

Memorial Hospital

DATE

### CARDIOPULMONARY BYPASS RECORD

Case # \_\_\_\_\_ Pg# \_\_\_\_\_ of \_\_\_\_\_

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| OR # _____                                  | Surgeon _____                   | VENT TYPE _____                 |
| Height _____ CM _____ Inches                | Anesthesiologist _____          | IABP _____ PRF _____ POST _____ |
| Weight _____ Kg _____ Pounds                | Perfusionist _____              | Heparinization Time _____       |
| Surface Area _____ M <sup>2</sup>           | Cardiotomy _____ Ser. No. _____ | On Bypass _____ Off _____       |
| Flow Rate (2.4 x M <sup>2</sup> ) _____ LPM | Oxygenator _____ Ser. No. _____ | Total Bypass Time _____         |
| Prime _____                                 | Pump Pack _____ Ser. No. _____  | Aortic Clamp On _____ Off _____ |
| Prediagnosis _____                          | Cell Saver _____ Ser. No. _____ | Aortic Occlusion Time _____     |
| Allergies _____                             | Other _____ Ser. No. _____      | Cannulation _____               |
| Procedure _____                             |                                 |                                 |

| TIME | EVENT              | PRESSURES |     |    |     | ISOF | FLOW |      |     | TEMP. |     | ACT | BLOOD GAS ANALYSIS |      |     |    |     | % HCT |
|------|--------------------|-----------|-----|----|-----|------|------|------|-----|-------|-----|-----|--------------------|------|-----|----|-----|-------|
|      |                    | MAP       | CVP | PA | ART |      | LPM  | FIO2 | Bld | ART   | VEN |     | PH                 | PCO2 | PO2 | BE | SAT |       |
|      | ABG / BASELINE ACT |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      | POST HEPARIN ACT   |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |                    |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |

|                     |                                      |               |
|---------------------|--------------------------------------|---------------|
| <b>DRUG RECORD:</b> | <b>TOTAL INTAKE &amp; LOSS, O.R.</b> | <b>LABS</b>   |
| HEPARIN _____       | PUMP GAIN _____ ML                   | Time _____    |
| BICARBONATE _____   | ANESTHESIA _____                     | Na+ _____     |
| MANNITOL _____      | FLUIDS _____ ML                      | K+ _____      |
| CALCIUM _____       | PUMP _____ ML                        | Ca++ _____    |
| LIDOCAINE _____     | BLOOD _____ ML                       | Glucose _____ |
|                     | TOTAL GAIN _____ ML                  |               |
|                     | O.R. LOSS _____                      |               |
|                     | SPONGES ETC. _____ ML                |               |
|                     | URINE OUTPUT _____ ML                |               |
|                     | TOTAL LOSS _____ ML                  |               |
|                     | - TOTAL GAIN OR _____                |               |
|                     | LOSS O.R. _____ ML                   |               |

|                          |                                   |   |
|--------------------------|-----------------------------------|---|
| <b>PUMP VOLUME GAIN:</b> | <b>BLOOD RECORD (PUMP):</b>       | <b>COMMENTS:</b>  |
| CRYSTALLOID _____ ML     | TYPE: _____ TYPENEX _____         | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| BLOOD _____ ML           | UNIT # _____ TIME _____ VOL _____ |   |
| COLLOIDS _____ ML        |                                   |   |
| CARDIOPLEGIA _____ ML    |                                   |   |
| OTHER _____ ML           |                                   |   |
| TOTAL IN _____ ML        |                                   |   |
| <b>PUMP VOLUME LOSS:</b> |                                   |   |
| REMAIN IN PUMP _____ ML  |                                   |   |
| HEMO/CS WASTE _____ ML   |                                   |   |
| TOTAL _____ ML           |                                   |   |

2.4 liters x M<sup>2</sup> = 2.4 liters multiplied by meters squared

CM - Centimeters

LPM - liters per minute

ACT - Activated clotting time

Sat. - Ar/Ven Saturation

Ser. No. - Serial Number

MAP - Mean Arterial pressure

ART - Arterial

VENT - Ventilator

IABP - Intraaortic balloon pump

ISOF - Isoflurane

BE - Base excess

PA - Pulmonary artery

CS - Cell saver

PERFUSIONIST

Memorial Hospital DATE

**CARDIOPULMONARY BYPASS  
SUPPLEMENTAL RECORD**

Case # \_\_\_\_\_ Pg# \_\_\_\_\_ of \_\_\_\_\_

| TIME | EVENT | PRESSURES |     |    |     | ISOF | FLOW |      |     | TEMP. |     | ACT | BLOOD GAS ANALYSIS |      |     |    |     | % HCT |
|------|-------|-----------|-----|----|-----|------|------|------|-----|-------|-----|-----|--------------------|------|-----|----|-----|-------|
|      |       | MAP       | CVP | PA | ART |      | LPM  | FI02 | BI0 | ART   | VEN |     | PH                 | PCO2 | PO2 | BE | SAT |       |
|      |       |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |       |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |       |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |       |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |
|      |       |           |     |    |     |      |      |      |     |       |     |     |                    |      |     |    |     |       |

| LABS    |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|
| Time    |  |  |  |  |  |  |  |
| NA      |  |  |  |  |  |  |  |
| K+      |  |  |  |  |  |  |  |
| Ca++    |  |  |  |  |  |  |  |
| Glucose |  |  |  |  |  |  |  |

| BLOOD RECORD (PUMP): |               |           |  |
|----------------------|---------------|-----------|--|
| TYPE: _____          | TYPENEX _____ |           |  |
| UNIT # _____         | TIME _____    | VOL _____ |  |
|                      |               |           |  |
|                      |               |           |  |
|                      |               |           |  |
|                      |               |           |  |
|                      |               |           |  |

**COMMENTS:**

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PERFUSIONIST \_\_\_\_\_

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