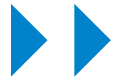


HPO Hypotension

Unexplained drop in blood pressure refractory to initial treatment



Start

1. Call for “ANESTHESIOLOGIST STAT” and CODE CART
2. Turn FiO₂ to 100% and turn down volatile anesthetics
3. Check pulse and blood pressure cuff
4. Check rhythm
 - ▶ If BRADYCARDIA, Go to » CHKLST BDY\
 - ▶ If VF/VT, Go to » CHKLST CAV
 - ▶ If ASYSTOLE/PEA, Go to » CHKLST CAA
5. Run IV fluids wide open
 - ▶ Consider colloid/blood
6. Give vasopressors and titrate to response
 - ▶ If MILD hypotension: ephedrine or phenylephrine
 - ▶ If REFRACTORY hypotension: epinephrine or vasopressin
7. Inspect surgical field for bleeding
 - ▶ Stop surgery if necessary
8. Consider actions
 - ▶ Auscultate for bilateral breath sounds
 - ▶ Place patient in Trendelenburg position
 - ▶ Obtain additional IV access
 - ▶ Place arterial line
 - ▶ Consider TEE or TTE
 - ▶ Consider foley
9. Consider causes
 - Operative field
 - ▶ Mechanical or surgical manipulation
 - ▶ Insufflation during laparoscopy
 - ▶ Retraction
 - ▶ Vagal stimulation
 - ▶ Vascular compression
 - Unaccounted blood loss
 - ▶ Blood in suction cannister, bloody sponges
 - ▶ Retroperitoneal or fracture bleeding

DRUG DOSES and Treatments

ePHEDrine	5-25 mg IV, repeat as needed
Phenylephrine	80-360 mcg IV, repeat as needed
EPinephrine	5-15 mcg IV, repeat as needed
Vasopressin	1-2 units IV, repeat as needed
Hydrocortisone	100 mg IV for adrenal insufficiency

9. Consider causes (cont.)

Drugs / Allergy

- ▶ Anaphylaxis: go to » CHKLST ANA
- ▶ Recent drugs given
- ▶ Wrong drug or wrong drug dose
- ▶ Preop ACE-I, ARB
- ▶ Drugs on field (papaverine, local anesthetics)
- ▶ Too deep a level of anesthesia

Breathing

- ▶ Pneumothorax
- ▶ Increased PEEP/ auto PEEP
- ▶ Hypo / Hyper ventilation
- ▶ Pulmonary edema
- ▶ Hypoxia: go to » CHKLST HPX

Circulation

- ▶ Air embolism: go to » CHKLST AEV
- ▶ Bradycardia: go to » CHKLST BDY
- ▶ Malignant Hyperthermia: go to » CHKLST MH
- ▶ Tachycardia: go to » CHKLST TKY
- ▶ Bone cementing (methylmethacrylate effect)
- ▶ Myocardial ischemia
- ▶ Emboli (pulmonary, fat, septic, amniotic, CO₂)
- ▶ Severe sepsis
- ▶ Tamponade
- ▶ IVC compression
- ▶ Adrenal Insufficiency