### Incident type
Good Catch No Harm Incident

### Catagory
hypo / hyper perfusion

### Type of incident:
Management

### Procedure acuity:
Elective

### Description:
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.

### 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
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