DOSES BELOW

Suspected intraoperative air embolism

START HERE · Stop further gas entry and give 100% oxygen
Alert the surgeon and stop the suspected source. Discontinue nitrous oxide. Support circulation and evaluate by echo when feasible.

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What is the consequence of gas entry?

Pulse present with hemodynamic compromise →	Maintain perfusion and coordinate surgical control. Consider aspiration if gas is accessible through an existing suitable central catheter.
Pulseless →	Start CPR and standard ALS with the appropriate monitored-arrest modification. Address the entry source in parallel. Cardiac arrest in the operating room
Arterial gas or neurologic deficit →	Keep high-concentration oxygen, stabilize and contact hyperbaric medicine urgently.

DOSE AND ADMINISTRATION

Epinephrine · standard adult ALS Guideline	**Standard adult ALS: epinephrine 1 mg IV, repeated every 3-5 min. Give early if nonshockable, after shock 3 if shockable. In highly monitored arrest use its dedicated pathway.** [52] [6]

Reassess and escalate · Recheck hemodynamics, end-tidal CO_2 and neurologic status. Arrange monitored transfer and communicate the suspected route.

Clinical scope · Gas embolism requires source control and oxygen. Use the designated arrest pathway if pulseless. Escalate suspected arterial gas or neurologic findings urgently.

Sources [6] RCUK ALS 2025 • [37] Sinclair De Frías et al. 2024 • [51] AHA gas embolism 2025 • [52] ESAIC / ESTES arrest 2023