

Cheatsheets #3
Craniosynostosis
By M. Vadi

Pre-op: Obtain Hemacue, Type and Screen. Order 2 units pRBC and release to room. Order tranexamic acid bolus and infusion the night before the case. Phase of care = pre-op. Sign and hold. Bolus dose = 50 mg/kg and infusion dose is 5 mg/kg/hr. I usually order quantity sufficient for 6 hours. Speak with surgeon to determine whether patient will be positioned supine or prone.

Pre-medication: Consider Versed 0.5 – 1 mg/kg PO for anxiety

Induction: Inhalational induction. Do not use nitrous oxide in children age < 1 year. Rocuronium 0.6 mg/kg after IV accesss obtained.

Lines: Large bore IV x 2-3 (22 gauge for infants, consider 20 gauge for toddlers)
22 gauge radial a-line (please have ultrasound in room and ask tech to set up transducer). We use 22 gauge IV catheters for a-lines.
Consider central line if unable to obtain large bore peripheral IVs
Please ask tech to bring hotline (unprimed), pediatric manifold, and infusion pump for tranexamic acid

ETT: consider uncuffed ETT in children < 1 year who will be in the prone position; otherwise use a standard cuffed ETT

Positioning: supine vs. prone (depending on suture involved), table turned 180°, head in horseshoe holder

Fluids: Please have normal saline and 5% albumin available
****2 units pRBC must be in the room AT ALL TIMES****
Consider FFP if blood loss greater than ½ of patient's blood volume
Give tranexamic acid loading dose over 30 min prior to skin incision
After loading dose done, start tranexamic infusion at 5 mg/kg/hr until end of case

Intra-Op Management:

Monitor ABG q 30 min – 1 hour
Monitor EBL with extreme vigilance...bleeding can be rapid
Aggressive blood transfusion, do not forget to administer calcium gluconate
Majority of blood loss will occur during neurosurgical portion...pay attention when Dr. Zouros walks into the room!
Administer pRBC:FFP in at least 2:1 ratio once EBL = ½ blood volume
AGAIN, MONITOR BLOOD LOSS CAREFULLY AND CALL FOR HELP EARLY!!!