



OHT

[Overview](#)

[High Yield Checklist](#)

[Comprehensive Checklist](#)

[Preoperative](#)

[Pre-Op Assessment/Review](#)

[Room Setup](#)

[Intraoperative](#)

[Pre CPB](#)

[Comprehensive TEE Exam PRE](#)

[During CPB](#)

[Post CPB](#)

[Comprehensive TEE Exam POST](#)

Overview

High Yield Checklist

- Redo Sternotomy?
- Pre-existing Lines

- Vasoactive therapy
- AICD present
- Pacer dependent?
- Anticoagulation status

Comprehensive Checklist

Preoperative

Pre-Op Assessment/Review

- Automatic Internal Defibrillator (Brand, Settings, etc)
- Redo Sternotomy>
- Lines present (MAC/Introducer, PAC, A-line?)
- Pressor requirements pre-operatively

Room Setup

- MSMAIDS
- Infusions: Carrier, Norepinephrine, Vasopressing, Epinephrine +/- Dobutamine or Dopamine
- Flolan/Nitric Oxide
- BIS + Cerebral Oximetry
- Second single arterial line transducer
- Direct transfer from ICU likely (transport equipment)

Intraoperative

Pre CPB

- Pre-Oxygenate & Monitors (+ Zoll pads with Defibrillator on)
- Continue pre-existing vasoactive therapy

- Consider brachial arterial catheter if not presenting with arterial line access
- Induce → Intubate
- TEE probe placement
- Deactivate tachytherapies if AICD present
- Reprogram pacemaker if patient pacer dependent
- Obtain central access if not already present
- If redo sternotomy, have 4 units pRBCs in a cooler in the OR at incision
- Have full heparin dose drawn up in syringe prior to incision

Comprehensive TEE Exam PRE

- Largely academic
- Evaluate ability to see anastomotic sites
- Assess aortic pathology

During CPB

- Send platelet count and fibrinogen about 30-45 minutes prior to separating from CPB
- Consider heparinase TEG

Post CPB

- Initiate vasoactive therapy + Flolan/Nitric Oxide

Comprehensive TEE Exam POST

- Evaluate LV and RV Function
- Carefully evaluate anastomotic sights for stenosis
- Will likely require aggressive coagulopathy management → beware of RV failure