

Setting Up The Heart Room

Machine

Suction

Monitors

Airway

IV fluids

Drugs

TEE



Machine

Emergency ambu bag is available

Check oxygen cylinder supply gauge

Check oxygen central pipeline supply gauge

Perform leak check of machine low-pressure system

Adjust and check scavenging system

Calibrate oxygen monitor

Perform leak check of breathing system

Test manual and automatic ventilation and inspiratory and expiratory valves

Check final status of the machine

- Vaporization off
- APL valve open
- Selector switch to bag
- All flow meters to zero
- Breathing system and mask ready to go

Suction

Suction should be on continuous and connected to a yankauer and setting underneath the bed pillow

Monitors

Check, calibrate, zero and set alarms limits of all monitors

There is 13 EKG leads:

1. Standard 5 leads EKG with electrode pads
2. 5 leads EKG (Orange) for IABP
3. 3 leads, defibrillator leads

Pulse oximetry

NIBP cuff (check BP in both arms for subclavian stenosis)

Triple transducers set up for A. line, CVP and PAP

CVP is connected to one stopcock and PAP is connected to 2 stopcocks

Make sure that All tubing is flushed and pressure bag is inflated and the stopcock is in off position and 1 cc of heparin is injected in the A. line bag and tubing dial is open

Continuous cardiac output zero and calibrate directions:

- Hit SV02 (in vitro) plug in H&H values
- Put the patient data: height, weight, BSA
- After S/G catheter is placed hit start SV02

Dual AV pacemaker functioning with battery tested (top drawer of anesthesia cart) or (3rd drawer Red cart)

Redo procedures, external defibrillation pads placed by the circulating nurse prior induction and Before connecting any monitor

Cordis, S/G placement setup:

Siteright ultrasound machine in the room

Cordis introducer kit 8.5 or 9 french

Sterile gowns (1 for SRNA or resident & 1 for Anesthesiologist)

2 sets of sterile gloves

BIS monitor is on and not on battery and the head piece is connected

Nasopharyngeal temp probe use “axillary temp probe that is striped from the sponge at the end”

Airway Equipment

Laryngoscope with miller 2, 3, blades and Macintosh 3,4,blades

Mask with air inflated in it to expand it maximally

Oral airways #7, 8, 9

Tongue depressor

Surgilube

Endo tracheal tubes 7.5/8.0 for female and 8/8.5 for males

Check blade light, change batteries if needed

Difficult airway cart and or LMA if you suspect difficult intubation

Salem Sump #18

Intravenous Fluids

In the OR 3 IV poles are utilized. 1 on the left and 2 on the right

- The left IV pole has *IV bag LR or NS 0.9 1 for vip port of swan connected to 15 drops/min IV tubing and 3 stopcocks at the end. Another IV bag for peripheral IV on left arm is volume line Y con
- The right IV poles – one pole has the 4 channel Imed Pump with its drips also has the cordis bag with 3 stopcocks at the end. And 2nd peripheral IV bag with Y blood tubing. The 2nd poles are specifically to hold the surgical drape, No IV bags.

Sand bags are placed on the bottom of the 2 IV poles holding the surgical drape

Be certain that the IV bags will not obstruct the monitor view to the surgeon.

Drugs

Please date, label and sign “DLS” all syringes and drips

Induction drugs

Emergency drugs

Drips

Induction Drugs

1. Versed 1 mg/cc in 10cc syringe
2. Fentanyl 50mic/cc in 20cc syringe
3. Etomidate 2mg/cc in 10cc syringe
4. Propofol 10md/cc in 20cc syringe
5. Sodium pentathol 25mg/cc in premixed syringe
6. Draw the medication 1 & 2 and check with your attending for 3-5

Muscle Relaxants

Sux 20mg/cc in 10cc syringe

Pavulon 1mg/cc in 10cc syringe

Mivacron 1mg/1cc in 10cc syringe

Draw these medications

Emergency Drugs

Phenylephrine	100mic/cc in 10cc syringe. 10cc from small bags
Nitroglycerine	40 mic/cc in 10cc syringe. 1cc from bag +9cc NS
Nipride	40 mic/cc in 10cc syringe. 1cc from bag +9cc NS
Epinephrine	4 mic/cc in 10cc syringe. 5cc from bag.+5ccNSS
Ephedrine	
Atropine	0.4mg/cc
Lidocaine	100mg 20mg/cc in premixed syringe
Ca cl	1gm premixed syringe
Heparin	drawn in 60cc syringe. 1000 u/cc
Protamine	2 bottles available not drawn
Amicar	5gm in 20cc if no aprotinin

Drips and Infusions

Nitroglycerine	100mg/250cc	(400mic/cc)
Nipride	100mg/250cc	(400mic/cc)
Neosynphrine	100mg/250cc	(400mic/cc)
Epinephrine	2mg/250cc	(8mic/cc)
Dobutrex	500md/250cc	(2mg/cc)
Dopamine	400mg/250cc	
Cardiazem	125mg/125cc	(1mg/cc)
Primacar	Available in heart cart (200mic/cc)	
Propofol	50cc bottle	

- Pharmacy will prepare all cardiac pressors infusions. Ask for heart drugs
- Obtain a heart narcotic box from 2nd floor main pharmacy as the satellite does not open until 7AM
- Return any unused heart drugs to pharmacy, so patient is not charged
- Imed pump 4 channels. Should have from left to right NTG channel A, neosynphrine channel B, epinephrine channel C, nipride channel D. These drips should be primed and the pump programmed and the dials are open, with no air in the system.

Programming the pump

- Pump cable plugged in
- Pump on

- Select channel A (NTG)
- Select options
- Select #2 drug calculations
- Put 100mg in 250 VTJ select mic/min (no wt)
- Press enter every step
- Select rate start with 1 then select VTI 250cc: Select start the green button
- Select channel B Neosynphrine:
 - Follow same steps
- Select channel C (Epi)
 - Follow same steps
- Select channel D Nipride
 - Follow same steps
 - All will be in mic/min
- To shut off a channel without losing programming
 - Select channel then press off once then press enter, if you press off twice you lose Programming

TEE

The TEE machine is plugged in and power is on and a clean probe is connected to the machine. patient ID data are typed in.
Video tape with enough time on it ready in the VCR