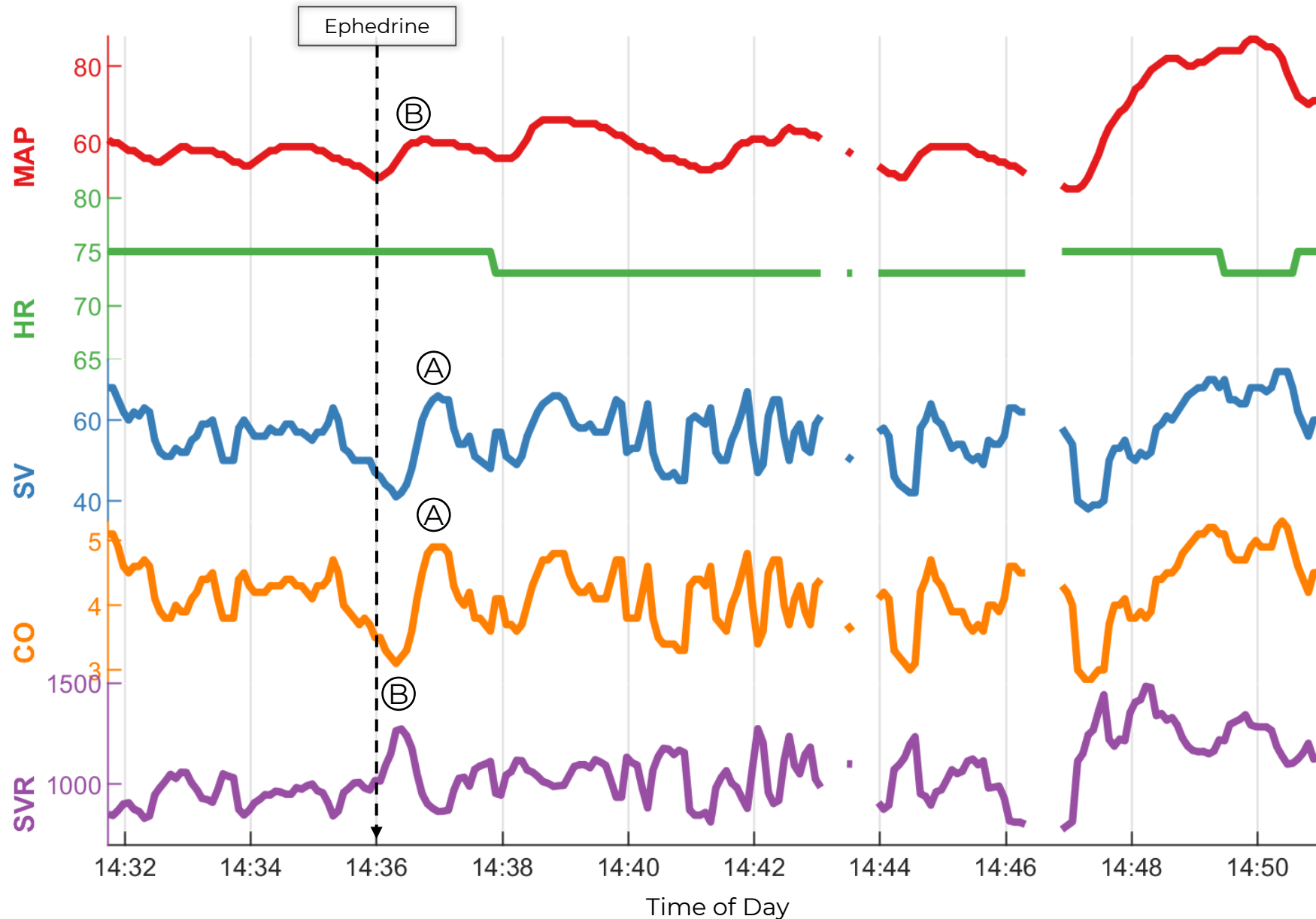
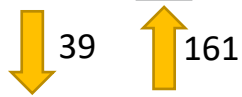


- A) In response to a below-threshold MAP, two vasopressor boluses were administered. The first dose (not shown) was administered 4 minutes prior to the second bolus. Argos shows the dose response (vasoconstriction) through an increased SVR.
- B) Coinciding with an increased SVR, Argos shows a similar trend of increasing MAP.



- A) In patients with normal preoperative function, ephedrine improves RV stroke volume following separation from cardiopulmonary bypass. Argos shows evidence of this improvement by an increase in SV and CO.
- B) Ephedrine's vasopressor effect is shown with an increase in SVR and MAP

MAPTime
within
Normal
Range**40%**Normal Range:
70 – 105 mmHg

Avg: 79

HR**94%**Normal Range:
60 – 100 bpm

Avg: 71

SV**68%**Normal Range:
60 – 100 ml/beat

Avg: 73

CO**82%**Normal Range:
4.0 – 8.0 lpm

Avg: 5.2

SVR**71%**Normal Range:
800 – 1200 dynes

Avg: 996

MAP stayed below normal threshold (< 70 mmHg) for 57% of the case. Low-target blood pressure management during cardiopulmonary bypass to prevent injury is a common strategy in cardiac surgery. To help maintain adequate end-organ perfusion, SV, CO, and SVR were kept within normal threshold using therapeutic intervention (i.e. vasoactive and inotropic therapy) supported by the hemodynamic data provided by the Argos Cardiac Output Monitor.