AMSECT GUIDELINES FOR CEREBRAL OXIMETRY MONITORING DURING CARDIOPULMONARY BYPASS SURGERY
The American Society of ExtraCorporeal Technology (AmSECT) is organized to help improve patient care and safety through continuing education in the extracorporeal circulation technology community. Among many important goals of the organization, AmSECT has developed and maintains professional standards for perfusion.

In July 2013, a new guideline was added to the AmSECT Standards and Guidelines for Perfusion Practice, indicating that cerebral oximetry should be used during cardiopulmonary bypass surgery.

Standard 7.10: Venous oxygen saturation shall be monitored continually during cardiopulmonary bypass.

Guideline 7.1 Carbon dioxide removal should be monitored continually during cardiopulmonary bypass

Guideline 7.2 Arterial oxygen saturation should be monitored continually during cardiopulmonary bypass

Guideline 7.3 The following patient pressures should be monitored during cardiopulmonary bypass: Central venous pressure and/or pulmonary artery blood pressure

Guideline 7.4 Continuous in-line blood gas monitoring should be used during cardiopulmonary bypass

Guideline 7.5 Cerebral oximetry should be used during cardiopulmonary bypass

The INVOS™ cerebral/somatic oximeter has set the standard in regional oximetry which can facilitate the safety of extracorporeal support. Only the INVOS™ system has been demonstrated through rigorous, peer-reviewed clinical research to improve patient outcomes by facilitating timely interventions.3,5

AmSECT GUIDELINE DEFINITIONS

Standard: Practices, technology and/or conduct of care institutions shall meet to fulfill the minimum requirements.

Guideline: Recommendation that should be considered and may assist in the development and implementation of protocols.

Protocol: An institution-specific written document, derived from professional standards and guidelines, containing decision and treatment algorithms.