

Date:	OR:	Case:	Procedure:		
Perfusionist:			Surgeon:		Anesthesia MD:
PBMT:			Allergies		Anesthesia CRNA:
Height: (cm)	Weight: (kg)	BSA: (m ²)	Male	<input type="checkbox"/>	Medications
			Female	<input type="checkbox"/>	
			Age		
History/Diagnosis/Diagnostic Test Results					

Disposables	Reference #	Lot #	Equipment	Serial #	PRE-OP LABS			
Arterial Cannula			Pump Console		Hgb/Hct		Blood Type	
Venous Cannula			Arterial Pump		PT/PTT		sec INR	
Venous Cannula			Heater/Cooler		Platelet		K/mcl Glucose	mg/dL
Antegrade Cannula			ATS		Na ⁺		mmol/L K ⁺	mmol/L
Retrograde Cannula			Blood Gas Analyzer		BUN		mg/dL Creatinine	mg/dL
Vent			ACT					
Sump			IABP Console		Room Times			
Pump Pack/Oxygenator			PRE-OP TEG	Platelet Mapping	Intra-Op TEG	Non CPB Blood Products		In@
ATS Reservoir			R	ADP MA	R	FFP		Start @
ATS Bowl			K	ADP %	K	Cryo		Vein Min
Hemoconcentrator			Angle	AA MA	Angle	Platelets		Radial Min
			MA	AA %	MA	PRBC		Stop @
								Out @

Checklist

Check each item when completed. If not applicable, draw a line through.

Pre-bypass		
<input type="checkbox"/>	Patient identity confirmed	<input type="checkbox"/> <input type="checkbox"/> System leak free after pressurization
<input type="checkbox"/>	Procedure confirmed	<input type="checkbox"/> <input type="checkbox"/> System debubbled and operational
<input type="checkbox"/>	Patient Chart reviewed	<input type="checkbox"/> <input type="checkbox"/> Connections / stopcocks / caps secure
<input type="checkbox"/>	Components checked for package integrity	<input type="checkbox"/> <input type="checkbox"/> Appropriate lines clamped /shunts closed
<input type="checkbox"/>	Components checked for expiration date	<input type="checkbox"/> <input type="checkbox"/> Tubing direction traced and correct
<input type="checkbox"/>	Equipment clean	<input type="checkbox"/> <input type="checkbox"/> Tubing connections and Luer ports secure
<input type="checkbox"/>	Water source connected / operational	<input type="checkbox"/> <input type="checkbox"/> No tubing kinks noted
<input type="checkbox"/>	Reservoir and Oxygenator Vented	<input type="checkbox"/> <input type="checkbox"/> Alarms operational, audible and engaged
<input type="checkbox"/>	Heat exchanger(s) leak tested	<input type="checkbox"/> <input type="checkbox"/> ERC operational / flow probe attached
<input type="checkbox"/>	<input type="checkbox"/> Power cord(s) connection(s) secure	<input type="checkbox"/> <input type="checkbox"/> Venous sat / hct probe connected
<input type="checkbox"/>	<input type="checkbox"/> Batteries charged and operational	<input type="checkbox"/> <input type="checkbox"/> Vent(s) tested
<input type="checkbox"/>	<input type="checkbox"/> Speed controls operational	<input type="checkbox"/> Pre bypass filter removed
<input type="checkbox"/>	<input type="checkbox"/> Flow meter in correct direction	<input type="checkbox"/> Drugs added to prime
<input type="checkbox"/>	<input type="checkbox"/> Rollers rotate freely/Occlusions set	<input type="checkbox"/> Heparin time and dose confirmed
<input type="checkbox"/>	<input type="checkbox"/> Pump head rotation smooth and quiet	<input type="checkbox"/> ACT >480seconds
<input type="checkbox"/>	<input type="checkbox"/> Holders secure	<input type="checkbox"/> Patency of arterial line /cannula confirmed
<input type="checkbox"/>	<input type="checkbox"/> One-way valve(s) in correct direction	
<input type="checkbox"/>	<input type="checkbox"/> Gas line and filter connections secure	
<input type="checkbox"/>	<input type="checkbox"/> Gas exhaust unobstructed	
<input type="checkbox"/>	<input type="checkbox"/> Flow meter / gas blender operational	<input type="checkbox"/> VAVD off/ reservoir vented
<input type="checkbox"/>	<input type="checkbox"/> Vacuum regulator operational and connected	<input type="checkbox"/> Shunts/vents closed or removed
<input type="checkbox"/>	<input type="checkbox"/> Positive-pressure relief valve present	<input type="checkbox"/> Announce Termination of bypass
<input type="checkbox"/>	<input type="checkbox"/> Negative-pressure relief valve unobstructed	<input type="checkbox"/> A/V lines clamped
<input type="checkbox"/>	<input type="checkbox"/> Pressure transducers calibrated	<input type="checkbox"/> Arterial circuit bubble-free before transfusing
<input type="checkbox"/>	<input type="checkbox"/> Temperature probes placed / verified	<input type="checkbox"/> Pump suckers off before or at initiation of Protamine
<input type="checkbox"/>	<input type="checkbox"/> Timers Functional	
Supplies/Back-up		
<input type="checkbox"/>	Tubing clamps available	
<input type="checkbox"/>	Drugs available and labeled	
<input type="checkbox"/>	Syringes / lab tubes available	
<input type="checkbox"/>	Vaporizer Operational and Filled	
<input type="checkbox"/>	Hand cranks available	
<input type="checkbox"/>	Duplicate components available	
<input type="checkbox"/>	Emergency lighting available	
<input type="checkbox"/>	Backup oxygen tank available	
<input type="checkbox"/>	IABP/supplies available	
Emergent Restart of Bypass		
<input type="checkbox"/>	Heparin time and dose confirmed	
<input type="checkbox"/>	Components debubbled	
<input type="checkbox"/>	Gas flow confirmed	
<input type="checkbox"/>	Alarms reengaged	
<input type="checkbox"/>	Water source(s) connected	
		Initial/Time
<input type="checkbox"/>		<input type="checkbox"/>

Signature/Date: _____

White - Patient Chart Yellow - Perfusion



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PT.

MR.#/P.M.

DR.

