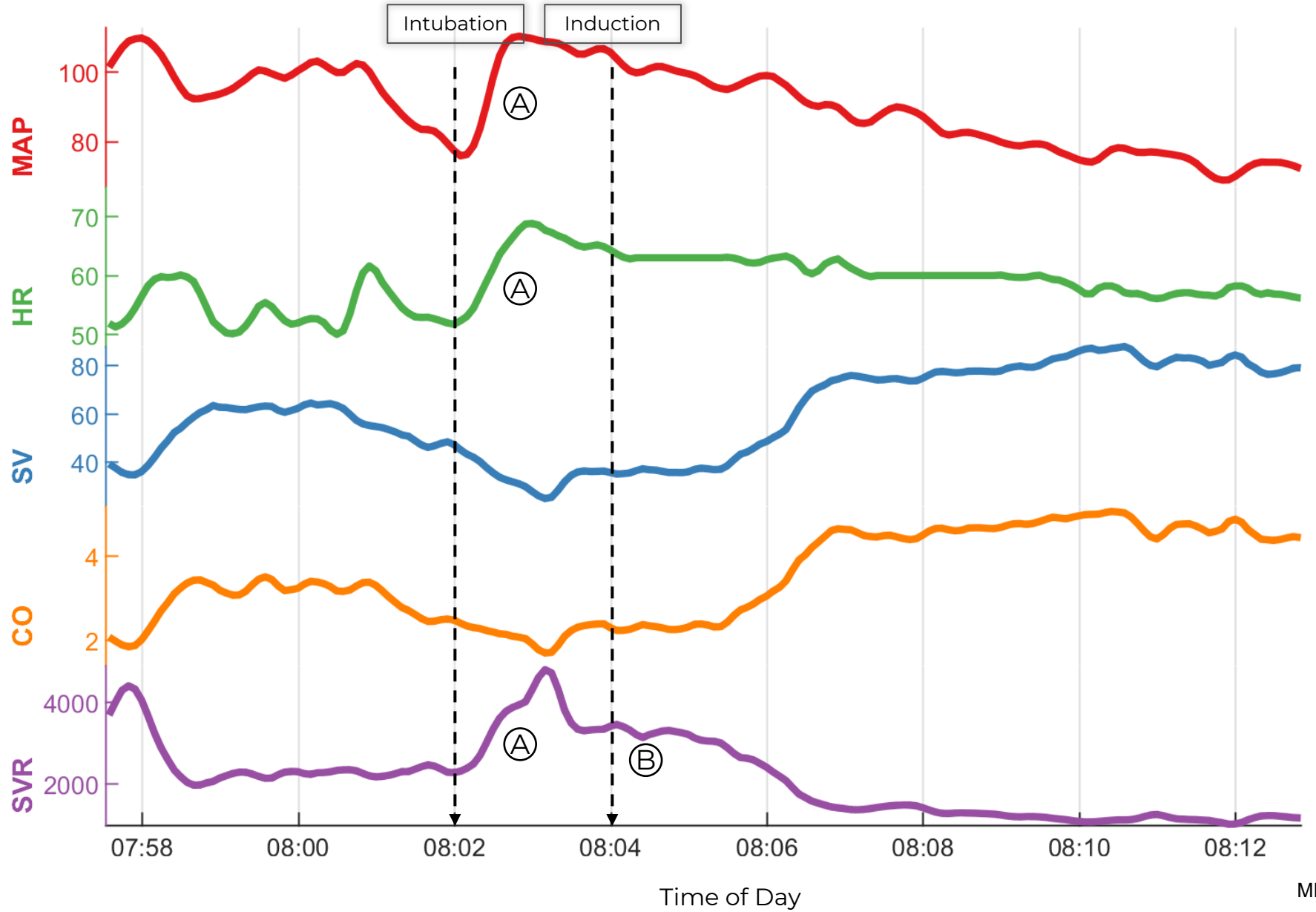
Pleurectomy | Intubation - Induction | Argos Case Study



A) Argos shows MAP, HR, and SVR increased due to sympathetic response to intubation

B) Argos confirms the extent of vasodilation due to anesthetic gases given during induction

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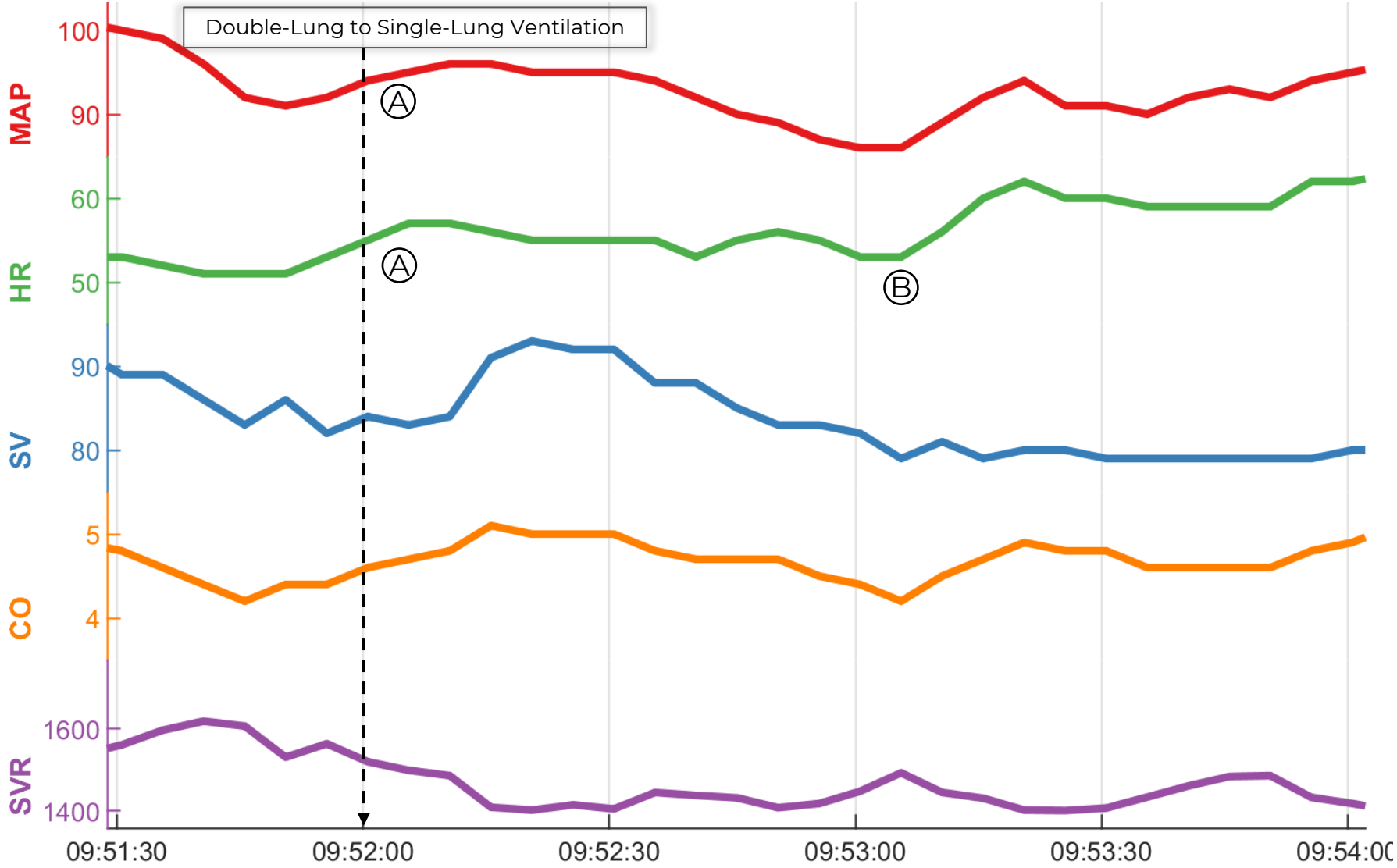
Pleurectomy

Single-Lung Ventilation

Argos Case Study



A) The patient's vitals during single-lung ventilation are unchanged indicating that the 100% O_2 given to the single lung provides sufficient oxygenation

B) Argos confirms that the increase in HR is offset by a corresponding decrease in overall SV and SVR thereby leaving CO relatively unchanged from the time ventilation requirements changed from double-lung to single-lung

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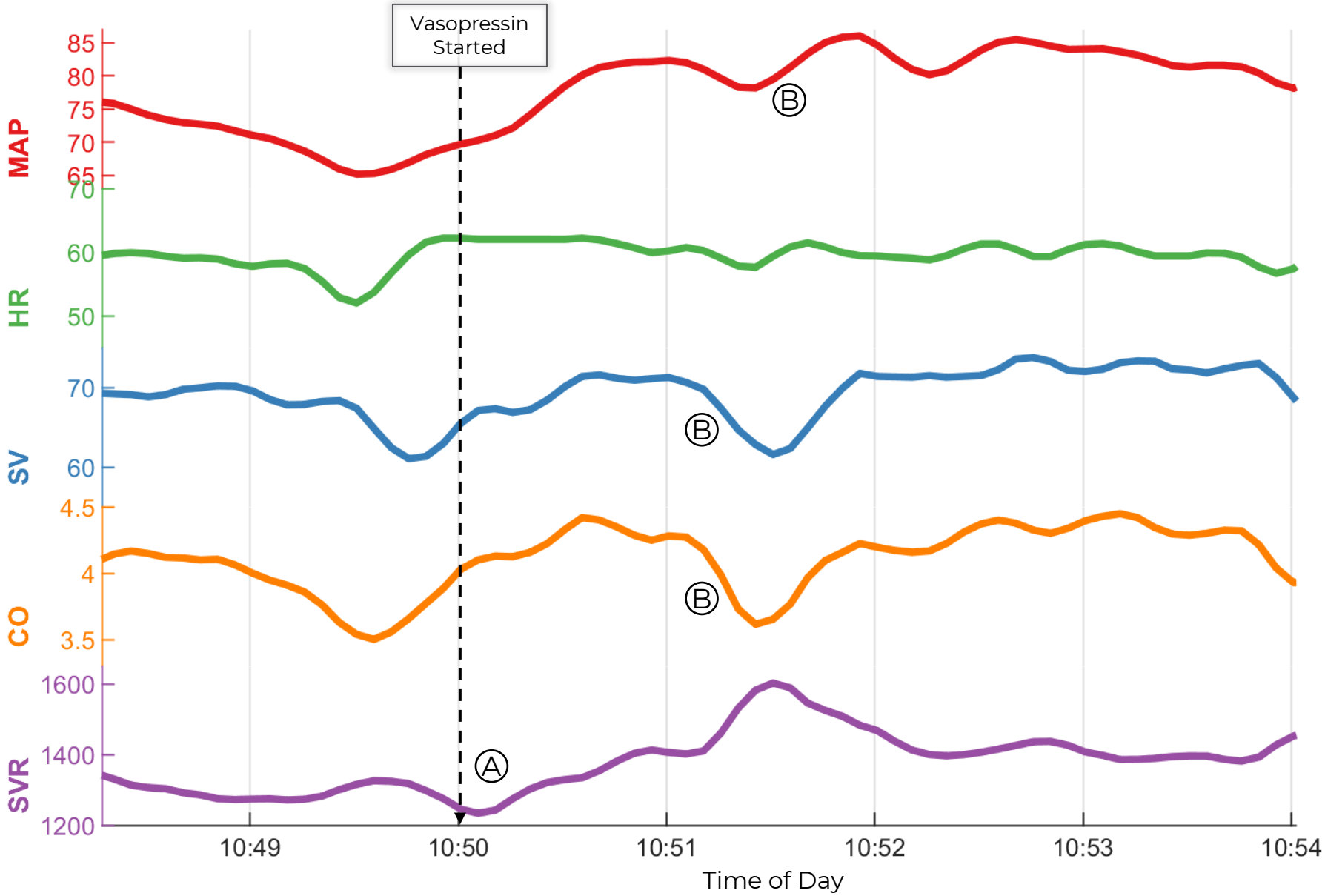
Pleurectomy | Vasopressin Started | Argos Case Study



A) Argos shows the increase in vasoconstriction following administration of vasopressin.

B) Corresponding to the increase in SVR, Argos also shows that the brief drop in SV and CO combined with the increase in MAP does not support the need for additional fluids

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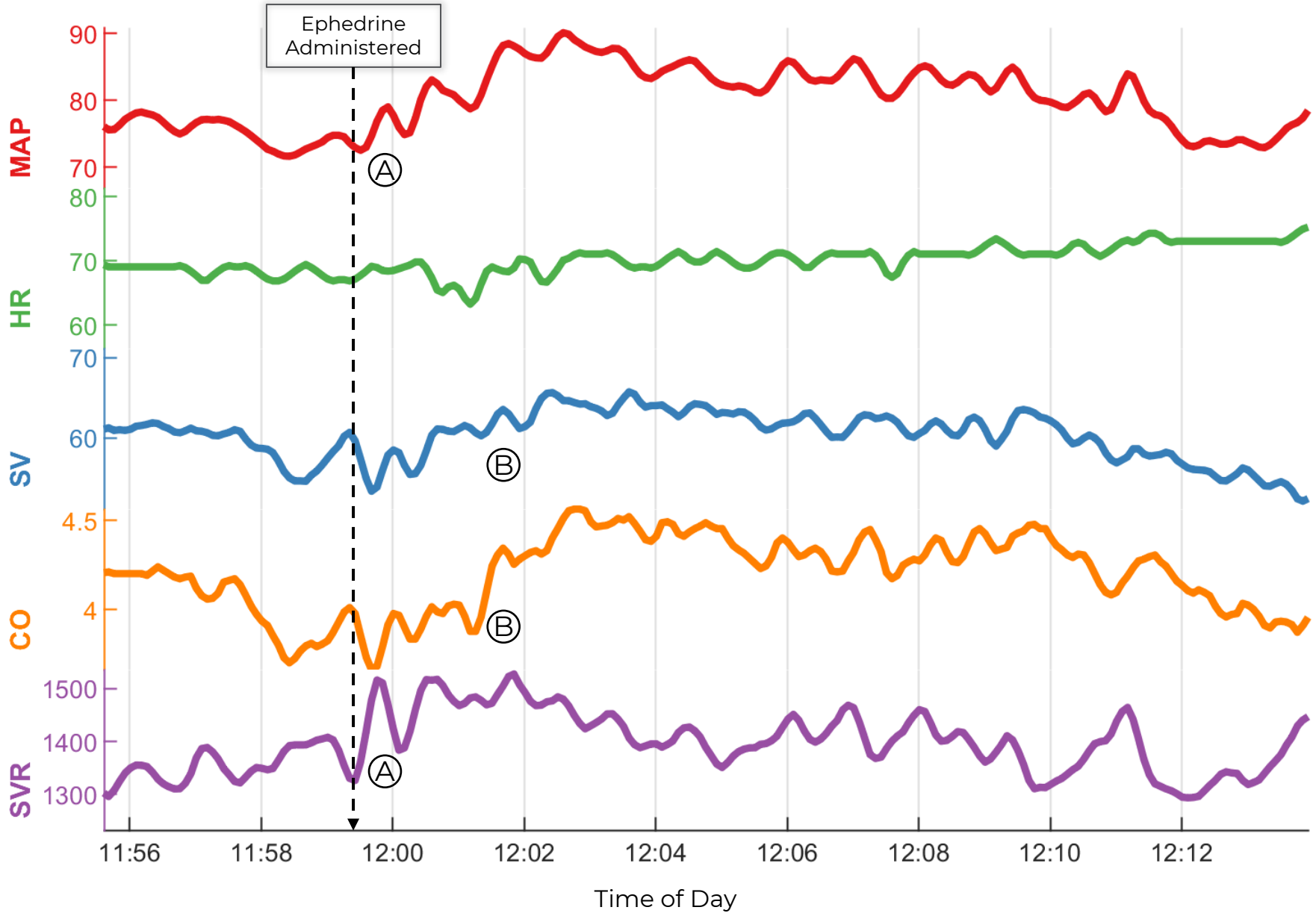
Pleurectomy | Ephedrine Administration | Argos Case Study



A) Argos shows the immediate [vasoconstrictive] effect of ephedrine administration through a sharp increase in SVR and coincident increase in MAP

B) Low-dose ephedrine has an inotropic effect and can also affect preload which is indicated by the increase in SV and CO.

The Argos precisely shows the hemodynamic effects of two vasopressors, ephedrine and vasopressin, allowing the anesthesia team to decide on the most effective therapy.

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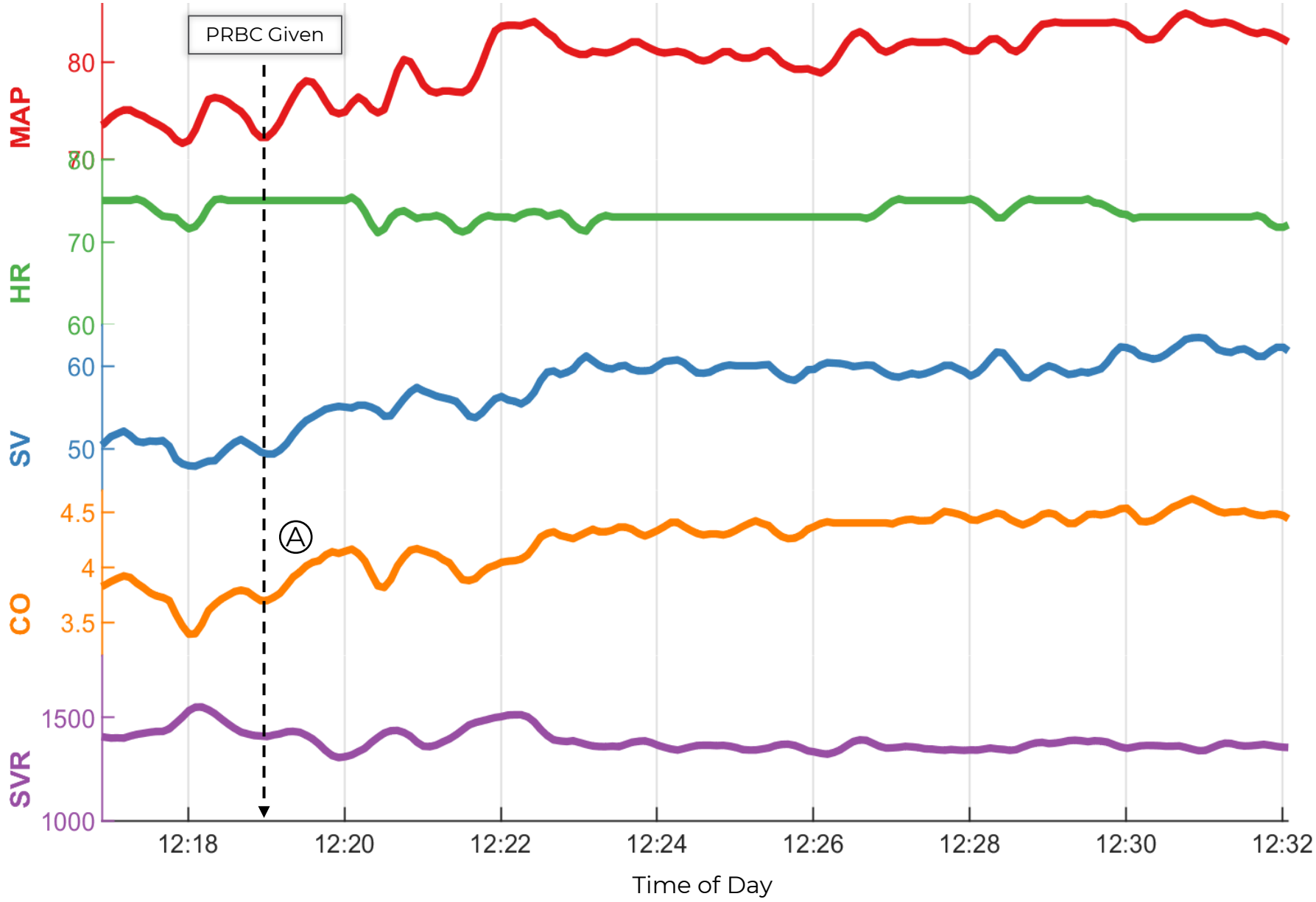

A) SV increased after PRBC was given confirming patient was responsive to the blood transfusion

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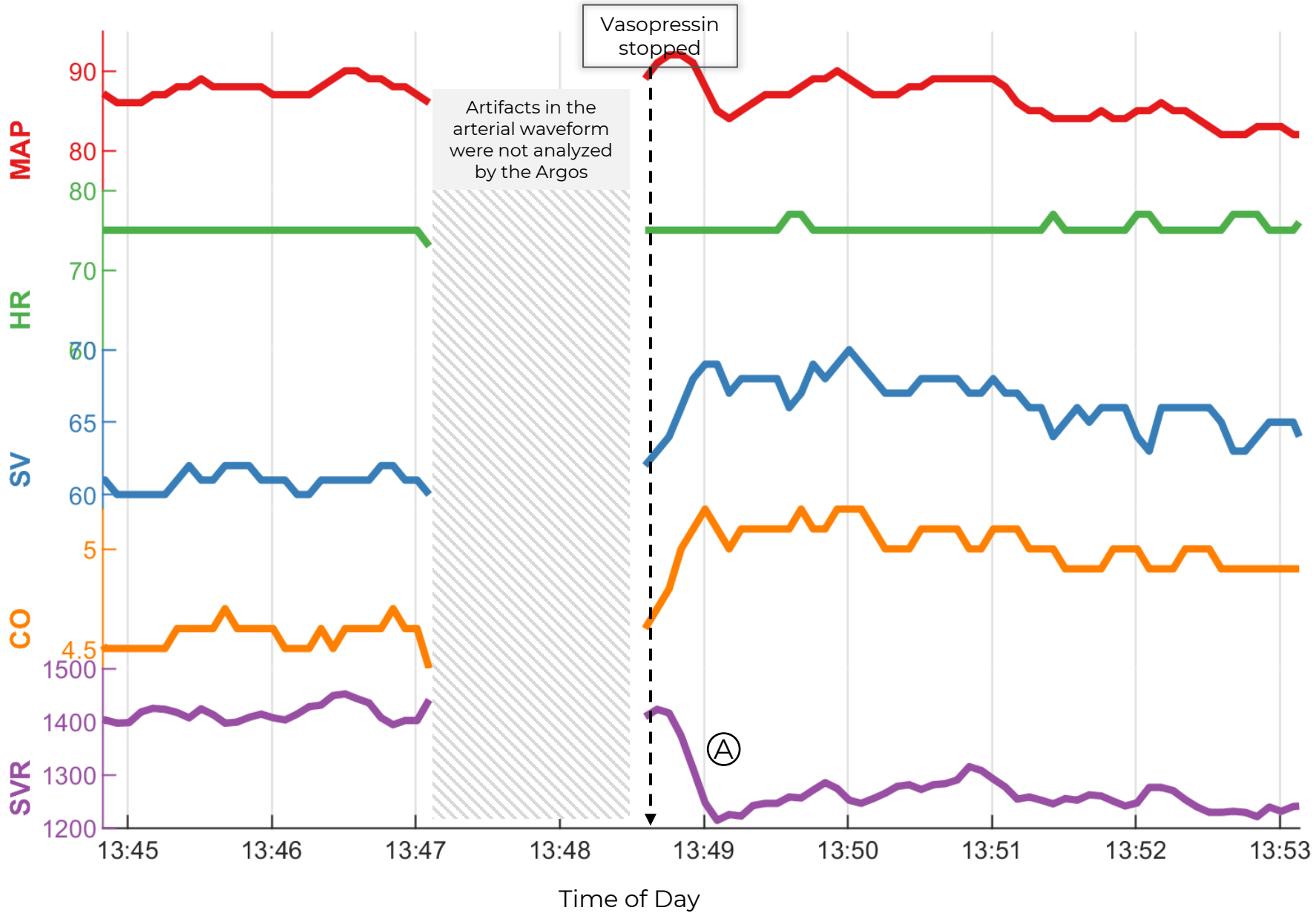
Pleurectomy | Vasopressin Stopped | Argos Case Study



A) Argos shows a 16% decrease in SVR immediately after vasopressin was stopped. This type of response helps to quickly inform the decision to resume or discontinue vasoactive therapy

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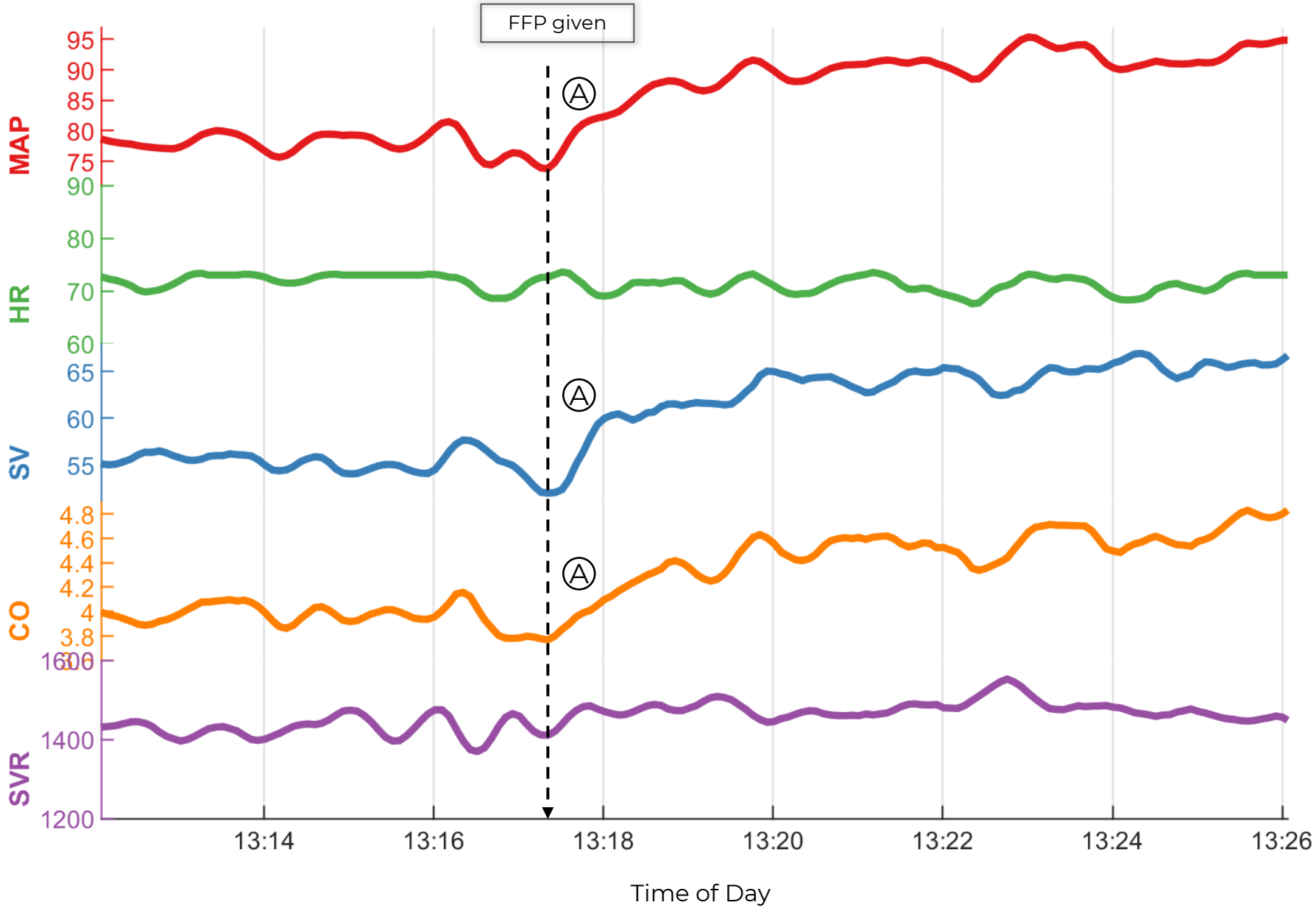
Pleurectomy | FFP | Argos Case Study



A) Argos confirmed the preload responsiveness of giving FFP by showing an increase in CO, SV, and correspondingly MAP

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	MAP	HR	SV	CO	SVR
Time within Normal Range	63%	84%	38%	46%	12%
Normal Range:	70 – 105 mmHg	60 – 100 bpm	60 – 100 ml/beat	4.0 – 8.0 lpm	800 – 1200 dynes
	32 – 116	30 – 89	24 – 98	1.6 – 6.0	768 – 5600
Avg:	75	68	55	3.7	1495

MAP and HR was maintained within normal threshold throughout most of the case. The patient had a SVR > 1200 dynes for more than 88% of the case indicating physiological or drug-induced vasoconstriction. Argos provided data that consistently showed the subtle changes in hemodynamics helping to inform decisions for a more targeted therapy.