

Cardiac Anaesthesia & Intensive Care Equipment Required

SPryn 11/94

Syringe Pumps	IVAC P2000	x 20	£840 each	14,720. £16,800 total
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5B/Cardiac Theatres have a total of 55 syringe drivers at present (5.5 per bed). 32 of these are Vickers IP4 pumps bought between '85 and '88 and need urgent replacement.

Problems with IP4 include:

- IP4's are at the end of their useful life and are failing at about 2 per month
- IP4 infusion rates are not constant and pulsing of inotropes is a recurrent problem especially with children
- IP4's have no battery backup making patient transport hazardous; similarly transient or prolonged electrical failure in CICU, as has happened from time to time recently, is extremely hazardous.
- IP4's have very poor line occlusion alarms, and no warning of when the syringe is nearly empty.

Agreed

The IVAC P2000 we wish to purchase is entirely suitable for our use, and this purchase would be part of an overall plan to completely replace all of our pumps with P2000's. 20 replacement pumps are required urgently now, with a further 12 within the next year.

Sequential Pacemakers (Temporary)	Biotronik EDP 30	x 3	£2,500 each	1 PAED 1 Biotronik £10,000 total
	Medtronic 5346/5388	x 1	£2,500 each	

94/95

Current dual chamber temporary pacemaker boxes (Medtronic 5330 x 4) are 6 - 8 years old and though functioning acceptably at present, only offer DVI mode. Upgrading these pacemakers would offer extra modes (e.g. DDD and VDD) thought to be useful in peri-operative care. The Biotronik is easy to use and suitable for routine adult use. The new Medtronic, though more complex, is the only model to offer fast enough atrial tracking rates to be suitable for paediatrics, and has been recommended by our paediatric cardiology colleagues. (Purchase of the 5346 now would be subject to the suppliers exchanging it for a 5388 in mid '95 when it becomes available).

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Patient Warming System	Warmtouch 5600	x 1	£1,500 each	£1,500 total
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Hot air blanket warming systems are the best method to re-warm hypothermic post-operative patients. Rapid rewarming is essential after cardiac surgery if one is aiming at reducing blood loss and reducing time on a ventilator. Studies have shown that rapid rewarming, after cardiac surgery, results in a more rapid reduction in nursing dependency, with concomitant increased efficiency of utilisation of intensive care beds. Such improvements in clinical care can have significant cost saving implications. Ward 5B already have one Warmtouch blower (purchased in 1994 using patient donations), and we have been very impressed with its impact on early post-operative care. We, however, need another device to enable patients from both our cardiac operating theatres to benefit from this improved care.