

2019 Hypoperfusion 2

Permission to print:	Yes
Incident type	Good Catch No Harm Incident
Catagory	hypo / hyper perfusion
Type of incident:	Management
Procedure acuity:	Elective
Description:	<p>S5 HLM used in conjunction with a. infant 1/4' circuit and Terumo RX5 oxygenator. Patient on bypass and had been cooled to 21 degs. NIRS, MAP, CVP, flows, SVO2 all good. On rewarming patient to 28 degs and at 28 degs stable the SVO2 was noticed to drop slowly from 65 to 49. Flows and FiO2 were increased plus addition of red cells to raise the Hct to 33. SVO2 remained unchanged. The coordinating perfusionist was called in to theatre for a second opinion. The 2nd perfusionist rechecked all connections and picked up on closer inspection that the inlet to the remote mast mounted arterial pump was slightly kinked [restricting blood flow]. Lines were repositioned and SVO2s came back up. Having an arterial line flow sensor would facilitate earlier detection of this problem.</p>
GOOD CATCH - what went well	The 2nd perfusionist's observation was the good catch
What could we do better	Positioning of the HLM - The oxygenator and pump lines were close to the surgeon
Preventive actions	Include a recheck the arterial pump inlet line prior to going on CPB and in situations of decreasing SvO2.
Region	ANZ
Manufacturer advised:	No
Hospital incident filed:	No
Ext Authority Advised	No
Patient outcome variance	Nil
Discussed with team:	Yes
Commentary	<p>This subtle problem has been previously reported to PIRS and PIRS is aware of a similar unreported incident. The prior report noted no audible sucking noise or cavitation micro air in the arterial pump boot and commented on the non obvious nature of the kinked line (between the reservoir and pump boot. PIRS-II Ed</p>