Date:_____

Procedure: _____

Cardiac Surgery Attending: _____

CVSICU Team Members: _____

_____

(ICU Attending, Fellow, Resident, AP & Nurse)

Patient Name, MRN, DOB

Cardiac Surgery Clinical Practice Guidelines: POD 0

Phase 1: Upon Admission to the CVSICU — Comments

** Check when addressed*

- ☐ Rapid Extubation Protocol Ordered, *If appropriate*
- ☐ Review EKG and CXR Immediately
- ☐ External & internal pacemakers addressed
- ☐ Change to single chamber pacer, *if appropriate.* (*AICD to be re-programmed on POD 1, If stable*)
- ☐ Apply anchor device to Central Line
- ☐ Foley cath secured? **If not, please secure using the Grip-lok device*
- ☐ If Swan in place, check height, weight and computation ☐ Send SvO2
- ☐ OGT to LIS and check placement
- ☐ Validate current Type and Cross
- ☐ Insulin drip ☐ Notify provider for IV insulin bolus if any BG >160mg/dl
- ☐ Chest Tubes to 20 cm suction
- ☐ MAP goal discussed *(Reflected in orders)*
- ☐ Date/Team Information Completed (*Top left*)
- ☐ Clip PINK "Vent Alert Sign", ☐ BG Clock, and ☐ POD 0 Checklist to door

Provider Signature:		Nurse Signature:	

Phase 2a: Assessment / Management: *Nursing* *(within 2 Hours post-admission)* — Comments

** Check when addressed*

- ☐ Correlate manual BP to A-line
- ☐ VAP bundle *(HOB 30°, Mouth Care q4hr., CHG q12hr.)*
- ☐ Stockings and SCD's in place
- ☐ Notify Attending If Chest tube output > 150cc/hr. x 2hr. ☐ Send Heme 8 / coags
- ☐ **Family contacted** ☐ **Phone #'s in chart**
- ☐ ASA 325mg via NG tube NOW if no signs of bleeding
- ☐ Carrier D5W *(Goal rate 20 cc per hr.)*

Phase 2b: Assessment / Management: *Provider* *(within 2 Hours post-admission)* — Comments

** Check when addressed*

- ☐ Vent changes, review initial ABG, aim for alkalemia until weaning
- ☐ Appropriate POD 1 labs ordered
- ☐ Verify MRSA/MSSA PCR status ☐ Verify Isolation status
- ☐ Continue mupirocin dosing, *If applicable*

Provider Signature:		Nurse Signature:	

Nursing: Daily Goals/Plan of Care

Neuro / Pain	Pain Control:	Infectious Disease	Antibiotics:
	Fentanyl: *(Intermittent/Continuous)*		Antibiotic stop dates:
	Propofol:	GI/Nutrition/ Volume	GI/Nutrition:
	Other:		
CV	MAP Goal:		Diuresis Goal:
	CVP/PAD Goal:	Heme	Anticoag:
	Pressors/Wean Plan:		
	(Afib) Amio Treatment Plan:	Study	Study Patient: Yes* No
Resp	Early Extubation: ☐ Y ☐ N		**If yes, what study* : _____

**Updated 10.13.14-H.Daniels*

Date:_____

Procedure: _____

Cardiac Surgery Attending: _____

CVSICU Team Members: _____

_____

(ICU Attending, Fellow, Resident, AP & Nurse)

Patient Name, MRN, DOB

OR to ICU Handoff - Checklist

- **Out of OR Time:** _____
- **Patient arm band intact:** ☐**Y** ☐**N** _____
- **Pacemaker connected:** ☐**Y** ☐**N** _____
- **Is dual chamber pacer needed?** ☐**Y** ☐**N*** ***If not, change to Single Chamber Pacer*** _____
- **Are Medication Infusions Standard Concentrations?** ☐**Y** ☐**N** _____
- **Ancef and Amicar Drips stopped?** ☐**Y** ☐**N** _____
- **Central line dressings occlusive?** ☐**Y** ☐**N** _____
- **Are lines in order?** ☐**Y** ☐**N** _____
- **IV pump for GTTS - Verify patient weight and "infusion mode"** ☐**Y** ☐**N** _____
- **Was IV insulin protocol** ***(OR goal: 130-160)*** **utilized in the OR?** ☐**Y** ☐**N** ***Last Intraop BS:** _____
- **Patient's Admitting Temperature:** _____
- **Was Beta Blocker Given?(*For Isolation CABG Only*)** ☐**Y** ☐**N**_____
- **Swan Ganz Catheter** ☐**Y** ☐**N,** **SvO2 Swan Ganz Catheter** ☐**Y** ☐**N**_____
- **Check LP drain set-up** *(if applicable)* ☐**Y** ☐**N** _____
- **If patient on iNO, discussed plan to switch to inhaled epoprostenol within 4 hours** ☐**Y** ☐**N** _____
- **Pink Donut in place?**☐**Y** ☐**N** _____
- **Is patient in a study?** ☐**Y*** ☐**N** ***If yes, what study?**_____
- ***If Vascular Surgery Patient:***
- **Obtain Vascular MD on Call:**_____**, Pager/cell numrber** _____
- **Obtained neuro checks at time of handoff** ☐**Y** ☐**N**_____

Notes:

**Updated 10.15.14 -H.Daniels*