

BRISTOL CICU POST-OP RECORD

NAME: Matthew Rundle

Status at 8am

Date: 29.8.94. Post-Op Day: 1.

PROBLEMS:

- Remain poor gas exchange. - hypoxic despite 100% O<sub>2</sub>.  
 - Poor cardiac output.

↑ Core temp - 37.8 - surface cooling

CARDIOVASCULAR:

Cardiac Output (clinical assessment): Satis Low

ABP: 60/30 Rate:  
 Rhythm: "

Antiarrhythmics:

Preload: - CVP:  
 - PAWP: 33/25  
 - LAP: 14

Derived Indices: - CI:  
 - SVR:  
 - PVR:

LABP:  
 Liver: \_\_\_\_\_ cm  
 PAP:

Drugs:	Dose:	(trend ↑ or ↓)
Dopamine ✓	2.5	μcg/kg/min
Dobutamine ✓	10	μcg/kg/min
Adrenaline ✓	4	μcg/kg/min
NorAdrenaline		μcg/kg/min
Phenylephrine		μcg/kg/min
Isoprenaline		μcg/kg/min
Enoximone		μcg/kg/min
SNP ✓	1.2	μcg/kg/min
GTN		μcg/kg/min
Epoprostenol		ng/kg/min
Phenoxybenzamine		
Digoxin		

RESPIRATORY:

FiO<sub>2</sub>: 100

PEEP: 5

Ventilation: Extubated  
 CPAP  
 Mechanical - Pressure support  
IMV/SIMV (\_\_\_\_ bpm)  
 - full

Blood Gas 8am:

PaO<sub>2</sub>: 35.5  
 PaCO<sub>2</sub>: 63.8  
 BE: +1.0  
 SpO<sub>2</sub>: 93

CXR: st. wet lung fields

RENAL and FLUIDS:

Balance (previous 24 hrs): - crystalloid: +114  
 - colloid:

Intake: \_\_\_\_\_ ml/hr = \_\_\_\_\_ ml/kg/day (= \_\_\_\_\_ ml/m<sup>2</sup>/day)

Urine Output: \_\_\_\_\_ ml/hr = Satis/ Low/ High

Diuretics: Frusemide / Other

Dialysis: None / Peritoneal / Haemofiltration

Clinically: Satisfactory / Oedematous / Dehydrated

GIT and NUTRITION:

NG Aspirate: Low/ High

Feeding: Nil

Bowel Sounds: Yes/ No

- NG - feeds / dextrolyte / water  
 - TPN

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