

# Anesthesia Protocol for Heart Transplantation

## Vascular Access and Monitoring

- Minimum of one large bore (14G, 16G) peripheral IV.
- Radial arterial line placed under sterile conditions. This may be optional if femoral arterial line is already in place (i.e. Intra-Aortic Balloon Pump).
- Central Venous Access -Left Internal Jugular or Subclavian line (avoid R sided lines - may be used for later biopsy of transplanted heart), Triple Lumen Catheter or PA catheter (NOT floated into PA). Verify surgeon preference.
- ASA standard monitors - NIBP, EKG, Pulse OX, Temperature probe (oral and rectal).
- TEE probe - barring any contraindication to placement of probe.

## Antibiotics

- Cefuroxime 1500mg unless notified otherwise. For Penicillin allergy, use Vancomycin

## Anesthetic Plan

- General Anesthesia - Midazolam, Etomidate (0.2 - 0.3mg/kg), Pancuronium/Vecuronium (0.1mg/kg), Sufentanil for induction. Maintenance with O<sub>2</sub>, Isoflurane and Propofol while on Cardiopulmonary Bypass (CPB) at dose of 50-100 mcg/kg/min.
- Aprotinin - Discuss with Perfusionist dosing regimen - high or low dose depending on renal function, OR Rescue dosing on CPB if patient recently exposed.
- Solumedrol - dosed by perfusion on CPB.
- Inotropes - Have available standard infusions of Dopamine, Nitroglycerin, as well as Epinephrine and/or Isuprel. Possibly, Milrinone (Primacor) and Norepinephrine (Levophed) will be used.
- Blood Products - Therapy guided by pre-operative TEG and post bypass lab values (TEG, PT/PTT, platelets).