

Deliver Anaesthesia

1. Induction

Resuscitate prior/simultaneously. Ensure preloading prior to induction (10mls/kg)
Fentanyl 1-3 microg/kg
Ketamine 1-2 mg/kg
Rocuronium 1mg/kg

2. Maintenance

Small amount of volatile is acceptable: suggest 0.3-0.5 MAC until haemodynamically approaching normal
Titrate aliquots of fentanyl to maintain anaesthesia as required

3. Co-amoxiclav 30 mg/kg

4. Start timer at beginning of case

Manage Bleeding & Blood Pressure

1. Allocate personnel to rapid infuser

Their roles are to order & check products and operate the rapid infuser

2. Allow permissive hypotension

Give warmed 5-10ml/kg boluses of products
Aim SBP lower end of normal range for age

Age (yrs)	1<	1-2	2-5	5-12	>12
Normal SBP	80-90	85-95	85-100	90-110	100-120

Use ROTEM to guide products

If >30kg adult algorithm.

If <30kg see paediatric code red massive transfusion protocol on reverse

3. Aim towards normal physiology AFTER surgical control haemostasis is achieved

Be guided by base deficit & lactate
Continue to titrate according to ROTEM

4. Tranexamic acid

Give 15 mg/kg bolus (maximum 1g)

5. Lab tests - repeat FBC and clotting. Aim:

Hb 70-90 g/L
PLT > 100x10⁹/L
Fibrinogen >1.5g/L
PT ratio < or equal to 1.2

6. Consider noradrenaline if required once circulating volume is restored

Manage Biochemistry

1. Calcium

Keep ionised Ca²⁺ above 1.0

If < 1 give 0.2ml/kg 10% calcium chloride (max 10mls) or 0.5ml/kg 10% calcium gluconate over 15 mins (ensure good IV as risk of extravasation)

2. Potassium

Have insulin/dex prepared (1 unit/ml)

Aim K⁺ <5.8: start insulin infusion at 0.05 - 0.1 units/kg/hr with dextrose and monitor blood glucose

3. Check electrolytes and correct frequently

Other

1. Temperature

Turn ambient theatre temp up to 25 degrees
Ensure under and over body hair huggers

2. Arterial line

Arterial line is NOT an early priority
Palpate the carotid, use NIBP at 1 min intervals
A-line only once there is a BP +/- or free person
Venous blood gases until able to site A-line

3. Team resource management

Gather help: cons, paeds, obs reg, 2 ODPs
Give personnel singular functions and ask to report back when complete: eg: one on drugs, one on blood products
Communicate regularly with surgical team. In extremis ask them to "pack and hold" while you catch up

B.A.S.T.E regularly

Blood (review situation and future need)

Acid/base: pH/lactate ? Improving

Surgical progress

Temperature

Electrolytes K⁺