

SOP for cardiac catheterisation patients requiring anaesthesia or critical care support

1. The Emergency Anaesthesia Team (EAT) have responsibilities for initial airway management and should be contacted on 2200.
2. Critical care should also be contacted on 2306 to allow an ICU bed to be identified, and can offer additional advice for unstable patients.
3. Where patient is not on TRAK and requires admission to ICU out of hours, the cath lab nursing team should phone the ICU nurses station on 21181 to facilitate TRAK admission.
4. At the end of the case a consultant to consultant handover should take place between the consultant cardiologist and consultant intensivist, either in person or by telephone.
5. The transferring anaesthetist should hand over verbally to a member of the ICU medical team.
6. A critical care cardiac catheterisation handover form should be filled in and returned with the patient, clearly documenting plans for ongoing antiplatelet therapy.

Many patients who have suffered a cardiac arrest die because of anoxic brain injury and the following goals should be targeted in this group:

1. PaO_2 10 -12 KPa
2. PaCO_2 4.5 – 5.5 KPa
3. MAP 65 – 85 mmHg
4. If patients have a requirement for cardiovascular support they should have an arterial line and central venous catheter placed.