

## 13. Emergency Chest Reopening on CVICU

May be required for refractory VF/VT, Asystole, PEA or massive haemorrhage

- Ensure the team leader is known to all
- 2 Ensure ECC01 and the support trolley are in the room
- **3** Ensure 777 call has been made and reassign roles (see over)
- **4** Continue CPR and drug resuscitation aiming for SBP > 80 mmHg
- Optimise patient and bed position, remove dressings and ECG cables from the operative field, check transducer levels
- 6 Get patient's blood into room and check
- **7** Check
  - Hat, mask, gown and gloves on two scrubbed staff
  - Open universal pack of disposable drapes on top of ECC01
  - Open chest opening no1 set and scrubbed staff takes sterile set onto sterile field on top of ECC01
  - > Open and drop preloaded scalpel onto sterile field
  - Open suction and swab pack
  - Defib nurse (role 3) paints chest -sterile CPR recommences as sterile drapes applied by two scrubbed staff
- 8 Continue sterile CPR until decision taken with surgeon (where possible) as to who will open the chest

## Roles

- 1. External cardiac compressions (ECC)
- 2. Airway and breathing
- 3. Defibrillation (painting)
- 4. Team leader
- 5. Drugs and syringe drivers
- 6. Nurse co-ordinator
- 7. Scrubbed (doctor)
- 8. Scrubbed (nurse)
- 9. Assistant to scrubbed/circulating nurse
- 10. Recording/checklist
- 11. Drugs2 & blood
- 12. ECC 2 (sterile)

Should 12 staff not immediately be available some roles will have to be 'doubled' or omitted initially.

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## Organising the staff and furniture - a guide

