DOSES BELOW

Collapse after graft reperfusion

START HERE · Announce collapse and call for help
Confirm arterial waveform and rhythm, give oxygen, ask surgery to assess immediately, and get blood gas, potassium and ionized calcium.

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Pulse present? If so, what is the dominant cause?

Pulseless →	Start CPR and open the arrest pathway. Correct the reversible cause in parallel. Cardiac arrest in the operating room
Vasodilation, bradycardia or metabolic disturbance →	Titrate support with the team. Treat hyperkalemia or low ionized calcium from the current results. Reassess each intervention. Acute hyperkalemia in adults
Low filling, new RV failure or embolism →	Check bleeding, surgical inflow and outflow, and use focused echo where available. Match volume and rescue to the cause. Suspected life-threatening PE or intracardiac thrombosis

DOSE AND ADMINISTRATION

Epinephrine · pulse present, published example Product or evidence specific	**Published early-reperfusion rescue example: epinephrine 10-20 micrograms IV per increment, reassessing after each.** [2] [43]
Norepinephrine · local preparation Local order	**Local preparation: 8 mg norepinephrine base equivalent in a final 250 mL = 32 micrograms/mL. Verify the vial. IV rate per order.** [2] [39] [16]

Reassess and escalate · Repeat rhythm, arterial pressure, echo as indicated and blood gas. Reconsider the cause if support needs increase.

Clinical scope · Treat the demonstrated cause. The published epinephrine increments are a monitored example for a patient with a pulse. Use the dedicated arrest and hyperkalemia guides when indicated.

Sources [2] ILTS / LICAGE / SATA 2021 • [6] RCUK ALS 2025 • [16] LEVOPHED (norepinephrine bitartrate) injection: US prescribing information, revised June 2023 • [38] UKKA July 2026 • [39] Academy norepinephrine preparation • [41] ILTS PoPH 2026 • [42] SATA TEE 2020 • [43] TIPS-DDLT trial 2023