

Conclusion:

What additional information did the pre-op FATE examination provide and did it change our peri-operative management?

1. Definite septic (CAP) - / cardiogenic shock
2. Pulmonary edema / pleural effusions
3. Obvious very high peri-operative risk for cardiac event
4. Invasive hemodynamic monitoring peri-operatively
5. ICU bed post – op
6. Needs continued PPV, antibiotic coverage, inotropy (dobutamine), diuresis, drainage of effusions; be aware of inotropy in the presence of active ischemia though, would decrease / stop inotropy in case of EKG changes / dysrhythmias.
7. Eventual reassessment by cardiac surgery for possible revascularization