

McLAREN FLINT
Flint, Michigan

PERFUSION CHECKLIST

- N/A Yes Procedure verified. Patient chart reviewed. Pt ID verified.
- N/A Yes Components checked for package integrity/expiration date.
- N/A Yes Electrical lines plugged in & power verified. Battery charged.
- N/A Yes Arterial & cardioplegia transducers zeroed.
- N/A Yes Temperature & timer functions verified.
- N/A Yes Oxygenator & cardioplegia checked for integrity.
- N/A Yes Heater/Cooler functioning properly.
- N/A Yes Oxygenator & cardioplegia heat exchangers water tested.
- N/A Yes Oxygen & air connected to source, gas flow to oxygenator verified.
- N/A Yes Oxygenator & circuit checked for leaks.
- N/A Yes Tubing connections on past 2 barbs & luer ports tightened.
- N/A Yes Tubing properly positioned in roller heads.
- N/A Yes Patient arterial inserted through electronic clamp.
- N/A Yes Roller head occlusions checked.
- N/A Yes All tubing and membrane checked for proper direction.
- N/A Yes Tubing kink free.
- N/A Yes Temperature probes connected & verified.
- N/A Yes A/V circuit primed & debubbled. Prebypass filter removed.
- N/A Yes Cardioplegia solution & expiration verified.
- N/A Yes Cardioplegia system debubbled with proper potassium solution.
- N/A Yes Forane vaporizer level adequate.
- N/A Yes Heparin, Sodium Bicarb, Mannitol & Solu-Medrol added to prime.
- N/A Yes Venous reservoir and oxygenator vented.
- N/A Yes One-way vent valve checked for proper position and function.
- N/A Yes Venous saturation probe connected.
- N/A Yes Patient chart reviewed, perfusion record labeled & completed.
- N/A Yes Extra clamps available. Handcranks available (roller & Centrifugal).
- N/A Yes A/V lines clamped.
- N/A Yes Arterial filter bypass line clamped, purge line closed to patient.
- N/A Yes Oxygenator recirculation line closed.
- N/A Yes Blood flow probe installed on tubing.
- N/A Yes Air bubble detector & low level detector activated.
- N/A Yes Vacuum regulator functional. Vacuum tubing attached properly.
- N/A Yes Cell Saver setup & 1000ml bag of saline (30,000IU Heparin added).

Perfusionist N/A Yes (ACT Greater 480 seconds).
Signature: _____

Date: ____ / ____ / ____ Time Completed: _____



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PT.

MR.#/P.M.

DR.