

Decreased end tidal CO₂, decreased oxygen saturation, hypotension



Start

1. Call for "ANESTHESIOLOGIST STAT" and CODE CART
2. Turn FiO₂ to 100%
 - ▶ Turn off nitrous oxide
3. Stop source of air entry
 - ▶ Fill wound with irrigation
 - ▶ Lower surgical site below level of heart
 - ▶ Search for entry point (including open venous lines)
4. Administer vasopressors as needed
 - ▶ Consider Ephedrine or Dobutamine
5. If PEA develops: Go to » CHKLST CAA
6. Consider...
 - ▶ Position patient with left side down 45 degrees (Durant Maneuver)
 - ▶ Fluid Bolus
 - ▶ TEE if diagnosis unclear
 - ▶ Aspiration of air from central venous line or multi-orifice catheter if ALREADY in place
 - ▶ Consider transfer to hyperbaric chamber

▶ Critical Changes

If PEA develops: Go to » CHKLST CAA

DRUG DOSES and Treatments

EPHEDrine	5 - 20 mg IV, repeated as needed
DOBUTamine	Start at 5 mcg/kg/min IV, increase dose 5 mcg/kg/min every 10 min as needed

Risk Factors

High Risk

Sitting Craniotomy
 Posterior Fossa Surgery
 Laparoscopy
 Total Hip Arthroplasty
 Cesarean Section
 Central Line Placement
 Craniostomy Repair

Medium Risk

Spinal Fusion
 Cervical Laminectomy
 Prostatectomy
 GI Endoscopy
 Contrast Radiography
 Rapid Blood Transfusion
 Coronary Surgery

Presentation

Cardiovascular

Tachyarrhythmias
 Right heart strain
 ST-T changes
 Mill-Wheel murmur
 Peaked T waves

Pulmonary

Acute Dyspnea
 Coughing
 Breathlessness
 Wheezing
 Decreased ET_{CO}₂
 Hypoxia

Neurologic

Altered mental status
 Focal neurologic deficits

High-Risk Cases: Consider PREOP Placement

1. **Precordial Doppler Ultrasound** - place on right or left sternal border
 - Test location with bubble test (1 ml agitated air in 9 ml saline)
2. **Multi-orifice Catheter** - insert via antecubital, subclavian, or internal jugular veins
 - Position 2cm distal to SVC - Right Atrial Junction (confirm with CXR)