

2020 Exsanguination

Permission to print:	Yes
Incident type	Good Catch No Harm Incident
Category	blood loss
Type of incident:	Management
Duration of incident:	seconds
Description:	Post protamine, relief perfusionist took over [a late finishing elective case] while the arterial cannula was still in. After a period of time, perfusionist opened recirculation and started arterial pump. Looked up and noticed MAP's falling. Notified surgeon and immediately knew the problem [exsanguination - open shunt to HLM due to an unclamped arterial line] and rectified by clamping recirc line and retransfused the patient. Low MAP's for approximately 15 seconds.
GOOD CATCH - what went well	Communication and immediate identification of the source of the problem and rectifying
What could we do better	Should have clearly identified the lack of clamp on the arterial line prior to recirculating the circuit.
Preventive actions	Relief perfusionist ensuring isolation of the patient post bypass prior to recirculation.
Hospital incident filed:	No
Ext Authority Advised	No
Discussed with team:	Yes
Manufacturer advised:	No
Protocol issue	No
Rule issue	Yes
Skill issue	No
Team Issue	Yes
Commentary	This incident reenforces the importance of a formalised handover such as the AMSECT check "I PASS THE CLAMP OFF" (google for pdf download. PIRS Ed