

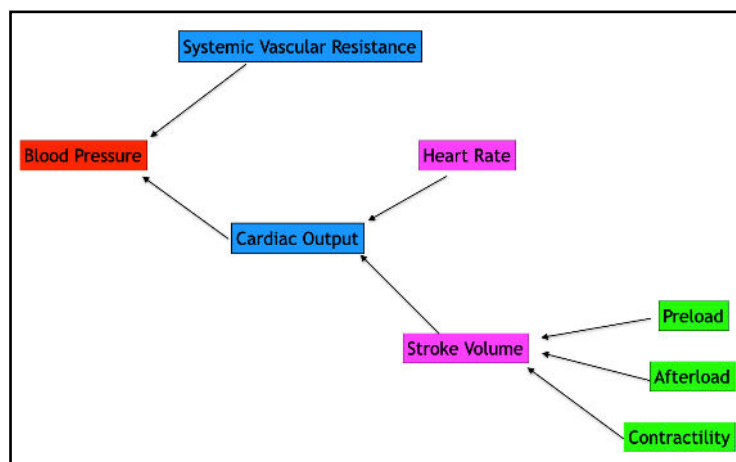
Managing Blood Pressure

Systolic - Contraction - 90-120mmHg

Diastolic - Relaxation - 55-90mmHg

MAP - Mean arterial pressure - 60-100mmHg

In order to maintain perfusion to major organs MAP must be kept above 60mmHg and Systolic pressure above 90mmHg.



Use the correct cuff size. The cuff should be 40% the width of the limb you are using it on.

Too big - under-estimates blood pressure

Too small - over estimates blood pressure

Monitor blood pressure on very patient under anaesthesia!

Take readings every 5 minutes to look for trends.

Hypertension - High blood pressure

- Not enough analgesia
 - Light anaesthesia
 - Hypoxaemia
 - Underlying disease e.g renal or thyroid.
1. Check depth of anaesthesia
 2. Provide more analgesia e.g top up opioid.
 3. Ensure good oxygen supply
 4. Understand pre-existing conditions

Hypotension - Low blood pressure

- Deep anaesthesia - dose dependant vasodilation
 - Hypovolaemia - dehydration or haemorrhage
 - Bradycardia - slow heart rate
 - Poor cardiac contraction - heart disease, effect of inhalant
 - Sepsis - vasodilation
1. Reduce anaesthetic depth
 2. Provide more analgesia to allow reduction in inhalant.
 3. Provide IVFT during every anaesthetic - give a fluid bolus.
 4. If bradycardia; give Glycopyrrolate or Atropine
 5. Dopamine / Noradrenaline CRI to improve vasodilation (must have BP & ECG monitoring).

- *Good analgesia will help you maintain a good blood pressure!*
- Reduced pain → less inhalant anaesthetic.
- Less inhalant → less vasodilation
- Less vasodilation → better BP.
- Good BP and perfusion means a good recovery.
- Less stressful anaesthetic for you!