

# **AC-PE Approved Cardiovascular Perfusion Curriculum**

Foreword:

This document is designed to serve as an aid to perfusion program directors, providing guidance and suggestion on the scope of the content areas that may be included in any educational curriculum designed to adequately prepare students for entry into the clinical field of cardiovascular perfusion. Its development was based upon the curricula of active accredited programs, the *Knowledge Base for Cardiovascular Perfusion* document prepared by the American Board of Cardiovascular Perfusion, and the curriculum portion of the Standards and Guidelines of the Accreditation Committee – Perfusion Education (AC-PE) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

The outlines provided herein cover 12 key content areas. Each **Outline** includes a **Unit Objective** which identifies the core theme of the topic, and **Learner Objectives**, which define the expected quantifiable outcome following concentrated study of the subject area. Some of the subject matter in several units of the curriculum may be covered through prerequisite course requirements for admission into cardiovascular perfusion education programs. The AC-PE wishes to express its gratitude to the Perfusion Program Directors and faculty members from 1998 through the present who contributed so much time and energy toward the preparation of this curriculum.

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## **UNIT I: BASIC SCIENCE**

### **A. CARDIOVASCULAR ANATOMY**

#### **1. MEDIASTINUM CARDIOVASCULAR ANATOMY**

##### **UNIT OBJECTIVE:**

This unit identifies the position of the heart in the thoracic cage, the surrounding structures and the exterior anatomy of the heart.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the location of the middle mediastinum and its surrounding structures;
- (2) Describe the reflections of the pericardium onto surrounding structures;
- (3) Identify the various layers of the pericardium and heart muscle; and
- (4) Identify the gross anatomy of the heart.

##### **OUTLINE:**

- I. The middle mediastinum
  - A. Location
  - B. Surrounding structures
- II. The pericardium
  - A. External features
    1. Inferior reflection onto the diaphragm
    2. Superior and posterior reflections
  - B. Cross-section
    1. Fibrous pericardium
    2. Serous pericardium
    3. Pericardial space
    4. Myocardium
    5. Endocardium
- III. Gross anatomy of the heart
  - A. Aorta
  - B. Pulmonary artery
  - C. Superior vena cava
  - D. Right atrium
  - E. Inferior vena cava
  - F. Left atrium
  - G. Right ventricle
  - H. Left ventricle

## **UNIT 1: BASIC SCIENCE**

### *A. CARDIOVASCULAR ANATOMY* *2. HEART*

#### **UNIT OBJECTIVE:**

This unit identifies the anteroposterior view of the heart, the chamber locations, and the internal features of each of the chambers and great vessels.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Define the apex and the base of the heart;
- (2) Locate and identify the sulci;
- (3) Use the sulci to identify the position of each heart chamber;
- (4) Describe the chamber locations using words such as anterior, posterior, inferior, superior, and lateral; and
- (5) Describe the internal features and structures associated with the right atrium, right ventricle, left atrium, and left ventricle.

#### **OUTLINE:**

- I. Anteroposterior view
  - A. Apex
  - B. Base
  - C. Sulci
  - D. Chamber location with respect to anteroposterior view
  - E. Superior and inferior vena cava
  - F. Pulmonary artery
  - G. Aorta
  - H. Ligamentum arteriosum
- II. Right atrium
  - A. Sinus venarum
  - B. Pectinated muscle
  - C. Superior vena cava
  - D. Inferior vena cava
  - E. Position of the fossa ovalis
  - F. Coronary sinus
- III. Right ventricle
  - A. Inflow — trabeculated muscle
  - B. Outflow
  - C. Tricuspid valve apparatus
  - D. Pulmonary outflow
  - E. Pulmonary valve
- IV. Left atrium
  - A. Left auricular appendage
  - B. Pulmonary veins
  - C. Position of the fossa ovalis
- V. Left ventricle
  - A. Inflow — trabeculated muscle
  - B. Outflow
  - C. Mitral valve apparatus
  - D. Aortic outflow
  - E. Aortic valve

## **UNIT I: BASIC SCIENCE**

### *A. CARDIOVASCULAR ANATOMY*

#### *3. CARDIAC ARTERIES, VEINS, AND MICROCIRCULATION*

#### **UNIT OBJECTIVE:**

This unit presents the names and locations of major cardiac arteries and veins and introduces myocardial microcirculation.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Trace the right coronary artery through the major sulci of the heart and identify all of its major branches;
- (2) Trace the left coronary artery through the major sulci of the heart and identify all of its major branches;
- (3) Describe the various routes that blood moves through the myocardium; and
- (4) Identify the major veins of the heart with emphasis on those that enter the coronary sinus.

#### **OUTLINE:**

- I. Right coronary artery
  - A. Right coronary artery
  - B. Conus branch
  - C. Sinoatrial nodal branch
  - D. Acute marginal branches
  - E. Posterior descending artery
  - F. Septal branches
  - G. Atrioventricular nodal branch
- II. Left coronary artery
  - A. Left main coronary artery
  - B. Left anterior descending artery
  - C. Circumflex branch
  - D. Ramus medianus
- III. Myocardial vasculature
  - A. Arterio-luminal vessels
  - B. Arterio-sinusoidal vessels
  - C. Myocardial sinusoids
- IV. Cardiac veins
  - A. Thebesian veins
  - B. Anterior cardiac veins
  - C. Coronary sinus



## **UNIT I: BASIC SCIENCE**

### *A. CARDIOVASCULAR ANATOMY*

#### *4. CONDUCTION SYSTEM*

#### **UNIT OBJECTIVE:**

This unit identifies the major pathways of the electrical conduction through the heart.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Trace the path of the electrical signal through the atria and ventricles; and
- (2) Describe several accessory pathways for this signal to circumvent the normal.

#### **OUTLINE:**

I. Sinoatrial node

II. Internodal tracts

A. Middle

B. Posterior

C. Anterior

1. Bachman's bundle

III. Atrioventricular node

IV. Bundle-of-His

V. Bundle branches

A. Right fascicles

B. Left fascicles

VI. Accessory fibers

## **UNIT I: BASIC SCIENCE**

### **A. CARDIOVASCULAR ANATOMY**

#### **5. MAJOR ARTERIES, VEINS AND BRANCHES**

##### **UNIT OBJECTIVE:**

This unit identifies the names and locations of major arteries, arterial branches, major veins, and venous branches through the body.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Identify all of the major arterial branches from the aorta;
- (2) Describe the route of arterial blood into the head;
- (3) Describe the route of arterial blood into the arm;
- (4) Describe the route of arterial blood into the leg;
- (5) Identify all of the major venous branches into the superior vena cava;
- (6) Identify all of the major venous branches into the inferior vena cava; and
- (7) Describe the azygous venous drainage system.

##### **OUTLINE:**

###### **I. Arteries**

###### **A. Aorta**

1. Right and left coronary artery
2. Arch vessels
3. Bronchial arteries
4. Intercostal arteries
5. Celiac artery
6. Superior mesenteric artery
7. Adrenal arteries
8. Renal arteries
9. Gonadal arteries
10. Inferior mesenteric artery
11. Right and left common iliac arteries

###### **B. To the head**

1. Vertebral artery
2. Common carotid artery
3. Cerebral arterial circle (circle of Willis)

###### **C. To the arm**

1. Subclavian artery
2. Axillary artery
3. Brachial artery

###### **D. To the leg**

1. Common iliac artery
2. External iliac artery
3. Femoral artery
4. Popliteal artery

###### **II. Veins**

###### **A. Superior vena cava**

1. Left and right innominate or brachiocephalic veins

###### **B. Inferior vena cava**

###### **C. Azygous venous system**

## **UNIT I: BASIC SCIENCE**

### **A. CARDIOVASCULAR ANATOMY**

#### **6. DEVELOPMENTAL AND CARDIAC EMBRYOLOGY**

#### **UNIT OBJECTIVE:**

This unit identifies the embryological development of the heart.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the embryonic stages for fetal development;
- (2) Discuss teratogenic/mal-development influences; and
- (3) Describe the major events in the development of the heart and timing sequence.

#### **OUTLINE:**

##### I. Embryonic stages (weeks 2-4)

##### II. Teratology

###### A. Etiology of human malformations

1. Genetic
2. Fetal environment
3. Drugs, radiation, and chemical
4. Miscellaneous

###### B. Periods of susceptibility during organogenesis: weeks 3-8

###### C. Prevention

##### III. Heart development

###### A. Events

1. Extraembryonic blood vessels: days 13 –15
2. Blood islands and dorsal aorta: week 3
3. Cardiogenic plate: week 3
4. Single heart tube: by day 21
5. Pulsations of heart tube: day 22
6. Primitive circulation: end of week 3
7. Folding of heart tube: week 4
8. Formation of blood: week 5
9. Septation of heart: weeks 5-7

## **UNIT I: BASIC SCIENCE**

### **A. CARDIOVASCULAR ANATOMY** **7. VASCULAR EMBRYOLOGY**

#### **UNIT OBJECTIVE:**

This unit identifies the embryological development of the vasculature.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Identify the embryologic origins of major arteries and veins;
- (2) Describe fetal circulation; and
- (3) Describe changes at birth.

#### **OUTLINE:**

##### **I. Arteries**

- A. Truncus arteriosus
- B. Aortic arches
- C. Intersegmental arteries
- D. Vitelline arteries

##### **II. Veins**

- A. Common cardinal veins
- B. Anterior and posterior cardinal veins
- C. Supracardinal and subcardinal veins
- D. Vitelline veins

##### **III. Fetal circulation**

- A. Ductus arteriosus
- B. Foramen ovale
- C. Umbilical artery and vein

##### **IV. Transitional Circulation**

## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *1. ADULT CARDIAC VALVULAR PATHOLOGY AND SURGICAL REPAIR*

#### **UNIT OBJECTIVE:**

This unit identifies adult valvular cardiac surgical pathology.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Recall the anatomical features of adult valves;
- (2) Discuss the pathophysiology of valvular disease; and
- (3) Describe surgical interventions for valvular pathologies.

#### **OUTLINE:**

##### I. Aortic valve

- A. Surgical anatomy
- B. Pathological features
  1. Infective endocarditis
  2. Rheumatic heart disease
  3. Senescence
  4. Stenosis
  5. Regurgitation

##### II. Mitral valve

- A. Surgical anatomy
- B. Pathological features
  1. Rheumatic heart disease
  2. Infective endocarditis
  3. Valve prolapse

##### III. Tricuspid valve

- A. Surgical anatomy
- B. Pathological features

##### IV. Pulmonary valve

- A. Surgical anatomy
- B. Pathological features

##### V. Surgical repair vs replacement techniques for valvular pathologies

## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR* **2. ADULT CORONARY ARTERY PATHOLOGY**

#### **UNIT OBJECTIVE:**

This unit identifies adult coronary surgical pathology.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the anatomical features of coronary artery disease;
- (2) Discuss the pathophysiology of adult coronary disease; and
- (3) Describe surgical interventions for coronary artery disease.

#### **OUTLINE:**

- I. Anatomy of coronary arteries
  - A. Media
  - B. Intima
  - C. Adventitia
  - D. Endothelium
  - E. Vascular smooth muscle
  - F. Innervation
  - G. Vasa vasorum
- II. Risk factors for coronary disease
  - A. Modifiable
  - B. Unmodifiable
- III. Pathogenesis of atherosclerosis
  - A. Endothelial cells
  - B. Macrophages
  - C. Platelets
  - D. Vascular smooth muscle
- IV. Susceptibility of coronary arteries to atherosclerosis
  - A. Size of coronary arteries
  - B. Lesions of main stem arteries or distal lesions
  - C. Histological aspects of atherosclerosis
- V. Relationship with thrombosis
- VI. Ischemia vs. infarction
- VII. Myocardial infarction
  - A. Progression of infarction
  - B. Types of infarction
  - C. Complications of infarction
  - D. Serum markers of infarction
  - E. Cardiac markers of infarction and heart failure
- VIII. Surgery for coronary artery disease
  - A. Coronary artery bypass grafting (CABG)
    1. Saphenous vein
    2. Internal mammary
    3. Radial artery
  - B. Transmyocardial revascularization (TMR)
  - C. Percutaneous transluminal coronary angioplasty (PTCA) and stenting
  - D. OPCAB
  - E. Patency and mortality rates

## UNIT I: BASIC SCIENCE

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *3. PERFUSION TECHNIQUES FOR AORTIC ANEURYSM DISSECTIONS: THORACIC AND THORACOABDOMINAL*

#### **UNIT OBJECTIVE:**

This unit introduces adjunctive techniques of extracorporeal circulation for temporary compensation of loss or compromised hemodynamic and oxygenation to a localized area of patient's body required by corrective surgery of thoracic and thoracoabdominal aneurysms.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Identify the various types of thoracic and thoracoabdominal aneurysms;
- (2) Understand the concepts of partial hemodynamic support/oxygenation, hypothermia, circulatory arrest and flow distribution to vital organs;
- (3) Understand and identify available current technologies for adjunctive extracorporeal techniques after surgical correction of thoracic and thoracoabdominal aneurysm; and
- (4) Make technical applications of learned concepts to various clinical situations and pathologies.

#### **OUTLINE:**

##### I. Type of Pathologies

###### A. Classification of thoracic aneurysm

1. Stanford Type A, B
2. DeBakey Type I, II, and III

###### B. Crawford's classification of thoracoabdominal aortic aneurysm

1. Type I
2. Type II
3. Type III
4. Type IV

##### II. Extracorporeal Circulatory Concepts

###### A. Hypothermia (review hypothermia section)

1. Q10
2. Threshold/gradient
3. Thermodynamics of oxygen consumption/demand
4. Hypothermic response – shivering – anesthesia
5. Alpha-stat/pH stat strategy

###### B. Circulatory Arrest – DHCA

1. Coagulopathy – DIC
2. Hemostasis
3. Pathology
4. Rheology – sludging
5. Fluid shift – oncotic pressure – capillary leakage

###### C. Current Available Technologies

1. Coated circuits
2. Hemostatic monitors
3. Pharmacological agents
4. Spinal drainage
5. Ice helmet
6. Cerebral monitoring
7. In-line blood gas monitors
8. Special cannulae

###### D. Applications of Extracorporeal Techniques

1. Retrograde cerebral perfusion
2. Antegrade cerebral perfusion
3. Circulatory arrest
4. Hemostasis management
5. Technical circuitry relative to operable lesions: heat exchanger, oxygenator, and reservoir

6. Cannulation sites relative to operable lesions
7. Distal aortic operative techniques
8. Proximal aortic operative techniques
9. Left heart bypass and selective visceral perfusion
10. Hemodynamic monitoring techniques and flow considerations



## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *4. CONGESTIVE HEART FAILURE*

#### **UNIT OBJECTIVE:**

This unit introduces the etiology and presentation of congestive heart failure.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the pathophysiology of congestive heart failure;
- (2) Describe the history, clinical signs, surgical techniques, and complications associated with congestive heart failure; and
- (3) Describe classifications of heart failure.

#### **OUTLINE:**

- I. Determinants of myocardial performance
  - A. Preload/ Afterload
  - B. Ejection fraction/Contractility
  - C. Oxygen consumption
  - D. Cardiac Work/Cardiac Output
  - E. Pressure/Volume loops
  - F. Systolic and diastolic dysfunction
  - G. Uni vs biventricular dysfunction
- II. Clinical causes of CHF
  - A. Viral
  - B. Ischemic
  - C. Idiopathic
  - D. Autoimmune

## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *5. CONGENITAL HEART DEFECTS: LEFT TO RIGHT SHUNTS*

#### **UNIT OBJECTIVE:**

This unit introduces the anatomy, pathological presentation and surgical correction of congenital left to right shunts.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the anatomy of the typical left to right shunts;
- (2) Describe the pathological presentation of the typical left to right shunts;
- (3) Describe the standard surgical corrections for the typical left to right shunts; and
- (4) Discuss extracorporeal circuitry and techniques as they relate to the typical left to right shunts.

#### **OUTLINE:**

- I. Atrial septal defect (ASD)
  - A. Anatomy
    1. Sinus venosus and partial anomalous pulmonary venous return (PAPVR)
    2. Septum secundum
    3. Ostium primum
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- II. Ventricular septal defect (VSD)
  - A. Anatomy
    1. Membranous
    2. Muscular
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- III. Patent ductus arteriosus (PDA)
  - A. Anatomy
    1. Types
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- IV. Atrioventricular septal defect
  - A. Anatomy
    1. Endocardial cushion defect
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- V. Double Ventricles
  - A. Anatomy

- 1. Types
  - B. Pathophysiology
    - 1. Natural history
    - 2. Clinical presentation
    - 3. Diagnosis
  - C. Surgical repairs
  - D. Extracorporeal circuitry and techniques
- VI. Aortopulmonary window (APW)
- A. Anatomy
    - 1. Endocardial cushions defect
  - B. Pathophysiology
    - 1. Natural history
    - 2. Clinical presentation
    - 3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques

## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *6. CONGENITAL HEART DEFECTS: CYANOTIC ANOMALIES*

#### **UNIT OBJECTIVE:**

This unit introduces the anatomy, pathological presentation and surgical correction of congenital cyanotic anomalies.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the anatomy of the typical cyanotic anomalies;
- (2) Describe the pathological presentation of the typical cyanotic anomalies;
- (3) Describe the standard surgical corrections for the typical cyanotic anomalies; and
- (4) Discuss extracorporeal circuitry and techniques as they relate to the typical cyanotic anomalies.

#### **OUTLINE:**

- I. Tetralogy of Fallot (TOF)
  - A. Anatomy
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
    1. Palliative shunts
    2. Complete repairs
  - D. Extracorporeal circuitry and techniques
- II. Transposition of the great arteries (TGA)
  - A. Anatomy
    1. Simple (TGA/IVS)
    2. Complex
      - a. VSD
      - b. Pulmonary stenosis
  - B. Pathophysiology
    1. Parallel circulations and mixing
  - C. Surgical correction
    1. Palliative procedures
    2. Atrial switch
    3. Arterial switch
    4. Rastelli procedure
  - D. Extracorporeal circuitry and techniques
- III. Truncus arteriosus
  - A. Anatomy
    1. Types
    2. Associated anomalies
  - B. Pathophysiology
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- IV. Total anomalous pulmonary venous return (TAPVR)
  - A. Anatomy
    1. Supracardiac
    2. Cardiac
    3. Infracardiac
    4. Mixed
  - B. Pathophysiology
  - C. Surgical
  - D. Extracorporeal circuitry and techniques
- V. Ebstein's anomaly

- A. Anatomy
  - 1. Atrialized ventricular tissue
- B. Pathophysiology
- C. Surgical
- D. Extracorporeal circuitry and techniques

## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *7. CONGENITAL HEART DEFECTS: OBSTRUCTIVE ANOMALIES*

#### **UNIT OBJECTIVE:**

This unit introduces the anatomy, pathological presentation and surgical correction of obstructive anomalies.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the anatomy of the obstructive anomalies;
- (2) Describe the pathological presentation of the typical obstructive anomalies;
- (3) Describe the standard surgical corrections for the typical obstructive anomalies; and
- (4) Discuss extracorporeal circuitry and techniques as they relate to the typical obstructive anomalies.

#### **OUTLINE:**

- I. Aortic stenosis
  - A. Anatomy
    1. Valvular
    2. Subvalvular
    3. Supravalvular
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- II. Pulmonary stenosis
  - A. Anatomy
    1. Valvular
    2. Subvalvular
    3. Supravalvular
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- III. Coarctation of the aorta
  - A. Anatomy
    1. Relationship to ductus arteriosus
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- IV. Interrupted aortic arch
  - A. Anatomy
    1. Types A, B, C
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques

## **UNIT I: BASIC SCIENCE**

### *B. PATHOLOGY AND SURGICAL REPAIR*

#### *8. CONGENITAL HEART DEFECTS: MISCELLANEOUS ANOMALIES*

#### **UNIT OBJECTIVE:**

This unit introduces the anatomy, pathological presentation and surgical correction of miscellaneous congenital anomalies.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the anatomy of the unusual congenital anomaly;
- (2) Describe the pathological presentation of the unusual congenital anomaly;
- (3) Describe the standard surgical corrections for the unusual congenital anomaly; and
- (4) Discuss extracorporeal circuitry and techniques and they relate to the unusual congenital anomaly.

#### **OUTLINE:**

- I. Hypoplastic left heart syndrome
  - A. Anatomy
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- II. Tricuspid atresia
  - A. Anatomy
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction including hybrid procedures
  - D. Extracorporeal circuitry and techniques
- III. Pulmonary atresia
  - A. Anatomy
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- IV. Corrected transposition
  - A. Anatomy
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- V. Cor triatriatum
  - A. Anatomy
  - B. Pathophysiology
    1. Natural history
    2. Clinical presentation
    3. Diagnosis
  - C. Surgical correction
  - D. Extracorporeal circuitry and techniques
- VI. Coronary anomalies

- A. Anatomy
- B. Pathophysiology
  - 1. Natural history
  - 2. Clinical presentation
  - 3. Diagnosis
- C. Surgical correction
- D. Extracorporeal circuitry and techniques



## **UNIT I: BASIC SCIENCE**

### *C. PHYSIOLOGY*

#### *1. CARDIOVASCULAR PHYSIOLOGY*

#### **UNIT OBJECTIVE:**

This unit introduces cardiovascular physiology.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Understand the basis of action potentials in controlling heart contraction;
- (2) Understand the role of calcium and calcium cycling proteins in cardiac contraction;
- (3) Understand the determinants of arterial blood pressure;
- (4) Understand the determinants of cerebral, pulmonary and coronary blood flow; and
- (5) Understand the cardiac cycle and explain normal/abnormal myocardial performance using knowledge of Starling's law, Wiggers diagram, and pressure/volume loops.

#### **OUTLINE:**

- I. The heart as a pump
- II. Action potentials (AP)
- III. Mechanism of contraction: excitation-contraction coupling
- IV. Regulation of mean arterial blood pressure (MAP)
- V. Cerebral circulation
  - A. Cerebral blood flow (CBF)
  - B. Regulation
- VI. Pulmonary circulation
  - A. Hypoxic pulmonary vasoconstriction (HPV)
  - B. Pulmonary hypertension
- VII. Coronary circulation
  - A. Determinants of coronary blood flow
  - B. Metabolites
  - C. Determinates of oxygen supply to the myocardium
  - D. Determinants of oxygen consumption
- VIII. Myocardial performance
  - A. Starling's law of the heart
    1. Starling curves
  - B. Pressure - volume loops
    1. Ventricular cycle - Wiggers diagram
    2. Atrial cycle
    3. Cardiac valves
- IX. Heart sounds - pathological murmurs
- X. Determination of cardiac output

## **UNIT I: BASIC SCIENCE**

### *C. PHYSIOLOGY*

#### **2. CARDIOVASCULAR HEMODYNAMICS**

##### **UNIT OBJECTIVE:**

This unit introduces cardiovascular hemodynamics.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the anatomical components of the vasculature; and
- (2) Describe the hemodynamic principles associated with blood flow through the circulatory system.

##### **OUTLINE:**

- I. Circuitry of the cardiovascular system
  - A. Interdependence of the pulmonary and systemic circulations
  - B. Direction of blood flow is due the cardiac and venous valves
- II. Hemodynamics
  - A. Components of the vasculature
    1. Arteries
    2. Arterioles
    3. Capillaries
    4. Venules
    5. Veins
  - B. Velocity of blood flow
  - C. Blood flow
    1. Determinants of cardiac output
      - a. stroke volume
      - b. vascular resistance
      - c. heart rate
      - d. filling pressure
    2. Vascular regulation of blood flow
  - D. Resistance
    1. Components of resistance
    2. Parallel vs. series
  - E. Capacitance (compliance)

## **UNIT I: BASIC SCIENCE**

### *C. PHYSIOLOGY*

#### *3. RENAL PHYSIOLOGY*

#### **UNIT OBJECTIVE:**

This unit presents the basics of renal physiology.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the basic functions of the kidney;
- (2) Describe how various ions, sugars, and proteins are managed by the kidney; and
- (3) Describe endocrine regulation of blood pressure and hematopoiesis.

#### **OUTLINE:**

- I. Function of the kidney
  - A. Water balance
  - B. Electrolyte balance
  - C. Plasma volume
  - D. Acid-base balance
  - E. Osmolarity balance
  - F. Excretion
  - G. Hormone secretion
- II. Renal processes
  - A. Glomerular filtration
  - B. Tubular reabsorption
  - C. Tubular secretion
- III. Endocrine regulation
  - A. Renin-angiotensin-aldosterone system
  - B. ACE inhibitors
  - C. Erythropoietin – formation of RBCs

## UNIT I: BASIC SCIENCE

### C. PHYSIOLOGY

#### 4. VENTILATION, OXYGENATION, RESPIRATION

##### UNIT OBJECTIVE:

This unit presents the basics of pulmonary physiology.

##### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the basic functions of the lungs;
- (2) Describe basic pulmonary functional parameters; and
- (3) Describe physical and biological principles relating to gas exchange.

##### OUTLINE:

- I. Function of the lungs
  - A. The airways
  - B. The alveolus
  - C. Alveolar-capillary membrane
  - D. Pressures of the respiratory system
  - E. Sequence of ventilation
- II. Ventilation mechanics
  - A. Lung volumes and capacities
  - B. Inspiration
  - C. Expiration
  - D. Compliance
  - E. Chest elastic recoil
- III. Pathology
  - A. Obstructive lung disease (emphysema and asthma)
  - B. Restrictive lung disease (pulmonary fibrosis)
  - C. Pulmonary embolus
- IV. Gas exchange
  - A. Whole body diffusion gradients
    1. Oxygen
    2. Carbon dioxide
  - B. Determinants of alveolar gas tensions
    1. Alveolar oxygen tensions
    2. Alveolar carbon dioxide tensions
    3. Correcting for water vapor pressure
    4. Alveolar air equation
    5. Changes in alveolar gas partial pressures
  - C. Mechanisms of diffusion
    1. Barriers to diffusion
    2. Fick's law
    3. Pulmonary diffusion gradients
    4. Diffusion coefficients
    5. Time limitations to diffusion
    6. Measurement of diffusion capacity
  - D. Anatomic shunts
    1. Bronchial venous drainage
    2. Thebesian venous drainage
  - E. Regional inequalities in ventilation and perfusion
    1. Effect of increasing alveolar ventilation
    2. Effect of altering pulmonary capillary blood flow
  - F. Effect of altering  $V_A/Q_C$  ratio
    1. Perfusion in excess of ventilation
    2. Ventilation in excess of perfusion
  - G. Oxyhemoglobin dissociation curve

## **UNIT I: BASIC SCIENCE**

### *C. PHYSIOLOGY*

#### *5. MYOCARDIAL PHYSIOLOGY*

##### **UNIT OBJECTIVE:**

This unit describes myocardial metabolism, myocardial electrical potentials, and the pathophysiology of myocardial ischemia.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the metabolic requirements of the cardiac muscle;
- (2) Explain the myocardial energy sources and the difference between aerobic and anaerobic energy production;
- (3) Describe the membranous and ionic basis for cardiac electrical potential; and
- (4) Recognize the metabolic, cellular, and functional changes that occur during ischemia and reperfusion injury.

##### **OUTLINE:**

- I. Myocardial metabolism
  - A. Myocardial oxygen supply and demand
  - B. Aerobic vs. anaerobic metabolism, ATP production and byproducts
  - C. Energy sources - glucose, lactate, fatty acids
- II. Cardiac electrical conduction
  - A. Action potential and ion gradients
  - B. Depolarized and hyperpolarized arrest
- III. Ischemic injury and cellular necrosis
  - A. Diastolic dysfunction
  - B. Reperfusion injury

## **UNIT I: BASIC SCIENCE**

### *C. PHYSIOLOGY*

#### *6. HEMATOLOGY*

#### **UNIT OBJECTIVE:**

This unit introduces the cellular components of blood and the collection, processing and storage of individual blood components.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the cellular elements of blood and their function;
- (2) List the primary plasma proteins and their function;
- (3) Describe the collection and processing of individual blood components; and
- (4) Explain the purpose of ABO blood grouping and Rh typing.

#### **OUTLINE:**

- I. Cellular elements
  - A. Erythrocytes
  - B. Platelets
  - C. Leukocytes
- II. Plasma proteins
  - A. Albumin
  - B. Fibrinogen
  - C. Globulins
- III. Blood banking
  - A. Storage solutions
  - B. Component therapy
  - C. Cross matching
    1. Group and Cross
    2. "Type and Screen"
  - D. Complications
- IV. Transfusion products
  - A. RBC
  - B. FFP
  - C. Platelets
  - D. Cryoprecipitate
- V. The methods used to insure safe transfusion practices

## **UNIT I: BASIC SCIENCE**

### *C. PHYSIOLOGY*

#### *7. COAGULATION MANAGEMENT*

#### **UNIT OBJECTIVE:**

This unit describes the process of and management of hemostasis as applicable to the practice of perfusion care.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the physiology of coagulation and the process of hemostasis;
- (2) Describe the various components of hemostasis;
- (3) Discuss various coagulopathic states and treatments thereof; and
- (4) Discuss measurement of laboratory values regarding normal and abnormal hemostatic states.

#### **OUTLINE:**

- I. Physiology of coagulation and hemostasis
  - A. Elements, proteins, and cellular and other anatomic structures associated with hemostasis
  - B. Initiation of hemostasis
  - C. Amplification phase of clot formation
  - D. Development of primary hemostatic mass
  - E. Contraction of smooth muscle
  - F. Healing and restoration of endothelial continuity
- II. The platelet and formation of the primary hemostatic plug
  - A. Platelet production and destruction
  - B. Platelets activation
    1. Stimulators
    2. Secretors
    3. Platelet receptor sites
- III. Coagulation cascade and formation of the fibrin clot
- IV. The fibrinolytic system
- V. Assessment of coagulation
- VI. Coagulation Disorders, etiology and treatment
  - A. Heparin resistance
  - B. HIT
  - C. DIC
  - D. Platelet dysfunction
  - E. Factor deficiency

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *1. PHARMACODYNAMICS & PHARMACOKINETICS*

#### **UNIT OBJECTIVE:**

This unit describes the effect of cardiopulmonary bypass on the pharmacodynamics and pharmacokinetics of drugs used during open-heart surgical procedures.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the pharmacodynamic effects of administration of drugs through oral, and intra-venous routes;
- (2) Identify the routes of clearance of drugs;
- (3) Describe the concept of volume of distribution of drugs; and
- (4) Describe the effect of protein binding of drugs.

#### **OUTLINE:**

- I. Pharmacodynamics
- II. Pharmacokinetics
  - A. Absorption
  - B. Distribution
  - C. Elimination (metabolism, excretion, clearance)
- III. Effects of hypothermia on drug action
- IV. Effects of hemodilution on drug action
- V. Effects of hemoconcentration on drug blood levels
- VI. Effects of blood salvage techniques on drug levels
  - A. Hemoconcentration
  - B. Blood salvage
- VII. Effects of altered perfusion
- VIII. Factors affecting drug-receptor interaction
- IX. CPB affecting receptor-mediated events



## UNIT I: BASIC SCIENCE

### D. PHARMACOLOGY

#### 2. PHARMACOLOGY OF ANESTHETIC AGENTS

##### UNIT OBJECTIVE:

This unit introduces the pharmacologic agents and techniques used during cardiac surgery.

##### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the metabolism and mechanism of action of the specific agents in each of the primary classes of anesthetic drugs; and
- (2) Describe standard anesthetic practice as it relates to the cardiac surgical patient.

##### OUTLINE:

###### I. Opioids

- A. Classification
- B. Metabolism
- C. Mechanism of action
- D. Specific opioids used in anesthesia
  1. Morphine
  2. Fentanyl
  3. Sufentanil
  4. Remifentanil

###### II. Non-opioids

- A. Classification
- B. Metabolism
- C. Mechanism of action
- D. Specific non-opioids used in anesthesia
  1. Barbiturates
  2. Benzodiazepines
  3. Diazepam
  4. Midazolam and lorazepam
  5. Ketamine
  6. Propofol
  7. Etomidate

###### III. Inhalation agents

- A. Classification
- B. Metabolism
- C. Mechanism of action
- D. Specific non-opioids used in anesthesia
  1. Halothane
  2. Isoflurane
  3. Enflurane
  4. Sevoflurane
  5. Desflurane
  6. Nitrous oxide

###### IV. Muscle Relaxants

- A. Classification
- B. Metabolism
- C. Mechanism of action
- D. Specific non-opioids used in anesthesia
  1. Pancuronium
  2. Vecuronium
  3. Rocuronium

###### V. Reversal of neuromuscular blockade

###### VI. Induction and maintenance of anesthesia

- A. High-dose narcotic technique

B. Fast-tracking technique  
VII. Anesthesia for pediatrics

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### **3. ANTI-ARRHYTHMIC PHARMACOLOGY**

##### **UNIT OBJECTIVE:**

This unit presents the names, uses, and mechanism of action of antiarrhythmic drugs used during cardiac surgery.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the use and dosage of each classification of antiarrhythmic; and
- (2) Identify the mechanism of action of the classes of antiarrhythmics.

##### **OUTLINE:**

- I. Classification of antiarrhythmic drugs
  - A. Class I
  - B. Class II
  - C. Class III
  - D. Class IV
- II. Drugs used in treatment of dysrhythmias
  - A. Ventricular tachycardia
  - B. Atrial fibrillation or flutter
  - C. Malignant arrhythmias
  - D. Bradycardia or heart block
  - E. Special considerations
    1. Pediatric patient
    2. Transplant patient

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *4. INOTROPIC AND VASOPRESSOR PHARMACOLOGY*

#### **UNIT OBJECTIVE:**

This unit presents the names, uses, and mechanism of action of cardiotrophic drugs used during cardiac surgery.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the genesis of cardiac heart failure;
- (2) Describe the use and dosage of each classification of cardiotrophic agent; and
- (3) Identify the mechanism of action of the classes of cardiotrophic drugs.

#### **OUTLINE:**

- I. Background pathogenesis of congestive heart failure
  - A. Ischemic
  - B. Idiopathic
  - C. Viral
  - D. Antibody
- II. Inotropes and vasopressors
  - A. Autonomic nervous system (ANS)
    1. Sympathetic
    2. Cholinergic
  - B. Autonomic receptor types and result of stimulation or blocking of receptor site
    1. Alpha
    2. Beta
    3. Muscarinic
  - C. Drugs that effect PNS
    1. Agonists
    2. Antagonists
  - D. Sympathomimetic drugs
    1. Adrenergic
    2. Non-adrenergic
  - E. Non-sympathomimetic inotropic drugs
  - F. Special considerations

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *5. VASODILATORS*

#### **UNIT OBJECTIVE:**

This unit describes vasodilators, their mechanism of action and their role in managing hypertensive states and congestive heart failure.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Identify the classification of vasodilators;
- (2) Identify the mechanism of action of each class; and
- (3) Identify the clinical use of each vasodilator.

#### **OUTLINE:**

- I. Sites of action
  - A. Veins
  - B. Arteries
  - C. Mixed
- II. Mechanisms of action
  - A. Direct vasodilators
  - B.  $\beta$ -blockers
  - C. ACE-inhibitors and Angiotensin Receptor Blockers
  - D. D<sub>1</sub>-receptor agonists
  - E. Calcium channel blockers
- III. Clinical uses
- IV. Side effects (blocked by  $\beta$ -blockade)
- V. Nitroprusside toxicity
- VI. Special considerations

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *6. PHARMACOLOGICAL TREATMENT OF CONGESTIVE HEART FAILURE (CHF)*

##### **UNIT OBJECTIVE:**

This unit presents the basic pharmacological agents used for treatment of heart failure.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the therapeutic approach for medical treatment of heart failure;
- (2) Identify the classes of drugs used for heart failure; and
- (3) Describe the mechanism of action of each class of therapeutics.

##### **OUTLINE:**

- I. Possible means of increasing myocardial contractility
  - A. Mechanism of action
- II. Inotropic agents
- III. Diuretics
- IV. Vasodilators

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *7. ANTIMICROBIAL AGENTS/ANTIBIOTICS*

#### **UNIT OBJECTIVE:**

This unit introduces the basics of antimicrobial therapeutics and introduces organismal contamination during open heart surgery and its therapeutic treatment with antimicrobials.

#### **LEARNER OBJECTIVE:**

Upon completion of this unit the student will be able to:

- (1) Identify the sources of infection and the common contaminating organisms during open heart surgery.

#### **OUTLINE:**

- I. Sources of infection in the cardiac surgery patient
- II. Bacteria
  - A. Gram negative
  - B. Gram positive
  - C. Fungal
- III. Definition & characteristics of antibiotics
- IV. Mechanism of action
  - A. Resistance of microorganisms to antimicrobial agents
  - B. Selection of agents
  - C. Prophylaxis of infection with antibiotics
  - D. Specific agents
    1. Bactericidal drugs that work on the cell wall
      - a. cephalosporins
      - b. vancomycin
    2. Bactericidal inhibitors of protein synthesis - aminoglycosides
    3. Anti-fungal agents
- V. Use of topical antibiotics in the cardiac surgery O.R.
- VI. Contraindications in use of antibiotics and cell savers

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY* **8. ANTICOAGULANTS**

#### **UNIT OBJECTIVE:**

This unit describes the pharmacology of anticoagulants.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss the different mechanisms of anticoagulation; and
- (2) Describe clinical application of specific anticoagulants.

#### **OUTLINE:**

- I. Agents that affect clot formation
  - A. Heparin
    1. Monitoring heparin anticoagulation
    2. Heparin induced thrombocytopenia (HIT)
    3. Heparin neutralization
  - B. Warfarin
  - C. Low molecular weight heparins
  - D. Direct Thrombin Inhibitors
  - E. Xa inhibitors
- II. Anti-platelet agents
  - A. Aspirin
  - B. GP IIb/IIIa receptor antagonists
  - C. ADP receptor inhibitors
  - D. Dipyridamole
- III. Assays
  - A. Factor Xa assays
  - B. Activated clotting time (ACT)
  - C. Reversal of anticoagulation at the end of CPB
  - D. Protamine
  - E. TEG
  - F. Platelet Mapping



## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *9. HEPARIN INDUCED THROMBOCYTOPENIA (HIT)*

#### **UNIT OBJECTIVE:**

This unit describes the immunological basis and the clinical approach to HIT.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss patient risk associated with receiving chronic heparin therapy;
- (2) Explain the immunological basis for HIT; and
- (3) Identify clinical management approaches that a perfusionist should use for HIT positive patients.

#### **OUTLINE:**

- I. Background
  - A. Heparin
  - B. Thrombocytopenia
- II. Consequence of HIT/HITT
  - A. Arterial thrombosis
  - B. DIC
- III. Mechanism
  - A. IgG antibody
  - B. Antiheparin antibody
  - C. Heparin–PF 4 on platelet membranes
- IV. Management
  - A. Stopping the heparin
  - B. Warfarin
  - C. ADP receptor inhibitors
- V. Alternate anticoagulation
  - A. The low molecular weight heparins
  - B. The low molecular weight heparinoids
  - C. Direct Thrombin Inhibitors
  - D. Platelet aggregation inhibitors
  - E. Defibrinating agents
- VI. Assays
  - A. PF4 ELISA
  - B. HIPA
  - C. SRA

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *10. ANTITHROMBIN DEFICIENCY*

##### **UNIT OBJECTIVE:**

This unit introduces AT deficiency and describes its management.

##### **LEARNER OBJECTIVES:**

Upon completion of the unit the student will be able to:

- (1) Describe the etiology of AT deficiency;
- (2) Discuss the management of the AT deficient patient; and
- (3) Discuss bypass considerations and management of the AT deficiency.

##### **OUTLINE:**

- I. Defining the AT deficient patient
  - A. Inherited
  - B. Acquired
  - C. Normal AT level
  - D. Age considerations
  - E. Patients at risk, preexisting conditions
- II. Management of the AT deficient patient
  - A. Heparin resistance
  - B. DIC considerations
  - C. Heparin administration (min. ACT achieved, units/kg administered)
- III. Cardiopulmonary bypass considerations
  - A. Patient evaluation
  - B. Confidence in heparin administration
  - C. Alternative site for heparin administration
  - D. Redosing the patient

## **UNIT I: BASIC SCIENCE**

### *D. PHARMACOLOGY*

#### *11. CHEMOTHERAPEUTIC, IMMUNOSUPPRESSIVE, DIABETIC, AND MISCELLANEOUS AGENTS*

#### **UNIT OBJECTIVE:**

This unit introduces chemotherapeutic, immunosuppressive and diabetic agents.

#### **LEARNER OBJECTIVE:**

Upon completion of this unit the student will be able to:

- (1) Describe the role and mechanism of action of each class of drugs.

#### **OUTLINE:**

- I. Chemotherapeutic agents
- II. Anti-inflammatory drugs
- III. Buffers
- IV. Immunosuppression
- V. Anticonvulsants
- VI. Diabetic therapy
- VII. Antifibrinolytics

## **UNIT I: BASIC SCIENCE**

### *E. PHYSICS*

#### **UNIT OBJECTIVE:**

This unit introduces principles and concepts from physics and relates them to extracorporeal circulation.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the relationship between velocity, acceleration and motion in one or more dimensions;
- (2) Describe the relationship between temperature of an object and the average kinetic energy of the atoms and molecules composing the object; and
- (3) Apply the laws of mechanics to viscous and non-viscous fluids.

#### **OUTLINE:**

- I. The general laws of motion
  - A. Newton's three laws of motion
  - B. Work, energy and power
- II. Heat
- III. Fluids
  - A. The mechanics of non-viscous fluids
  - B. Viscous fluid flow
    1. Cohesive forces in liquids
    2. Physics of the circulatory system
- IV. Ideal gas
  - A. Temperature
  - B. Pressure
  - C. Volume
- V. Electricity and magnetism
  - A. Electric currents
  - B. Work
  - C. Transmit information
  - D. Electromagnetic waves
- VI. Wave motion

## **UNIT I: BASIC SCIENCE**

### *F. CHEMISTRY*

#### **UNIT OBJECTIVE:**

This unit introduces principles and concepts from chemistry and relates them to extracorporeal circulation.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe various properties of aqueous solutions; and
- (2) Discuss amino acids, lipids, active transport and enzymes as they relate to cellular physiology.

#### **OUTLINE:**

##### I. Aqueous solutions

- A. Molar
- B. Normality
- C. Molarity
- D. Molecular weights
- E. Buffers
- F. Osmolality

##### II. Amino acids

##### III. Lipids

##### IV. Active transport

##### V. Enzymes

## **UNIT I: BASIC SCIENCE**

### *G. MATHEMATICS*

#### **UNIT OBJECTIVE:**

This unit identifies mathematical computations commonly associated with cardiopulmonary bypass.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the basis of each calculation; and
- (2) Apply the formulas to clinical scenarios.

#### **OUTLINE:**

- I. Volumes
  - A. Blood volume
  - B. Extracellular volume
  - C. Circuit volumes
- II. Velocity of blood flow
- III. Blood flow
- IV. Resistance
  - A. Poiseuille's equation
  - B. Laminar flow vs. turbulent flow
- V. Capacitance (compliance)
- VI. Arterial pressure
- VII. Vascular resistances
- VIII. Blood oxygen calculations
  - A. Content
  - B. Delivery/transport
  - C. Consumption/extraction
- IX.  $\text{HCO}_3$  correction
- X. Serum  $\text{K}^+$  correction
- XI. Resultant hematocrit
- XII. Body surface area

## **UNIT I: BASIC SCIENCE**

### *H. IMMUNOLOGY*

#### *1. IMMUNOLOGY OF BLOOD CONTACT WITH ARTIFICIAL MATERIALS*

##### **UNIT OBJECTIVE:**

This unit illustrates the pathways responsible for an immunological response to blood contact with artificial materials.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the pathways that contribute to inflammation following blood contact with artificial materials; and
- (2) Identify the pathways that can be modulated to reduce induction of these immune pathways.

##### **OUTLINE:**

- I. Artificial surfaces
  - A. Plastics
    1. Types
    2. Characteristics
  - B. Metals
    1. Types
    2. Characteristics
  - C. Others
    1. Varieties
    2. Characteristics
- II. Complement system
  - A. Cascade
  - B. Factors modulating the complement cascade
- III. Immune system
  - A. Cytokines
  - B. Cells
  - C. Inflammatory response

## **UNIT I: BASIC SCIENCE**

### *H. IMMUNOLOGY*

#### *2. IMMUNOLOGY OF REPERFUSION INJURY*

#### **UNIT OBJECTIVE:**

This unit describes the basic immunological basis for reperfusion injury.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe when reperfusion injury may occur;
- (2) Describe the immunological basis of reperfusion injury; and
- (3) Identify the pharmacological agents that may reduce reperfusion injury.

#### **OUTLINE:**

I. Definition of reperfusion injury

II. Immunology

A. Reperfusion injury causes vascular endothelial damage and that event may lead to myocyte dysfunction

B. Cellular mediators

C. Soluble mediators

III. Pharmacological modulation

A. Neutrophil modulation

B. Platelet modulation

C. Protection of vascular endothelium

D. Protection of cardiac myocyte



## UNIT 2: PERFUSION TECHNIQUES

### A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS 1. PERFUSION CIRCUITS

#### UNIT OBJECTIVE:

This unit describes the individual circuit components for cardiopulmonary bypass.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the Design characteristics of the components of a perfusion circuit;
- (2) Describe all of the safety devices for the perfusion circuit;
- (3) Discuss how all of the above fit together for a safe and controllable system; and
- (4) Understand manufacturer specifications and instructions for use (IFUs).

#### OUTLINE:

- I. Perfusion circuits
  - A. Open
  - B. Closed
  - C. Adult
  - D. Pediatric
  - E. Infant
  - F. Mini bypass circuit with and without venous reservoir
- II. Safety
  - A. Response time
  - B. Alarms
  - C. Servoregulation
  - D. Pressure relief valve
  - E. Venous line occluder
  - F. Automatic arterial line clamp
- III. Design considerations
- IV. Designing the circuit
  - A. Venous line
    1. Pre-bypass filter
    2. Diameter
  - B. Arterial pump head/boot
    1. Occlusion
      - a. Fluid Drop method
      - b. Pressure Drop method
      - c. Dynamic occlusion setting
    2. Flow monitoring
  - C. Arterial filter
  - D. Arterial line
  - E. Suckers and vent lines
  - F. Cardiomy line
  - G. Quick prime line
  - H. Gas line
    1. Gas filter
    2. Gas mixer
    3. Oxygen analyzer
  - I. Manifold system
  - J. Cardioplegia delivery system
    1. Pressure monitoring
    2. Temperature monitoring
    3. Flow monitoring
  - K. Oxygenator
  - L. Cannulae

## **UNIT 2: PERFUSION TECHNIQUES**

### *A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS* **2. TUBING**

#### **UNIT OBJECTIVE:**

This unit introduces the variety of tubing types used in cardiopulmonary bypass circuits.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the types of extracorporeal tubing used in the past and present;
- (2) Define spallation;
- (3) State the volumes contained per foot of common tubing sizes;
- (4) Define durometer;
- (5) Describe methods for sterilizing extracorporeal circuitry; and
- (6) Discuss surface modified tubing and its clinical application.

#### **OUTLINE:**

##### **I. Tubing**

- A. Manufacturing process
- B. Wall thickness
- C. Physical characteristics
- D. Internal diameter
- E. Volume
- F. Spallation
- G. Wall thickness
- H. Materials
- I. Durometer

##### **II. Connectors**

- A. Tie bands
- B. Bonding
- C. Materials

##### **III. Sterility**

- A. Methods of sterilization
- B. Care in packaging

##### **IV. Surface modifications**

## **UNIT 2: PERFUSION TECHNIQUES**

### *A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS* **3. PUMPS**

#### **UNIT OBJECTIVE:**

This unit introduces the various types of pumps used during cardiopulmonary bypass.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Identify the different types of pumps used during CPB and explain their function; and
- (2) Discuss safety concerns and methods of servoregulating each type of pump.

#### **OUTLINE:**

- I. Historical blood pumps
  - A. General description
  - B. Safety concern
- II. Roller pumps
  - A. General description
  - B. Safety concerns
  - C. Flow calculations based on length of raceway and internal tubing radius
  - D. Servoregulation
  - E. Blood Handling
- III. Centrifugal pumps
  - A. General description
  - B. Safety concerns
  - C. Flow probes
  - D. Arterial line clamp
  - E. Retrograde valve
  - F. Pressure flow curve
  - G. Servoregulation
  - H. Blood Handling
- IV. Other pumps
  - A. General description
  - B. Safety concerns
  - C. Servoregulation
  - D. Pulsatile vs. Non-pulsatile

## **UNIT 2: PERFUSION TECHNIQUES**

### *A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS* **4. EXTRACORPOREAL FILTERS**

#### **UNIT OBJECTIVE:**

This unit introduces the various types of filters used during cardiopulmonary bypass.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the different types of filtering technology used during CPB;
- (2) Discuss the characteristics of individual filter types used during CPB; and
- (3) Describe placement and function in the circuit.

#### **OUTLINE:**

- I. Description of filter technology
  - A. Depth
  - B. Screen
  - C. Affinity
  - D. Defoaming agent
  - E. Air handling characteristics
  - F. Bubble point pressure
  - G. Materials
- II. Specific CPB filters
  - A. Arterial line filter
    1. External
    2. Integrated
    3. Prime volume
    4. Pressure drop (design specifications)
  - B. Cardiotomy/reservoir filters
  - C. Cardioplegia filters
  - D. Pre-bypass filters
  - E. Transfusion filters
  - F. Gas filters
  - G. Leukodepletion
  - H. Lipid removal
  - I. Hydrophobic filters for air removal

## **UNIT 2: PERFUSION TECHNIQUES**

### *A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS* **5. OXYGENATORS**

#### **UNIT OBJECTIVE:**

This unit introduces the variety of oxygenators used in cardiopulmonary bypass circuits.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the characteristics of an ideal oxygenator;
- (2) Discuss the historical development of oxygenator techniques;
- (3) Describe different types of membrane oxygenators;
- (4) Discuss the oxygen characteristics of different membrane oxygenators; and
- (5) Understand AAMI standards for oxygenator performance.

#### **OUTLINE:**

- I. Characteristics of an ideal oxygenator
- II. Historical oxygenation technologies
  - A. Screen
  - B. Disk
  - C. Bubble
  - D. Silicone
  - E. Flat sheet polypropylene
- III. Membrane oxygenator
  - A. Materials
    1. Hollow fiber microporous polypropylene
    2. Polymethylpentene (PMP)
  - B. Design characteristics
    1. Pressure drop
    2. Prime volume
    3. Maximum rating
    4. GME/air handling
    5. Integrated arterial filtration
  - C. Evaluating oxygenator performance
  - D. Limitations

## **UNIT 2: PERFUSION TECHNIQUES**

### *A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS* **6. HEAT EXCHANGERS**

#### **UNIT OBJECTIVE:**

This unit introduces the various types of heat exchangers used during cardiopulmonary bypass.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the design characteristics of heat exchangers; and
- (2) Discuss the placement of heat exchangers in the CPB circuit.

#### **OUTLINE:**

- I. Extracorporeal heat exchange technology
  - A. Materials
    1. Stainless steel
    2. Aluminum
    3. Plastic
  - B. Characteristics
    1. Prime volume
    2. Design specifics
- II. Specific CPB heat exchangers
  - A. Venous reservoir
  - B. Integral with oxygenators
  - C. Cardioplegia
- III. Evaluating heat exchanger efficiency
- IV. Heater/cooler devices
  - A. Characteristics
  - B. Preventative Maintenance (cleaning)

## **UNIT 2: PERFUSION TECHNIQUES**

### *A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS* **7. RESERVOIRS**

#### **UNIT OBJECTIVE:**

This unit introduces the various types of reservoirs used during cardiopulmonary bypass.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the difference between a reservoir and a cardiotomy;
- (2) Describe different reservoir technologies and configurations;
- (3) Describe internal filtering systems found in cardiotomy systems; and
- (4) Discuss safety issues as they relate to reservoir.

#### **OUTLINE:**

- I. Reservoirs versus cardiotomy
- II. Reservoir systems
  - A. Open vs. closed systems
  - B. Hard shell
  - C. Bag reservoirs
- III. Internal filtering systems
- IV. Safety issues
  - A. Servoregulation
  - B. Air handling
  - C. Pressure relief valve

## UNIT 2: PERFUSION TECHNIQUES

### A. EXTRACORPOREAL CIRCUIT COMPONENTS FOR CARDIOPULMONARY BYPASS 8. HEMOCONCENTRATORS/ULTRAFILTERS/DIALYSIS

#### UNIT OBJECTIVE:

This unit introduces the various types of extracorporeal filtration devices and techniques that can be used for the cardiac patient.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the different types of ultrafilters;
- (2) Describe the operational characteristics of ultrafilters;
- (3) Discuss the impact of hemoconcentration of circulating concentrations of drugs and ions;
- (4) Describe the use of the hemoconcentration before, during and after CPB; and
- (5) Describe the use of the hemoconcentration during CPB to control hematocrit.

#### OUTLINE:

- I. Types of ultrafilters
  - A. Semipermeable membrane
    1. Hollow fiber
- II. Operational characteristics
  - A. Transmembrane pressure
  - B. Sieving coefficient
    1. Pore size
    2. Molecular weight
    3. Drug removal
    4. Protein binding
    5. Ion removal
- III. Ultrafiltration circuits/techniques
  - A. Pre bypass
    1. Pre-bypass ultrafiltration (pre-BUF)
  - B. During bypass
    1. Conventional ultrafiltration (CUF)
    2. Zero-balance ultrafiltration (Z-BUF)
    3. Dilutional ultrafiltration (DUF)
  - C. After bypass
    1. Modified ultrafiltration (MUF)
      - a. Safety considerations
    2. Residual circuit volume hemoconcentration
- IV. Conventional ultrafiltration during cardiopulmonary bypass
  - A. Indications
  - B. Limitations
  - C. Circuitry
- V. Dialysis
  - A. Circuit design
  - B. Solutions
  - C. CVVH/D



## **UNIT 2: PERFUSION TECHNIQUES**

### *B. CARDIOPULMONARY BYPASS TECHNIQUES*

#### *1. CONDUCT OF CARDIOPULMONARY BYPASS*

#### **UNIT OBJECTIVE:**

This unit introduces the sequence of events associated with a generic CPB procedure.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe and discuss the actions necessary prior to surgery;
- (2) Describe a method of initiating CPB;
- (3) Describe the parameters monitored during maintenance of CPB; and
- (4) Describe a method for weaning from CPB.

#### **OUTLINE:**

##### I. Preoperative

- A. Chart review
- B. Component selection
- C. Circuit assembly
- D. Circuit priming
  1. Solutions
  2. Drugs
- E. Prime reduction
- F. Checklist

##### II. Initiation

- A. Assessing venous drainage/cannulation
- B. Assessing arterial cannulation

##### III. Maintenance of CPB

- A. Blood flow
- B. Blood pressure
- C. Circuit pressure
- D. Blood gas
- E. Sweep gas
- F. Temperature
- G. Hematocrit
- H. Electrolytes
- I. Anticoagulation

##### IV. Weaning

- A. Filling pressures
- B. Terminating CPB
- C. Re-initiating CPB

## **UNIT 2: PERFUSION TECHNIQUES**

### *B. CARDIOPULMONARY BYPASS TECHNIQUES*

#### *2. CPB CANNULATION AND MONITORING*

#### **UNIT OBJECTIVE:**

This unit describes methods of cannulating for CPB and presents the physiologic monitoring of the cardiac surgery patient.

#### **LEARNING OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe cannulation as it relates to the CPB patient; and
- (2) Describe the methods of physiologic monitoring for the CPB patient.

#### **OUTLINE:**

##### I. Cannulation

###### A. Arterial

1. Ascending aortic
2. Femoral artery
3. Axillary artery
4. Other

###### B. Venous

1. Right atrium
2. Vena cava
3. Femoral vein
4. Other

###### C. Venting

1. Ascending aorta
2. Left ventricle
3. Other

##### II. Monitoring

###### A. Electrocardiogram (ECG)

###### B. Blood pressure (BP)

###### C. Cardiac filling pressures Swan-Ganz catheter

###### D. Cardiac output

###### E. Temperature

1. Bladder
2. Tympanic membrane
3. Nasopharyngeal/esophageal
4. Blood temperature

###### F. Renal function

###### G. Flows

###### H. Blood gases and electrolytes

###### I. Coagulation and anticoagulation measurements

###### J. TEE

###### K. Cerebral monitoring

1. EEG/BIS
2. NIRS

##### III. Troubleshooting

## UNIT 2: PERFUSION TECHNIQUES

### C. ADEQUACY OF PERFUSION

#### UNIT OBJECTIVE:

This unit identifies the parameters monitored to determine adequacy of perfusion.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Identify the important monitoring variables that would assure that CPB delivery of nutrients meets the tissue demands;
- (2) Define homeostasis and physiological mechanisms that assure adequate uptake and removal of metabolic products; and
- (3) Describe the physiological variables used to assess cellular energy balance during CPB.

#### OUTLINE:

- I. Definition of term adequacy
- II. Factors influencing the adequacy of extracorporeal circulation
  - A. Mechanical
  - B. Biological
  - C. Hemodynamic
  - D. Thermal
- III. Oxygen and nutrient delivery
  - A. Content of oxygen in blood
  - B. Hemoglobin
  - C. Oxygen dissociation curve
  - D. Delivery of oxygen
  - E. Miscellaneous factors affecting oxygen delivery
- IV. Determinants of total oxygen consumption
  - A. Temperature
  - B. Anesthesia
  - C. BMR
  - D. Other pathological considerations
- V. Assess of adequacy of perfusion
  - A. Oxygen consumption
  - B. Regional oxygen consumption
  - C. Perfusion pressure
  - D. Arterial/venous blood gasses pO<sub>2</sub>/oxygen saturation
  - E. Acid-base status
  - F. Lactate concentrations
  - G. Temperature
  - H. Anesthesia
  - I. Cerebral oxygen saturation
  - J. Miscellaneous factors

## **UNIT 2: PERFUSION TECHNIQUES**

### *D. MYOCARDIAL PRESERVATION*

#### *1. CARDIOPLEGIA ADMINISTRATION TECHNIQUES*

#### **UNIT OBJECTIVE:**

This unit presents the physiological and technical considerations associated with cardioplegia administration.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the physiology of myocardial preservation;
- (2) Discuss the determinants of appropriate myocardial preservation techniques; and
- (3) Discuss the technical details related to cardioplegia administration.

#### **OUTLINE:**

- I. Cardiac anatomy
- II. Cell (patho-) physiology
  - A. Respiration and aerobic metabolism
  - B. Anaerobic metabolism
  - C. Myocardial O<sub>2</sub> supply and consumption
  - D. Myocardial stunning
  - E. Reperfusion injury
  - F. Stone heart
  - G. Ischemic preconditioning
- III. Cardioplegia
  - A. Components and their function
  - B. Delivery pressure
  - C. Temperature/myocardial temperature
  - D. Delivery intervals
  - E. Delivery methods
  - F. Routes of delivery
- IV. Considerations of patient variables

## UNIT 2: PERFUSION TECHNIQUES

### D. MYOCARDIAL PRESERVATION 2. CARDIOPLEGIA SOLUTIONS

#### UNIT OBJECTIVE:

This unit defines the purpose of various components used in cardioplegia solutions and their role in reducing ischemic and reperfusion injury.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the desired characteristics of cardioplegia solutions;
- (2) Discuss the role of each component used to achieve this ideal solution; and
- (3) Recognize optional pharmacological agents and explain their purpose.

#### OUTLINE:

- I. Pharmacological components
  - A. Oxygen free radical scavengers
  - B. Electrolytes
  - C. Buffers
  - D. Osmolar agents
  - E. Membrane protection
  - F. Amino acids
  - G. ATP-sensitive potassium channel openers
- II. Cardioplegia
  - A. Osmolarity
    1. Myocardial edema
  - B. Extracellular vs. intracellular solutions
    1. Potassium
    2. Magnesium
  - C. Blood vs. crystalloid
    1. Oxygen delivery and uptake
    2. Buffering
  - D. Calcium
    1. Calcium paradox
    2. Citrate phosphate dextrose
  - E. Other
    1. Steroids
    2. Local anesthetics
    3. Calcium channel blockers
  - F. Reperfusion injury
    1. Role of neutrophils and leukocyte depletion
    2. Oxygen free radicals and scavengers - mannitol and superoxide dismutase
  - G. Amino acid enrichment - aspartate and glutamate
- III. Miscellaneous additives
  - A. Substrates
    1. Glucose/insulin
    2. Glutamate
    3. Aspartate
    4. Adenosine (ATP)
    5. Mannitol
  - B. Osmotic agents
    1. Glucose
    2. Albumin
    3. Starch
  - C. Pharmacological agents
- IV. Blood cardioplegia
- V. Special considerations

A. Failure of the heart to arrest

## UNIT 2: PERFUSION TECHNIQUES

### *E. SYSTEMIC HYPOTHERMIA*

#### **UNIT OBJECTIVE:**

This unit describes the physiologic basis of and the technical considerations associated with systemic hypothermia.

#### **LEARNER OBJECTIVES:**

At the completion of this unit the student will be able to:

- (1) Describe the physiology of systemic hypothermia; and
- (2) Discuss application of systemic hypothermia to specific surgical procedures.

#### **OUTLINE:**

- I. The physiology of hypothermia
  - A.  $VO_2$
  - B. Thermal gradients
  - C. Degrees of hypothermia
  - D. Duration of safe circulatory arrest
  - E. Glucose control
  - F. Electrolyte control
  - G. Blood gas control
- II. Blood gas strategies
  - A. Alpha stat
  - B. pH stat
- III. Alterations in organ function
  - A. Arrhythmias
  - B. Renal function
  - C. Cerebral blood flow
  - D. Edema
  - E. Hormonal response
  - F. Viscosity
- IV. Procedures requiring hypothermia
- V. Hematological considerations
  - A. Coagulation
  - B. DIC
  - C. Emboli
- VI. Cold agglutinins
- VII. Accidental Hypothermia
  - A. Methods of rewarming
    1. Surface rewarming
    2. Core rewarming
    3. Internal lavage
    4. Temperature gradients
  - B. Control of electrolytes
  - C. Coagulopathies/Hemolysis

## **UNIT 2: PERFUSION TECHNIQUES**

### *F. BLOOD CONSERVATION TECHNIQUES*

#### *1. STANDARDS FOR PERIOPERATIVE AUTOLOGOUS BLOOD COLLECTION AND ADMINISTRATION*

#### **UNIT OBJECTIVE:**

This unit defines the AABB Standards for Perioperative Autologous Blood Collection and Administration.

#### **LEARNER OBJECTIVE:**

Upon completion of this unit the student will be able to:

- (1) Understand and apply the requirements of the AABB Standards for Perioperative Autologous Blood Collection and Administration.

#### **OUTLINE:**

- I. Organization
- II. Resources
- III. Equipment
- IV. Supplier and Customer Issues
- V. Process Control
- VI. Documents and Records
- VII. Deviations and Nonconforming Products and Services
- VIII. Assessments: Internal and External
- IX. Process Improvement through Corrective and Preventive Action
- X. Facilities and Safety



## **UNIT 2: PERFUSION TECHNIQUES**

### *F. BLOOD CONSERVATION TECHNIQUES* **2. HEMODILUTION**

#### **UNIT OBJECTIVE:**

This unit describes the physiological effects of hemodilution.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the effects of hemodilution on the rheology of blood;
- (2) Discuss how hemodilution changes the oxygen content and colloid osmotic pressure; and
- (3) Apply the formulas to calculate the hematocrit and colloid osmotic pressure after hemodilution.

#### **OUTLINE:**

- I. Rheology of blood
  - A. Viscosity
  - B. Shear rate
  - C. Shear stress
- II. Oxygen delivery and transport
  - A. On-bypass hematocrit calculation
  - B. Oxygen content and saturation
  - C. Fick equation for oxygen delivery
- III. Colloid osmotic pressure
  - A. COP calculation
  - B. Plasma volume calculation
- IV. Autologous Priming

## **UNIT 2: PERFUSION TECHNIQUES**

### *F. BLOOD CONSERVATION TECHNIQUES* **3. INTRAOPERATIVE AUTOTRANSFUSION**

#### **UNIT OBJECTIVE:**

This unit describes indications, contraindications, equipment operation, product storage and quality control issues related to cell washing.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the indications for cell washing;
- (2) Describe the contraindications for autotransfusion;
- (3) Describe the general operation of the appropriate cell saving device;
- (4) Discuss proper procedure for storage reinfusion and discard of end product; and
- (5) Discuss record keeping preventive maintenance and quality control.

#### **OUTLINE:**

- I. Indications for autotransfusion
  - A. Recovery of shed blood
  - B. Post-bypass pump volume
  - C. Appropriate surgical procedures
- II. Contraindications
  - A. Drugs
  - B. Antibiotics and topical solutions
  - C. Infection
  - D. Malignancy
  - E. Exposure to contaminants
- III. Salvaged blood characteristics
  - A. Noncellular debris
  - B. Cellular debris
  - C. Lipids, fatty acids
  - D. Intracellular enzymes released by WBC and platelets
  - E. Activated coagulation factors
- IV. Operation of autotransfusion device
  - A. Manufacturer guidelines
  - B. Institutions policy and procedure guidelines
- V. Equipment selection and set up
  - A. Appropriate equipment selected for size of patient
  - B. Tubing and solutions according to policy and procedure of independent institutions and manufacturers
  - C. Processing of product manufacturer guidelines
- VI. Storage, reinfusion and discard of end product
  - A. Immediate reinfusion
  - B. Storage temperature
  - C. Expiration of stored end product
  - D. Biohazard concerns
- VII. Medical record document collection
  - A. Documenting product salvaging
  - B. Type of salvage device
  - C. Time, date, procedure
  - D. Documentation of procedure
- VIII. Preventive maintenance and quality control
  - A. Biomedical engineer
  - B. Corporate technical representative
  - C. Weekly, monthly testing of end product

## **UNIT 2: PERFUSION TECHNIQUES**

### *F. BLOOD CONSERVATION TECHNIQUES*

#### *3a. HIGH VOLUME AUTOLOGOUS PLATELET CONCENTRATION*

##### **UNIT OBJECTIVE:**

This unit describes the use of the Intraoperative Autotransfusion device as a possible source for large volume platelet concentration.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe how using a full size Autotransfusion device may be employed as cell separator for packed Red Blood, Concentrated Platelets and Plasma; and
- (2) Describe the technique required for the production of Platelet Gel.

##### **OUTLINE:**

- I. Set-up of equipment
- II. Disposables required
- III. Technique

## **UNIT 2: PERFUSION TECHNIQUES**

### *F. BLOOD CONSERVATION TECHNIQUES*

#### *4. LOW VOLUME AUTOLOGOUS PLATELET CONCENTRATION SYSTEMS*

##### **UNIT OBJECTIVE:**

This unit describes the use of low volume Autologous Platelet Separators.

##### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe how low volume Platelet Concentration systems operate; and
- (2) Describe the technique required for the production of Platelet Gel.

##### **OUTLINE:**

- I. Equipment
- II. Equipment Set-up
- III. Disposables
- IV. Technique

## **UNIT 2: PERFUSION TECHNIQUES**

### *F. BLOOD CONSERVATION TECHNIQUES*

#### *5. PHARMACOLOGICAL INTERVENTIONS*

#### **UNIT OBJECTIVE:**

This unit presents the pharmacological options available to reduce blood loss.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the actions of the various drugs available to reduce blood loss associated with cardiac surgery;
- (2) Describe the indications and contraindications for each of the drugs;
- (3) Discuss dosing and CPB considerations for each drug; and
- (4) Describe the blood conservation considerations for each drug.

#### **OUTLINE:**

##### I. EACA (Amicar)

- A. Mechanism of action
- B. Indications
- C. Contraindications
- D. Dosing
- E. CPB considerations

##### II. Erythropoietin

- A. Mechanism of action
- B. Indications
- C. Contraindications
- D. Dosing

##### III. Transexemic acid

- A. Mechanism of action
- B. Indications
- C. Contraindications
- D. Dosing

##### IV. Desmopressin acetate (DDAVP)

- A. Mechanism of action
- B. Indications
- C. Contraindications
- D. Dosing

## UNIT 2: PERFUSION TECHNIQUES

### G. SPECIAL CONSIDERATIONS IN PERFUSION

#### 1. MALIGNANT HYPERTHERMIA

##### UNIT OBJECTIVE:

This unit defines malignant hyperthermia, identifies the symptoms of a malignant hyperthermic event, the conditions which may predispose a patient to malignant hyperthermia, considerations for CPB and the treatment.

##### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the pathophysiology and presentation of malignant hyperthermia;
- (2) Identify agents known to trigger malignant hypothermic events;
- (3) Describe pharmacologic treatment; and
- (4) Discuss the considerations for CPB.

##### OUTLINE:

- I. Mechanisms of malignant hyperthermia
  - A. Sarcoplasmic reticulum and calcium
  - B. Elevated calcium levels and the effect on muscle
  - C. ATP depletion
  - D. Sodium/calcium pump
- II. Triggers
  - A. Depolarizing muscle relaxants
  - B. Inhalation agents
  - C. Agents which increase myoplasmic calcium levels
    1. Cardiac glycosides
    2. Calcium salts
  - D. Catecholamine
    1. Caffeine
    2. Alpha agonist
    3. Lidocaine
- III. Signs and treatment
  - A. Heart rate
  - B. Dysrhythmias
  - C. Muscle reaction, types of muscle
  - D. Temperature
  - E. DIC
  - F. Venous saturation
  - G. Electrolytes
  - H. Blood gas evaluation
  - I. Drug administration and dosage
  - J. Hyperthermia
  - K. Glucose and insulin administration
  - L. Renal failure considerations
  - M. Prime solutions
- IV. Pharmacology treatment
  - A. Dantrolene
  - B. Recombinant
  - C. Anesthetic considerations
- V. CPB considerations
  - A. Drugs indicated, and acceptable to use with the compromised patient
  - B. Hypothermic treatment

## **UNIT 2: PERFUSION TECHNIQUES**

### *G. SPECIAL CONSIDERATIONS IN PERFUSION* *2. PERFUSION OF THE PREGNANT PATIENT*

#### **UNIT OBJECTIVE:**

This unit details the specific perfusion techniques for the pregnant patient.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the perfusion techniques unique to the pregnant patient;
- (2) Describe the physiological and anticoagulation needs of this patient; and
- (3) List the most frequent open-heart procedures for the pregnant patient.

#### **OUTLINE:**

- I. Pregnancy
  - A. Cardiac surgical indications for pregnant patient
  - B. Optimal timing for procedure
- II. Monitoring for pregnant patient
  - A. Mother
    1. Blood pressure cuff
    2. Peripheral oximeter
    3. EKG
    4. End-tidal CO<sub>2</sub>
    5. Neuromuscular blockade monitor
    6. Swan-Ganz SvO<sub>2</sub>
    7. TEE
    8. Foley temperature monitor
    9. Uterine contractions
    10. NIRS
  - B. Fetus
    1. Heart rate monitor
- III. Concerns regarding perfusion
  - A. Morbidity/mortality
  - B. Risks/timing
- IV. Physiology
- V. Anti-coagulation
- VI. Pharmacology
  - A. Effects of catecholamines on maternal uterus blood flow (UBF)
  - B. Oxygen consumption
  - C. Coumadin
  - D. Nipride
- VII. Cardioplegia

## **UNIT 2: PERFUSION TECHNIQUES**

### *G. SPECIAL CONSIDERATIONS IN PERFUSION*

#### *3. SICKLE CELL AND OTHER BLOOD DISORDERS*

#### **UNIT OBJECTIVE:**

This unit provides a detailed description of blood disorders that may affect perfusion techniques.

#### **LEARNER OBJECTIVES:**

At the completion of this unit the student will be able to:

- (1) List the inherited and acquired blood disorders that are important to CPB;
- (2) Discuss the mechanism of action of each; and
- (3) Describe the therapeutic approaches to each to be able to perform CPB.

#### **OUTLINE:**

- I. Sickle cell
  - A. Pathophysiology
  - B. Considerations for CPB
  - C. Other blood disorders
- II. Methemoglobinemia
  - A. Pathophysiology
  - B. Considerations for CPB
- III. Thalassemia
- IV. Spherocytosis & elliptocytosis
- V. Hemosiderosis & hemochromatosis
- VI. Erythroblastosis fetalis
- VII. Hereditary coagulation disorders
  - A. Von Willebrand disease
    1. Type I
    2. Type II
    3. Type III
  - B. Hemophilia A
  - C. Hemophilia B
- VIII. Acquired coagulation disorders
  - A. Disseminated intravascular coagulation (DIC)
  - B. Primary fibrinolysis
  - C. Vitamin K dependent deficiency
  - D. Protein C and Protein S deficiency
- IX. Platelet disorders
  - A. Thrombocytopenia
  - B. Cold agglutinins



## **UNIT 2: PERFUSION TECHNIQUES**

### *G. SPECIAL CONSIDERATIONS IN PERFUSION*

#### *4. JEHOVAH'S WITNESS PATIENTS*

#### **UNIT OBJECTIVE:**

This unit provides a guide to good practice for the surgical management of Jehovah's Witnesses and other patients who decline transfusion.

#### **LEARNER OBJECTIVES:**

At the completion of this unit the student will be able to:

- (1) Describe the Jehovah's Witness patient's position on blood transfusions;
- (2) Understand ethical considerations and consent;
- (3) Describe techniques which can be used to adhere to beliefs;
- (4) Describe management strategies for blood conservation; and
- (5) Understand key clinical considerations for bloodless surgery.

#### **OUTLINE:**

- I. Jehovah's Witnesses position on blood transfusions
  - A. Religious faith
  - B. Refusal of allogenic blood transfusion
  - C. Areas of personal decision
    1. Albumin
    2. Coagulation factors
    3. Other derivatives
  - D. Jehovah's Witness Hospital Liaison Committees
- II. Ethical considerations and consent
  - A. Power of Attorney for Health Care
  - B. Emergency procedures
  - C. Children
- III. Key clinical considerations for bloodless surgery
  - A. Pre-admission assessment and planning
  - B. Preoperative blood tests
  - C. Pre-procedure optimization
    1. Iron
    2. EPO
    3. Folic Acid and Vitamin C
  - D. Intraoperative blood conservation strategies
    1. Microsampling
    2. Cell saver – continuous loop
    3. Hemodilution
    4. Platelet gel
  - E. Postoperative considerations
- IV. CPB and the Jehovah's Witness Patient
  - A. Circuit minimization
  - B. Continuous loop

## **UNIT 2: PERFUSION TECHNIQUES**

### *G. SPECIAL CONSIDERATIONS IN PERFUSION* *5. EMERGING TECHNOLOGIES/TECHNIQUES*

#### **UNIT OBJECTIVE:**

This unit provides a place for the discussion of new technologies and techniques which may not be widely used in practice yet but should be considered for inclusion in future revisions of this document. At this point, these technologies and techniques should be included as an overview, not an in-depth topic until their validity and widespread use is confirmed.

#### **LEARNER OBJECTIVES:**

At the completion of this unit the student will be able to:

- (1) Understand the general concepts behind the technology/technique;
- (2) Understand how the technology/technique is being used;
- (3) Understand how it may be employed in practice; and
- (4) Understand they may be responsible for it in their practice.

#### **OUTLINE:**

- I. Angiovac or similar device/circuit for thrombus removal
- II. Chemotherapeutic lavage (of other areas of the body not covered in ILP or HIPEC)

## **UNIT 2: PERFUSION TECHNIQUES**

### *H. CRISIS RESOURCE MANAGEMENT*

#### **UNIT OBJECTIVE:**

This unit details the components of crises and crisis management.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss the potential for a crisis event;
- (2) Identify the various crises that can occur during cardiopulmonary bypass;
- (3) Describe the proper responses and actions to a crisis; and
- (4) Develop effective protocols for addressing each crises.

#### **OUTLINE:**

- I. Incidence of perfusion accidents
- II. Causes of accidents
  - A. Device
  - B. Human error
  - C. Communications
- III. Cardiopulmonary bypass
  - A. Personnel
    1. Background
    2. Communication
    3. Ability to perform multiple tasks
    4. Competencies for all available equipment
  - B. Scope of practice
    1. Complexity
    2. Uncertainty
  - C. Interfacing
    1. More tasks - more errors
    2. Reaction time
    3. Preventative measures
- IV. Errors
  - A. Inadequate experience
  - B. Unfamiliarity with equipment
  - C. Ineffective communication
  - D. Time pressures
  - E. Distraction
  - F. Lack of vigilance
- V. Types of Crises
- VI. Effective protocols for addressing each crisis

## UNIT 2: PERFUSION TECHNIQUES

### *I. ADJUNCTIVE TECHNIQUES*

#### *1. ASSISTED VENOUS DRAINAGE*

#### **UNIT OBJECTIVE:**

This unit details assisted venous drainage techniques.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss the rationale for using assisted venous return;
- (2) Compare VAVD with KAVD; and
- (3) Describe the equipment required for each system.

#### **OUTLINE:**

##### I. Vacuum-assisted venous drainage (VAVD)

A. Concept is to apply a negative pressure in the venous reservoir to augment the rate of venous return

B. The advantages of this method are:

1. Increased venous return
2. Smaller venous cannula for a given flow rate
3. Heart remains empty

C. The disadvantages of VAVD are:

1. Additional cost
2. Blood trauma if vacuum is too high
3. Potential of pulling air into the arterial blood stream of hollow fiber oxygenators

D. Hardware for VAVD

1. Hard shell venous reservoir – VAVD cannot be applied to soft-shell reservoirs
2. Vacuum source
3. Vacuum regulator and pressure monitoring
4. Positive and negative relief valves

##### II. Kinetically-assisted venous drainage (KAVD)

A. Concept is to apply a centrifugal pump in the venous return line to augment the rate of venous return

B. The advantages of this method are:

1. Increased venous return
2. Smaller venous cannula for a given flow rate
3. Heart remains empty
4. No need to apply a vacuum in the venous reservoir
5. KAVD can be used for soft-shell reservoir as well as hard shell

C. The disadvantages of KAVD are:

1. Additional cost for centrifugal pump head
2. Blood trauma if pump rate is too high

D. Hardware for KAVD

1. Centrifugal pump
2. Centrifugal pump head

## **UNIT 2: PERFUSION TECHNIQUES**

### *1. ADJUNCTIVE TECHNIQUES*

### *2. SELECTIVE CEREBRAL PERFUSION*

#### **UNIT OBJECTIVE:**

This unit details the concepts and techniques for cerebral perfusion.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the indications for this technique;
- (2) Discuss the perfusion circuit, temperatures, pressures, and flows used with the technique; and
- (3) Discuss the outcomes of the technique compared to only profound hypothermic circulatory arrest.

#### **OUTLINE:**

##### I. Indications

- A. Aortic aneurysm
  1. Ascending
  2. Ascending including aortic valve
  3. Transverse

##### II. Technique

- A. Monitoring
  1. EEG/BIS
  2. NIRS
- B. Profound hypothermic circulatory arrest
- C. Cardioplegia administration
- D. Antegrade cerebral perfusion (ACP)
  1. Hypothermia
  2. Blood flow rate/pressure
  3. Cannulation sites
- E. Retrograde cerebral perfusion (RCP)
  1. Hypothermia
  2. Blood flow rate/pressure
  3. Cannulation sites

##### III. Outcomes

- A. Mortality
- B. Morbidity
- C. Stroke rate

## UNIT 2: PERFUSION TECHNIQUES

### J. PATIENT MONITORING

#### UNIT OBJECTIVE:

This unit describes the systems used for patient monitoring during open-heart surgical procedures.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Interpret an ECG;
- (2) Describe the technical aspects associated with hemodynamic monitoring; and
- (3) Discuss the relationship of ECG blood pressure, blood gas, chemistry, and temperature as they relate to patient status.

#### OUTLINE:

##### I. ECG

###### A. Pacing/Pacemakers

##### II. Pressure monitoring

###### A. Noninvasive

###### B. Intravascular

1. Radial arterial
2. Femoral Arterial
3. Pulmonary artery – Swan-Ganz
4. Strain gauges

##### III. Blood gas monitoring

###### A. Blood sampling

1. Sample handling
2. Temperature
3. Anaerobic

###### B. Inline blood gas monitoring

##### IV. Anticoagulation

##### V. Pulse oximetry

##### VI. Temperature monitoring

###### A. Patient temperature

1. Bladder
2. Nasopharyngeal/esophageal
3. Rectal
4. Skin vs. internal

###### B. CPB bypass temperature

1. Venous
2. Arterial
3. Cardioplegia

##### VII. Cerebral monitoring

###### A. NIRS

###### B. BIS/EEG

##### VIII. Renal function monitoring

###### A. NIRS

##### IX. Anesthetic monitoring

###### A. BIS/EEG

## **UNIT 2: PERFUSION TECHNIQUES**

### *K. ORGAN TRANSPLANTATION*

#### *1. HEART TRANSPLANTATION: DONOR RECIPIENT CONSIDERATIONS*

#### **UNIT OBJECTIVE:**

This unit introduces the donor and recipient selection considerations as they relate to heart transplantation.

#### **LEARNER OBJECTIVES:**

Upon completion of the unit the student will be able to:

- (1) Discuss the history, criteria for recipient and donor selection, operative techniques, immunosuppression; and
- (2) Discuss outcomes of heart, heart-lung, and lung transplantation.

#### **OUTLINE:**

- I. History
- II. Recipient selection
  - A. Age
  - B. Irremediable cardiac disease-class IV NYHA
- III. Donor selection
  - A. Age
  - B. Normal EKG
- IV. Operative techniques
  - A. Orthotopic
  - B. Heterotopic
- V. Immunosuppression
- VI. Postoperative surveillance
  - A. Rejection
  - B. Infection
    1. Viral
    2. Bacterial
    3. Fungal
  - C. Extended criteria
  - D. ABO compatibility
  - E. Other
- VII. Outcomes
- VIII. Myocardial preservation for heart transplantation

## **UNIT 2: PERFUSION TECHNIQUES**

### *K. ORGAN TRANSPLANTATION*

#### *2. LUNG AND HEART-LUNG TRANSPLANTATION*

#### **UNIT OBJECTIVE:**

This unit introduces the donor and recipient selection considerations as they relate to lung and heart-lung transplantation.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss the history, criteria for recipient and donor selection, operative techniques; and
- (2) Discuss immunosuppression, and outcomes of heart-lung, and lung transplantation.

#### **OUTLINE:**

##### I. History

- A. Clinical
- B. Experimental

##### II. Recipient selection

- A. Goals of recipient selection
- B. General guidelines
- C. Contraindications to transplant
- D. Diseases
- E. Prognosis and timing of selection
  1. Chronic obstructive pulmonary disease
  2. Primary pulmonary hypertension
  3. Cystic fibrosis
- F. Choice of procedure
  1. Single lung
  2. Bilateral single lung
  3. Heart-lung

##### III. Donor issues

- A. Criteria for selection
  1. History, illicit drugs, and sexual practices
  2. Demographics
  3. Immunology
  4. Pulmonary status
  5. Microbiology-serology
  6. Size match
- B. Donor management
- C. Donor surgery
  1. Lung preservation
  2. Ischemic times
- D. Immunosuppression

##### IV. Surgical techniques

- A. Single lung transplant
- B. Bilateral single lung transplant
- C. Heart-lung transplant



## UNIT 2: PERFUSION TECHNIQUES

### K. ORGAN TRANSPLANTATION

#### 3. LIVER TRANSPLANTATION – PERFUSION SUPPORT

##### UNIT OBJECTIVE:

This unit presents the rationale and technique to support orthotopic liver transplantation.

##### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the surgical procedure for orthotopic liver transplantation;
- (2) Discuss why circulatory support is needed in some liver recipients; and
- (3) Describe the cannulation sites, perfusion configuration, and flow rates.

##### OUTLINE:

###### I. Background

- A. Hepatic anatomy and physiology
- B. Common causative diseases requiring liver transplantation
  1. Hepatitis
  2. Primary biliary cirrhosis
  3. Hepatic malignancies
  4. Primary sclerosing cholangitis
  5. Acute hepatic necrosis
- C. Contraindications
  1. Active hepatitis B
  2. Cardiac, renal, or pulmonary failure
  3. Sepsis

###### II. Surgery

- A. During removal of the native liver there is an anhepatic phase
- B. There is a time of obstruction of the inferior vena cava and portal vein
- C. Obstruction leads to a 50% reduction in cardiac output
- D. Splanchnic engorgement
- E. Excessive bleeding – due to hepatic failure

###### III. Perfusion support

- A. Venovenous bypass
  1. Heparinized tubing, cannulae, flow probe, and centrifugal cone
  2. Outflow from external iliac vein and hepatic portal vein
  3. Inflow to axillary vein
- B. Technique
  1. No heparin
  2. No oxygenator
  3. Prime with Plasmalyte

###### IV. Ancillary equipment and supplies

- A. Blood recovery – cell saver
- B. Blood gas machine
- C. Rapid transfusion device

###### V. Complications

- A. Bleeding diathesis
- B. Air or thrombus embolization
- C. Donation after cardiac death (DCD)
  1. Recipient surgery cancellations
  2. Viability of the transplanted liver

## UNIT 2: PERFUSION TECHNIQUES

### K. ORGAN TRANSPLANTATION

#### 4. SOLID ORGAN PROCUREMENT

#### UNIT OBJECTIVE:

This unit presents the rationale and technique to support organs for transplantation.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the system for placing a donor organ with a recipient;
- (2) Describe the team and process for procuring organs;
- (3) Discuss different preservation techniques and solutions; and
- (4) Describe how the donor organ is transported and acceptable ischemic times.

#### OUTLINE:

##### I. Allocation Systems

##### II. Procurement team

- A. Transplant Surgeon
- B. Transplant Coordinator
- C. Surgical Assistant
- D. Organ Recovery Specialist

##### III. Process

- A. Surgeons review donor history, labs, diagnostic tests, etc.
- B. Organs officially accepted
- C. Donor prepped, teams assembled, organs for donation mobilized
- D. Heparin given
- E. Organs cannulated
- F. Cross clamp applied
- G. Organs procured
- H. Organs prepared for transport
- I. Surgeon verification

##### IV. Preservation techniques

- A. Chemical solutions
  1. Purpose
    - a. Prevent cellular edema
    - b. Delay cellular destruction
    - c. Maximize organ function upon reperfusion
  2. Types
    - a. UW Solution (additives for hearts, lungs)
    - b. Bretschneider's HTK Solution (Custodiol)
    - c. Celsior
    - d. Emerging technologies
- B. Continuous perfusion/mechanical techniques
  1. Emerging techniques for organ evaluation and recovery
  2. Emerging techniques for rehabilitation
- C. Hypothermic preservation

##### V. Transport of the donor organ

- A. Operating room prep
- B. Air Travel
- C. Ground Travel
- D. Ischemic times

## UNIT 2: PERFUSION TECHNIQUES

### L. CANCER THERAPEUTICS

#### 1. ISOLATED LIMB PERFUSION (ILP)

##### UNIT OBJECTIVE:

This unit presents the rationale and technique used for the delivery of cytotoxic drug delivery in the treatment of extremity sarcomas.

##### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the surgical procedure for treatment of an isolated limb with cytotoxic drug;
- (2) Discuss chemotherapeutic agents; and
- (3) Describe the cannulation sites, perfusion management, and flow rates.

##### OUTLINE:

#### I. Background

- A. Indications for treatment
  1. Melanoma
  2. Irresectable soft tissue sarcoma
- B. Alternative Treatments
  1. Amputation
  2. Limb sparing surgery with radiation
- C. Chemotherapeutic agents
  1. Melphan
  2. Melphan plus Tumor Necrosis Factor Alpha
  3. Dosing
    - a. Upper versus lower extremity
- D. Benefits
  1. Minimize toxicity related to systemic chemotherapy
- E. Adverse Effects
  1. Anemia
  2. Hypoalbuminemia
  3. Blood Transfusion Required
  4. Lymphoedema
  5. Edema of perfused limb
  6. Nerve damage

#### II. Procedure

- A. Node dissection
- B. Mobilization and placement of arterial and venous cannula proximal to tumor
  1. Artery
    - a. axillary
    - b. brachial
    - c. iliac
    - d. popliteal
  2. Vein
    - a. axillary
    - b. brachial
    - c. iliac
    - d. popliteal
- C. Isolation of limb with tourniquet
- D. Perfusion of chemotherapeutic drug
- E. Reconstruction

#### III. Perfusion Consideration

- A. Equipment/Circuit Selection
  1. Oxygenator/Heat Exchanger – pediatric
  2. Pump
  3. Heater/Cooler

- 4. Tubing
- 5. Connectors
- 6. Cannula
- B. Anticoagulation
- C. Prime Components
  - 1. Priming solutions
  - 2. Blood products
  - 3. Pharmacologic agents
- D. Temperature
  - 1. Hyperthermic (40-45°C) vs. normothermic (37-38°C)
- E. Treatment Duration (dependent upon chemotherapeutic drug selection)
- G. Flow
  - 1. Upper limb
  - 2. Lower limb
- H. Monitoring
  - 1. Patient
    - a. CVP
    - b. Body temperature
    - c. Systemic arterial pressure
    - d. Limb arterial pressure
  - 2. Circuit volume
  - 3. Leakage
    - a. Monitor pressure differential between limb and systemic arterial pressure
    - b. Volume shifts from patient to circuit
      - i. dilution of chemotherapeutic agents
    - c. Volume shifts from circuit to patient
      - i. Injection of fluorescein dye
- I. Personal Protection Equipment (PPE)
  - 1. Gown
  - 2. Gloves
  - 3. Shoe Covers
  - 4. Eye Protection
- J. Disposal
  - 1. Continue wearing PPE
  - 2. Proper disposal of cytotoxic agents
  - 3. Dangers associated with handling and disposing of cytotoxic agents

## UNIT 2: PERFUSION TECHNIQUES

### L. CANCER THERAPEUTICS

#### 2. HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC)

##### UNIT OBJECTIVE:

This unit presents the rationale and technique used for the delivery of hyperthermic intraperitoneal chemotherapy.

##### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Identify the conditions that may require hyperthermic intraperitoneal chemotherapy;
- (2) Describe the surgical procedure for treatment of a peritoneal carcinomatosis;
- (3) Discuss chemotherapeutic agents;
- (4) Discuss the capital equipment and disposables needed for this procedure; and
- (5) Describe the cannulation techniques and perfusion management.

##### OUTLINE:

- I. Background
  - A. Indications for treatment
    1. Types of carcinomas treated
      - a. pathophysiology
    2. Ideal timing of the procedure
  - B. Chemotherapeutic agents
    1. Antineoplastic drugs
      - a. Mitomycin C
      - b. Cisplatin
  - D. Benefits
  - E. Adverse Effects/Complications
- II. Procedure/Surgical Protocol
  - A. Special OR preparation considerations
  - B. OR personnel responsibilities
  - C. Cytoreductive surgery
  - D. Cannulation of the abdomen
    1. Open vs. closed (or combination) techniques
  - E. Perfusion of chemotherapeutic drug
  - F. Removal of chemotherapeutic drug
  - G. Additional debulking and/or reconstruction
- III. Perfusion Consideration
  - A. Capital Equipment/Circuit Selection
    1. Safety devices
  - B. Prime Components
    1. Priming solutions
    2. Pharmacologic agents
  - C. Temperature
    1. Hyperthermic (41-43°C)
  - D. Treatment Duration
  - E. Flow
  - F. Monitoring/Documentation
    1. Chemotherapy drug dose
    2. Temperatures
    3. Flow rate
    4. Duration
    5. HIPEC perfusate volume
  - G. Personal Protection Equipment (PPE)
    1. Gown
    2. Gloves
    3. Shoe Covers

4. Eye Protection

H. Disposal

1. Continue wearing PPE
2. Proper disposal of cytotoxic agents
3. Dangers associated with handling and disposing of cytotoxic agents

## **UNIT 3: MECHANICAL ASSIST**

### *A. EXTRACORPOREAL LIFE SUPPORT TECHNIQUES*

#### **UNIT OBJECTIVE:**

This unit presents the history and basic concepts of ECMO.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the indications and contraindications for ECMO;
- (2) Discuss the advantages of each cannulation technique;
- (3) Describe the technical considerations for ECMO;
- (4) Discuss management of the ECMO patient – especially flows and anticoagulation;
- (5) Discuss complications of ECMO; and
- (6) Describe how to terminate ECMO.

#### **OUTLINE:**

- I. ECMO history
  - A. CPS
- II. ECMO patient selection
  - A. Neonatal respiratory failure
    1. Indications
    2. Contraindications
  - B. Pediatric respiratory failure
    1. Indications
    2. Contraindications
  - C. Adult respiratory failure
    1. Indications
    2. Contraindications
  - D. Cardiac failure
    1. Indications
    2. Contraindications
  - E. Other use
    1. Temporary support for clinical and/or diagnostic procedures
- III. Methods of ECMO
  - A. Venoarterial ECMO
    1. Cannulation
      - a. location
      - b. technique
      - c. size/type
    2. Device selection
      - a. commercially available device and/or disposable
    3. Custom circuit component selection
      - a. oxygenator/heat exchanger
      - b. pump
      - c. tubing
      - d. connectors
      - e. other (hemoconcentrator, pressure transducers, etc.)
    3. Disadvantages
  - B. Venovenous ECMO
    1. Cannulation
      - a. location
      - b. technique
      - c. size/type
    2. Device selection
      - a. commercially available device and/or disposable
    3. Custom circuit component selection
      - a. oxygenator/heat exchanger

- b. pump
      - c. tubing
      - d. connectors
      - e. other (hemoconcentrator, pressure transducers, etc.)
    - 4. Disadvantages
  - IV. Physiology of patients on ECMO
  - V. ECMO management
    - A. Setup and initiation of ECMO
    - B. Management of surgical procedures on ECMO
    - C. Anticoagulation management
      - 1. Heparin
        - a. monitoring
      - 2. Direct Thrombin Inhibitors (DTIs)
        - a. monitoring
    - D. Blood product usage
    - E. Complications
      - 1. Embolization
      - 2. Oxygenator or other device failure
      - 3. Cardiac venting
      - 4. Bleeding
        - a. decreased AT levels
        - b. reduced platelet count/function
    - F. Transport
  - VI. Post-ECMO management
    - A. Ventilator management
    - B. Sedation
  - VII. Outcome studies



## **UNIT 3: MECHANICAL ASSIST**

### *B. INTRA-AORTIC BALLOON PUMPING (IABP)*

#### **UNIT OBJECTIVE:**

This unit introduces the theory and practice of intra-aortic balloon pumping.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) List the indications and contraindications for the IABP;
- (2) Identify the equipment required for the procedure;
- (3) Describe the purpose for IABP; and
- (4) Discuss proper timing.

#### **OUTLINE:**

##### I. Indications for IABP

- A. Unstable angina
- B. Cardiogenic shock
- C. Postcardiotomy support
- D. Augmentation of circulation

##### II. Contraindications for IABP

- A. Aortic insufficiency

##### III. Equipment

- A. Types of IABP
- B. Gas used for counterpulsation
- C. ECG monitoring devices
- D. Electrosurgical interference suppression devices
- E. Insertion devices

##### IV. Purpose

- A. Counterpulsation – increase coronary perfusion through increasing diastolic pressures
- B. Reduction of LV heart afterload
- C. Increasing cardiac output

##### V. Procedure

- A. Controls
- B. Function
- C. Manufacturers recommendations
- D. Leak test
- E. Acquiring EKG, 12 lead/slave
- F. Pressure tracing transducer/fiberoptic
- G. Selecting trigger-ECG or pressure
- H. Filling the gas chamber
- I. Identify proper selection of alarms and settings

## **UNIT 3: MECHANICAL ASSIST**

### *C. VENTRICULAR ASSIST DEVICES (VADs)*

#### **UNIT OBJECTIVE:**

This unit describes patient selection, surgical implantation, and patient management for a variety of different VAD techniques.

#### **LEARNING OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss the indications and contraindications for VAD implantation;
- (2) Compare and contrast the different VAD systems and indications for use;
- (3) Describe the cannulation techniques for VADS; and
- (4) Describe the long-term management requirements for each VAD system.

#### **OUTLINE:**

- I. Indications for VAD
  - A. Patient evaluation
  - B. Hemodynamic stability
  - C. Age considerations
    1. Left heart failure
    2. Right heart failure
    3. Biventricular failure
  - D. Body surface area limitations
  - E. Pharmacologic considerations
  - F. Failure to wean from CPB
  - G. Bridge to transplant
  - H. Destination device
- II. Contraindications for VAD
- III. VAD technologies
  - A. External devices
  - B. Implantable devices
  - C. Pneumatic devices
  - D. Electric devices
  - E. Pulsatile devices
  - F. Non-pulsatile devices
- IV. Cannulation/implantation
- V. Patient management
  - A. Anticoagulation
  - B. Volume management/hemodynamics
  - C. Patient mobility

## UNIT 4: PRINCIPLES OF LABORATORY ANALYSIS

### A. OVERVIEW - LABORATORY ANALYSIS

#### UNIT OBJECTIVE:

This unit introduces the use of laboratory tests in clinical practice.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Describe the purpose of laboratory testing in different patient populations;
- (2) Define the predictive value of positive and negative test results and how they vary with changes in the prevalence of disease; and
- (3) Relate patient factors that alter test results such as age, sex, habits, and underlying disease.

#### OUTLINE:

- I. Role of laboratory testing
  - A. Mass screening
  - B. Diagnosis
    1. Establish diagnosis
    2. Rule out disease
    3. Confirm diagnosis
  - C. Therapy
- II. Limitations of laboratory tests
  - A. Testing parameters
    1. Sensitivity
    2. Specificity
    3. Reliability
    4. Accuracy
      - a. measured vs. calculated
  - B. Variables
    1. Pre-analytical
    2. Analytical
    3. Post-analytical

## **UNIT 4: PRINCIPLES OF LABORATORY ANALYSIS**

### *B. LABORATORY ANALYSIS – SPECIAL CHEMISTRY*

#### **UNIT OBJECTIVE:**

This unit describes methodology used to monitor acid-base status in the clinical setting.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Define methodology utilized in blood gas analysis; and
- (2) Describe quality control procedures required to ensure adequacy of results.

#### **OUTLINE:**

- I. Blood gas analysis
  - A. Quality control
  - B. Instrumentation
  - C. Principles of operation
  - D. Calibration
- II. Parameters monitored and reference ranges
  - A. pH, pCO<sub>2</sub>, pO<sub>2</sub>
  - B. HCO<sub>3</sub>
  - C. Lactate
  - D. Electrolytes, anion gap

## UNIT 4: PRINCIPLES OF LABORATORY ANALYSIS

### C. LABORATORY ANALYSIS – BLOOD CHEMISTRY

#### UNIT OBJECTIVE:

This unit describes the laboratory test used in diagnosing specific disease states.

#### LEARNER OBJECTIVES:

Upon completion of this unit the student will be able to:

- (1) Define laboratory test utilized in the determination of renal function;
- (2) Define laboratory test utilized in the diagnosis of cardiac disease; and
- (3) Define laboratory test utilized in the evaluation of liver function.

#### OUTLINE:

- I. Renal function
  - A. Urinalysis
  - B. Clearance tests
  - C. Blood urea nitrogen
  - D. Serum creatinine
  - E. Osmolality
- II. Cardiac disease
  - A. Aspartate aminotransferase (AST)
  - B. Lactic dehydrogenase/isoenzymes (LDH)
  - C. Creatine kinase/isoenzymes (CK)
  - D. Troponin-T
- III. Liver disease
  - A. Serum bilirubin
  - B. Urine bilirubin and urobilinogen
  - C. Alkaline phosphatase (ALP)
  - D. Serum aspartate aminotransferase (AST/ SGOT)
  - E. Serum alanine aminotransferase (ALT/SGPT)
  - F. Lactic dehydrogenase (LDH)
  - G. Prothrombin time (PT)
  - H. Serum proteins and electrolytes
  - I. Blood ammonia

## **UNIT 4: PRINCIPLES OF LABORATORY ANALYSIS**

### *D. LABORATORY ANALYSIS – COAGULATION & HEMATOLOGY*

#### **UNIT OBJECTIVE:**

This unit describes tests used in assessing coagulation in the clinical setting.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) List methods of testing the coagulation system; and
- (2) Relate past medical and surgical history to coagulation status.

#### **OUTLINE:**

- I. Blood coagulation theory
  - A. Extrinsic/Intrinsic “Classic” system
  - B. Cell based system
  - C. Protein C/S system
  - D. AT
- II. Past medical and surgical history
  - A. Massive transfusions
  - B. Cardiopulmonary bypass procedures
  - C. Previous surgery
  - D. Abnormal bleeding
  - E. Medical diseases
  - F. Medication history
- III. Basic coagulation and hematology assessment tests
  - A. Platelet count and function
  - B. Complete blood count (CBC)
  - C. Bleeding time
  - D. Prothrombin time and INR
  - E. Activated partial thromboplastin time
  - F. Thrombin time
  - G. Fibrinogen/fibrinogen split products
  - H. D-dimer
  - I. Factor assays
  - J. Activated clotting time
  - K. Thromboelastography
  - L. Anti-Xa heparin assay
  - M. AT level
  - N. Heparin dose response/heparin concentration assay

## **UNIT 5: BIOMEDICAL ENGINEERING**

### *A. BIOMEDICAL INSTRUMENTATION*

#### **UNIT OBJECTIVE:**

This unit presents the theory and application of biomedical instrumentation.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the basics of electrical theory including voltage, current, resistance, and capacitance;
- (2) Describe various biopotentials emitted from the body and their source;
- (3) Discuss how a physiological signal is transduced, processed, and displayed; and
- (4) Identify potential sources of error in signal processing and display.

#### **OUTLINE:**

- I. Electrical theory
  - A. Ohm's law
  - B. Capacitance
- II. Bio-electric potentials
  - A. Electrocardiogram
  - B. Electroencephalogram
- III. Electrodes, sensors, and transducers
  - A. Transduction - definition
  - B. Signal Acquisition
  - C. Electrodes for biophysical sensing
    1. Surface electrodes
    2. Microelectrodes
  - D. Mechanical transducers
    1. Pressure
    2. Flow
- IV. Frequency content of physiologic signals
- V. Amplifiers
- VI. Digital signal processing
  - A. Data acquisition – electronic medical records
    1. Analog to digital conversion
    2. Sampling
  - B. Data display
  - C. Data analysis

## **UNIT 5: BIOMEDICAL ENGINEERING**

### *B. BIOPHYSICAL TRANSPORT PHENOMENON*

#### **UNIT OBJECTIVE:**

This unit introduces the core principles of biophysical transport phenomenon.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the fluid dynamics and heat transfer as they pertain to extracorporeal technology; and
- (2) Discuss, using mathematical formulas, the relevance of pressure, flow and resistance relationships to the physiological state of the patient.

#### **OUTLINE:**

- I. Fluid dynamics
  - A. Shear stress and strain
  - B. Viscosity
  - C. Poiseuille's law
  - D. Reynold's number
- II. Heat transfer
  - A. Conduction
  - B. Convection
  - C. Radiation



## **UNIT 5: BIOMEDICAL ENGINEERING**

### *C. BIOMEDICAL ELECTRICAL SAFETY*

#### **UNIT OBJECTIVE:**

This unit introduces electrical safety as it pertains to patients and operating room personnel.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the concept of leakage current as it relates to electrical equipment indirect contact with patients or operating room;
- (2) Discuss and identify electrical hazards associated with operating room hardware along with the electrical safety equipment and grounding systems designed to protect patients and personnel from electrocution; and
- (3) Describe preventative maintenance scheduling as it relates to extracorporeal equipment.

#### **OUTLINE:**

- I. Leakage current
- II. Line isolation system
- III. Equipotential grounding systems
- IV. Ground fault interrupters
- V. Proper power wiring, distribution, and ground system in reducing risk of fire/burns/electrical shock
- VI. Preventive maintenance

## **UNIT 5: BIOMEDICAL ENGINEERING**

### *D. MEDICAL AND DIAGNOSTIC IMAGING TECHNOLOGY*

#### **UNIT OBJECTIVE:**

This unit introduces the various imaging technologies utilized in medicine with particular emphasis on those utilized in the diagnosis and treatment of cardiothoracic disorders.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the pre-operative, diagnostic tests falling under the category of Nuclear Medicine including stress tests, MUGA scans, and V/Q scans; and
- (2) Describe the various medical applications of ultrasound including echocardiography, Doppler flow transduction, and ultrasonic blood pressure monitoring.

#### **OUTLINE:**

- I. Radiology
  - A. X-ray
  - B. Fluoroscopy
  - C. Digital subtraction angiography (DSA)
  - D. Computed tomography (CT)
- II. Nuclear medicine
  - A. Stress test
  - B. MUGA scans
  - C. V/Q scans
- III. Ultrasound
  - A. Echocardiography
  - B. Doppler flow transducers
  - C. Blood pressure monitors
- IV. Magnetic resonance
  - A. MRA
  - B. MRI

## **UNIT 6: SAFETY**

### *A. BLOOD/FLUID EXPOSURE*

#### **UNIT OBJECTIVE:**

This unit describes the importance of standard precautions.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Define the health care workers risk of contracting bloodborne pathogens;
- (2) Identify measures to be taken to protect against the transmission of bloodborne pathogens in the workplace; and
- (3) Describe standard precautions.

#### **OUTLINE:**

- I. Bloodborne pathogens
  - A. Hepatitis B
  - B. Hepatitis C
  - C. Human immunodeficiency virus (HIV)
- II. Standard precautions
  - A. Handling of blood and body fluids
  - B. Biohazard labeling
  - C. Disposal of biohazardous material
  - D. OSHA standards
  - E. Handling exposure

## **UNIT 6: SAFETY**

### *B. PATIENT SAFETY*

#### **UNIT OBJECTIVE:**

This unit describes standard practice with regard to conducting safe perfusion.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Discuss rationale for using safety devices within the extracorporeal circuit;
- (2) Describe what is involved in performing CPB safely; and
- (3) Describe the principles of risk management.

#### **OUTLINE:**

##### I. Safety devices

- A. Level sensors
- B. Bubble detectors
- C. Pressure alarms
- D. External and integrated arterial line filters / bubble traps
- E. One-way valves
- F. Automatic clamp
- G. Temperature alarms

##### II. Safe conduct

- A. Pre-bypass checklist
- B. Conduct on bypass

##### III. Risk management

- A. Establish policies and procedures
- B. Evaluation of best practice guidelines, adhere to policies and procedures, and national standards
- C. Prevention of hospital acquired infections

## **UNIT 7: CONTINUOUS QUALITY ASSURANCE**

### *A. CQI FOR THE PERFUSIONIST*

#### **UNIT OBJECTIVE:**

This unit provides the definition and implementation of CQI in health care.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the basis of CQI;
- (2) Describe what CQI can accomplish; and
- (3) Discuss how CQI is implemented in perfusion health care.

#### **OUTLINE:**

- I. Definition of continuous quality improvement
- II. Core concepts of CQI
- III. Core steps in continuous improvement
- IV. Model for improvement
  - A. Commonly used CQI tools and methods
  - B. Conducting effective meetings
  - C. Quality indicators
  - D. Evidence based practice

## **UNIT 8: ETHICS**

### *A. MEDICAL ETHICS*

#### **UNIT OBJECTIVE:**

This unit introduces contemporary issues related to medical ethics.

#### **LEARNER OBJECTIVE:**

Upon completion of this unit the student will be able to:

- (1) Discuss the contemporary ethical issues related to medicine and research.

#### **OUTLINE:**

- I. Ethics: a sense of morality and responsibility
- II. Medical ethics: defined as relating to moral action, conduct, motive or character in medicine
- III. Perfusionist's ethics: our responsibility is to the well-being of the patient
  - A. Bioethics
  - B. Professionalism
- IV. Research ethics
  - A. Informed consent
  - B. Institutional review board (IRB)
  - C. Data collection/record keeping/HIPAA
- V. Life Support
  - A. ECMO
  - B. Transplantation
  - C. Artificial devices
- VI. End of Life Issues

## **UNIT 9: HISTORY**

### *A. HISTORICAL DEVELOPMENT OF PERFUSION*

#### **UNIT OBJECTIVE:**

This unit describes the key historical discoveries and events in cardiac surgery as it relates to perfusion.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe the key medical and scientific developments that led to cardiopulmonary bypass and mechanical circulatory support; and
- (2) List the individuals who pioneered the development of cardiopulmonary bypass.

#### **OUTLINE:**

- I. Key scientific and technical developments for perfusion technology
  - A. Pumps
  - B. Oxygenators
  - C. Hypothermia
  - D. Myocardial preservation
  - E. Mechanical circulatory support
- II. Significant pioneers in extracorporeal technology
- III. Key developments facilitating the progress of open-heart surgery

## **UNIT 10: RESEARCH**

### *A. INTRODUCTION TO RESEARCH METHODS*

#### **UNIT OBJECTIVE:**

This unit introduces the foundational knowledge base for research methodology in the clinical and biological sciences.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) Describe hypothesis development for clinical, translational and biological research;
- (2) Describe experimental design and data analysis for clinical, translational and biological research; and
- (3) Discuss various methods of presenting the results of clinical, translational and biological research.

#### **OUTLINE:**

- I. Hypothesis development
- II. Experimental design
  - A. Control and experimental groups
  - B. Dependent and independent variables
  - C. Sample size
  - D. Database considerations
- III. Data analysis
  - A. Group demographics
  - B. Statistical analysis
  - C. Institutional Review Boards (IRBs)
    1. Role of IRBs in human subjects' protection
    2. Typical standard operating procedures for submissions and operations
    3. Patient consenting and consent forms
  - D. Institutional Animal Care and Use Committee (IACUCs)
    1. Role of IACUCs in animal welfare
- IV. Presentation methods
  - A. Abstract
  - B. Manuscript preparation
  - C. Poster presentation
  - D. Oral presentation



## **UNIT 11: BUSINESS PRACTICES**

### *A. BUSINESS PRACTICES REGULATORY AGENCIES*

#### **UNIT OBJECTIVE:**

This unit introduces the various regulatory agencies with oversight responsibilities within the domain of the perfusionist and describes the responsibilities of the perfusionist in complying with his/her employing institution's policies and procedures.

#### **LEARNER OBJECTIVES:**

Upon completion of this unit the student will be able to:

- (1) List the agencies with regulatory oversight over the domain of the perfusionist; and
- (2) Discuss the necessity to comply with employing institution's policies and procedures.

#### **OUTLINE:**

- I. Regulatory and standards setting agencies
  - A. Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)
  - B. Occupational and Safety Association (OSHA)
  - C. Healthcare Finance Administration (HCFA)
  - D. College of American Pathologists and Clinical Laboratories Improvement Amendment I (CAP/CLIA)
  - E. American Association of Blood Banks (AABB)
  - F. American Association for the Advancement of Medical Instrumentation (AAMI)
- II. Food and Drug Administration -Center for Device and Radiological Health device regulations
  - A. Classifications: Class I, II and III.
  - B. Approval pathways and statuses
  - C. Premarket Notification 510(k)
  - D. Premarket Approval (PMA)
  - E. Investigational Device Exemption (IDE)
  - F. Humanitarian Device Exemption (HDE)
- II. Regulatory mandates regarding policies and procedures including HIPAA
- III. Perfusion policies and procedures

## **UNIT 12: EMERGENCY PREPAREDNESS**

### **UNIT OBJECTIVE:**

This unit describes the various types of disasters and the need for emergency preparedness. The various options for management of patients and the role of the perfusionist during the treatment of patients in these situations will be discussed.

### **LEARNER OBJECTIVES:**

- (1) To describe the various types of emergencies that can occur and the response of the health care system to manage these events; and
- (2) To plan for managing patients using perfusion technology under the various conditions expected in a disaster situation.

### **OUTLINE:**

- I. Types of disaster
  - A. Internal
  - B. External
- II. Threats in Health Care
  - A. Natural - hurricane, flood, ice storm, etc.
  - B. Mass casualties
  - C. Cyber crimes
  - D. Terrorism
  - E. Weapons of mass destruction
  - F. Nuclear
  - G. Radiological
  - H. Incendiary
  - I. Biological
- III. Disaster Planning
  - A. Law Enforcement
  - B. Fire Service
  - C. Emergency Medical Service
  - D. Public Works/Utility Companies
  - E. State and National Resources
  - F. Disaster Response Team
  - G. County, State and National Planning
  - H. Disaster Medical Assistance Teams
- IV. Healthcare Emergency Management
  - A. Hospital/Healthcare Emergency Management Structure
  - B. Hospital Emergency Preparedness
- V. Interventions
  - A. Massive Transfusion/Autotransfusion
  - B. Emergency ECMO Support
  - C. Transportation of Patients on Life Support Devices