

Addendum to SA case report for patient CI-81

Friday, October 12, 2007

1. Heparin.

The precise time and dosage of heparin administered remains undetermined. We will continue to investigate this issue. No blood clots were observed in effluent during washout. The medications protocol that SA uses does include multiple agents that modulate the clotting cascade.

2. Washout.

The report contains an inaccuracy in its description of procedures at the mortuary. It describes the mortician finding blood spurting when he made an incision in the femoral vein. This event actually occurred when an incision was made in the femoral artery (see source text below). Since the air transportable perfusion (ATP) unit was not connected to the patient until after blood was drained on the venous side, active chest compressions and residual diastolic pressure may have caused blood to spurt from the arterial side.

3. Mannitol.

A statement attributed to the Consulting MD, regarding prevention of crystallization of mannitol by storing it in small glass containers, is incorrect. The Consulting MD did not state that such crystallization is impossible, only that in his experience it is less likely to occur than if the mannitol is stored in bags.

Excerpts from Reference Sources

(except for names, case notes are unedited)

From the second team member's case notes:

The mortician raised the femoral, chest compressions were still being administered, the ATP had been primed by the third team member, the mortician cut the femoral and the pressure in the vessel shot blood out onto his legs, he had no problem with he cannula, the pump was set to very low and blood was drawn back into the cannula and a near perfect bubble-less connection was made by the third team member (ATP) and the second team member (cannula).

From the third team member's case notes:

We placed some bags of ice around his had and proceeded in making more bag of ice. I then continued to give chest compressions while the mortician started cutting into the femoral artery I could tell that I was making it harder for him and asked if he wanted me to stop while he cut in. He said it would help if I stop for a bit, I continue compressions whenever I saw an opening where he wasn't cutting or tying to suture. He stated that the patient had a very big artery and as he sliced into it a large squirt of blood shot out and onto his apron onto his leg and onto his shoe, I wasn't pumping the chest at that point.

From the third team member's case notes:

I noticed the mortician was pulling on a slide that was pulling blood from the leg; I assumed this devise was provided by SA, the second team member asked if he was done and I went from compressions to the other side of the ATP. I explained to the second team member that I was going to pull the hose apart and plug it into the cannula that he had sewn into the body, and that we need to make sure that little to no air entered as we did this.