial pump inlet. Also, be aware that operating theatre staff may move too close to the HLM and bump and pivot the venous reservoir and its bracket, and/or the Roller pump swivel arm causing a kink as well.
Region	ANZ
Manufacturer advised:	No
Hospital incident filed:	No
Ext Authority Advised	No
Patient outcome varianc	Nil
Discussed with team:	Yes