DOSES BELOW

Before graft reperfusion

START HERE · Call the prereperfusion pause
Confirm timing with the surgeon. Check arterial pressure, rhythm, oxygenation, blood gas and ionized calcium.

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Correct, proceed or activate rescue?

Uncontrolled bleeding or unstable circulation	→ Ask the surgeon to pause if feasible. Treat the cause and recheck before agreeing to unclamp.
Correctable electrolyte or ventilation issue	→ Correct and verify the response. Confirm the prescribed immunosuppression and rescue drugs are ready.
Proceeding to reperfusion	→ Announce unclamping time. Follow the arterial waveform and rhythm continuously. If circulation collapses, open the reperfusion rescue pathway. Collapse after graft reperfusion

DOSE AND ADMINISTRATION

Vasoactive and electrolyte rescue Local order	**Vasoactive or electrolyte rescue dose per order and clinical indication.** [2] [16]
Methylprednisolone Local order	**IV methylprednisolone dose and timing per transplant order, if indicated.** [17]

Reassess and escalate · Repeat blood gas and hemodynamic assessment promptly after unclamping.

Clinical scope · This is a readiness pause, not a mandatory prophylactic drug bundle. Reperfusion timing alone does not establish the cause of cardiovascular collapse.

Sources [2] ILTS / LICAGE / SATA 2021 • [3] ESAIC perioperative bleeding 2023 • [13] IntelliVue Patient Monitor MX100/X3: Instructions for Use—Release P • [16] LEVOPHED (norepinephrine bitartrate) injection: US prescribing information, revised June 2023 • [17] Solu-Medrol prescribing information