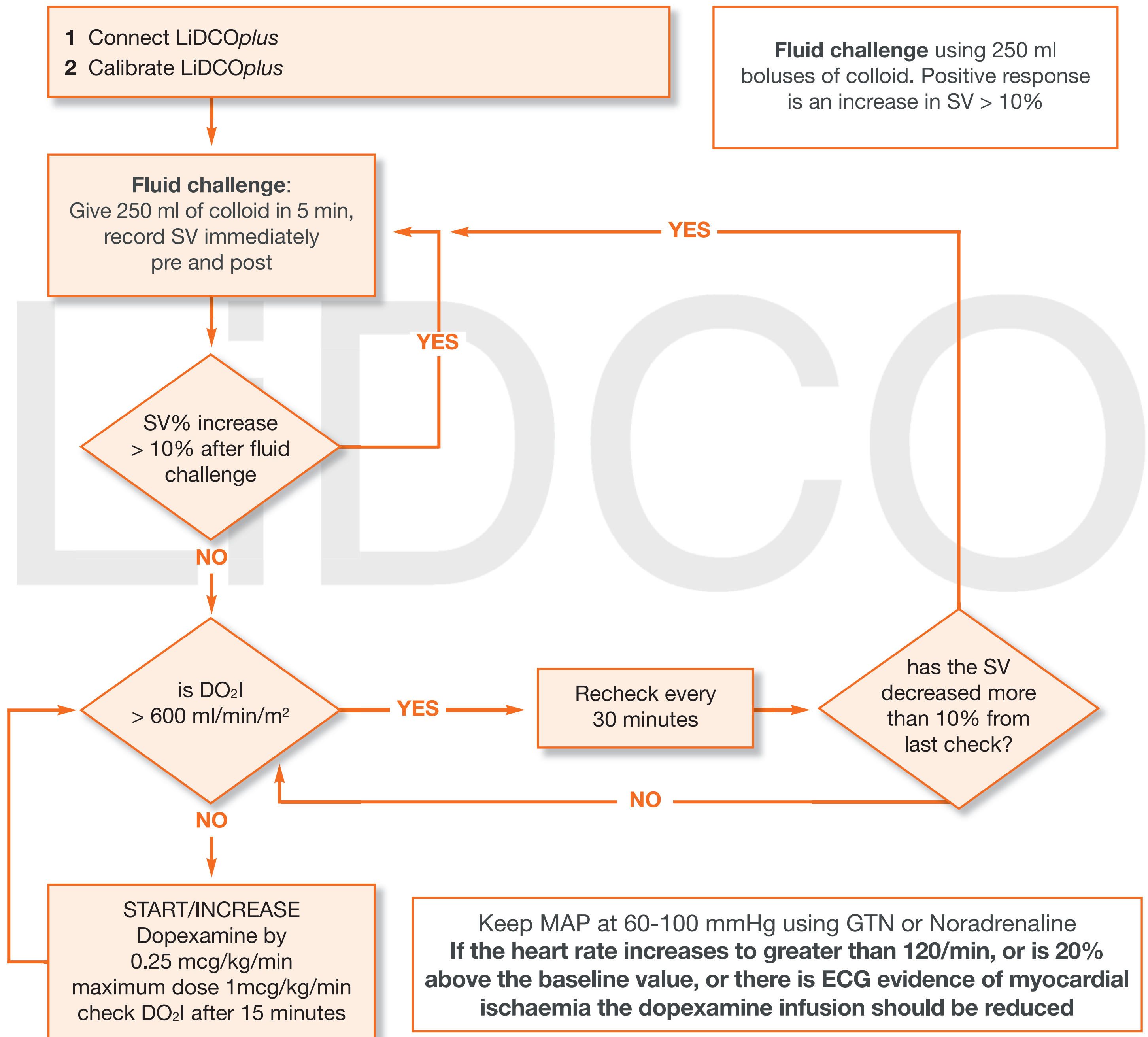
Example of a postoperative protocol

(adapted from the St Georges protocol)

MAINTAIN Sa02 > 94%, Hb 8-10 g/dL, Temp 37°C, MAP 60-100 mmHg



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Hypotension Protocol

HYPOTENSION IN CRITICAL CARE
SBP < 90 mmHg and/or MAP < 65 mmHg

ABCDE Assessment

Stratify Cause
- Sepsis
- Hypovolemia
- Cardiac Failure
- Anaphylaxis

Early Access & Investigation
- Peripheral Access (x2 large bore)
- Arterial Line, Central Line
- Urine Catheter, NG tube
- Early bloods (e.g. U&E, FBC, **Lactate**, Coag)
- ABG, ECG, Echo, Imaging

Gold Standards
- Early optimisation
- Prioritise fluid assessment
- Early CO monitoring

ASSESS PRELOAD

Global Assessment
HR, BP, Capillary Refill Time, Urine, Fluid Balance, CVP 8-12 mmHg Non Ventilated (12-15 mmHg Ventilated)

CO Parameters
- **SVV/PPV**

ASSESS OXYGENATION

ScvO2: 70 - 80 %
DO2I: 400 - 650 ml/min/m2
VO2I: 125 - 175 ml/min/m2

- Consider if blood is needed
- Optimise ventilatory strategy

Low Preload

Administer 250ml fluid over 5 minutes and check SV response. SV response <10% is optimal

CI < 2.2L/MIN/M² *and* **SVRI** normal/high

Start Dobutamine
5- 20 mcg/kg/min

Adequate Preload

Assess Afterload with **SVRI**

CI is high *and* **SVRI** low

Start Noradrenaline
0.10 to 0.25 mcg/kg/min (5-13ml in 70kg). (**DO2** and **VO2** usually high **OER** low). Consider **Vasopressin** (0.03 u/min or 1.8 units/hr which is 8ml) if Noradrenaline requirements reach 0.30 mcg/kg/min (15ml in 70Kg)

High Preload

Look for pulmonary oedema
Consider CVVH
Consider diuretics

CI *and* **SVRI** low

Start Adrenaline
0.05 - 0.2 mcg/kg/min. (2.5-10.5ml in 70kg)
Alternatively:
Combined Noradrenaline and Dobutamine infusions

Consider: Microbiology/cultures or specific screening (eg.CAP screen)

*If BP is life threatening (in the absence of bradycardia) and there is no CVP start peripheral phenylephrine whilst fluid is going in. If you do this get an arterial line/central line in ASAP. Where possible avoid high dose inotropes until you have evidence the patient is fluid optimised

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