**Cardiac Surgery Clinical Pathway Guidelines**

**Assessment**
- Continuous cardiac monitoring (telemetry). Change electrodes q72h & PRN. Record rhythm strip on transfer to ward, q8h, with rhythm changes, or chest pain
- ST monitoring (Lead II, V5) with suspected ischemia
- BP, HR, RR, temperature on ward transfer, q2h if < 24 hours post-op, q4h x 4, then q6h
- CAM and neurological check q8h
- Pain assessment q1h & PRN
- Head to toe assessment on transfer, q4h until 24 hours post-op, then q8h
- Titrate oxygen to $\text{SpO}_2 \geq 92\%$
- Daily $\text{SpO}_2$ on room air. Discontinue oxygen when $\text{SpO}_2 \geq 92\%$ on room air

**Tests**
- Culture: blood, wounds, sputum & urine C&S if temp $\geq 38.5$ C (CABG) or $\geq 38$ C (valve)
- If on Warfarin: Daily INR
- Glycemic Protocol

**Treatments**
- Intake & Output x 3 days
- Weigh daily in am
- Graft site: wrap affected limb in tensor x 48 hours. Re-wrap q12h
- Change sternal & graft site dressing daily & PRN. Leave open to air if no drainage
- Chest tube dressing for 48 hours post chest tube removal

**Intravenous**
- Reduce IV rate to keep the vein open or lock off once oral intake is adequate
- Check IV sites & rate q1h

**Activity**
- Hygiene: self-care/assist (encourage female patients to wear bra)
- Activity progression:
  - **Day of surgery** - dangle by 6 hours post-op & up in chair by 12-24 hours post-op
  - **Step 1**
    - Deep breathing & supported coughing q1h while awake to continue during hospital stay
    - Transfer with sternal precautions (assist as needed) to continue during hospital stay
    - Range of Motion exercises - foot/ankle, hip/knee & unilateral shoulder flexion 2-3 times daily to continue during hospital stay
  - Sit up in chair – 2 times & PRN
  - Walk (assisted) 2-3 times daily
  - **Step 2**
    - Sit up in chair for all meals & PRN to continue during hospital stay
    - Walk in hall (assisted) 4-6 times daily
  - **Step 3**
    - Walk in hall (assisted as needed) 4-6 times daily
  - **Step 4**
    - Walk in hall (assisted as needed) 4-6 times daily
    - Climb 1 flight of stairs (12 steps) with staff (assisted as needed)

**Psychosocial**
- Assess emotional/spiritual concerns & ability to cope with cardiac condition

**Review Plan**
To advance to the next step, the following outcomes must be met:
- Vital signs stable with $\text{SpO}_2 \geq 92\%$
- Tolerate oral intake
- Tolerate Step specific activities with no/minimal discomfort with mobilization
- Understands Step specific education while coping with his/her cardiac condition

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<th>Step 1 – Date</th>
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Date: November 19, 2012

7102-0201-0
### Cardiac Surgery Clinical Pathway Guidelines

**Cardiac Surgery Inpatient Unit - Discharge and Teaching Checklist**

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<th>Step</th>
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| **STEP 1** | Nursing:  
- Ensure patient has their Patient Guide to Heart Surgery Booklet (PGHS)  
  (if non-elective case – give patient a copy of PGHS)  
  o Ask patient/family to read page 12  
- Confirm family physician & ensure s/he is added as Primary Care Provider  
- Receiving homecare pre-op  
  q Yes  
  q No  
  if yes, send consult  
- Identify concerns/needs post discharge: Consult  
  q Home Care  
  q Occupational Therapy  
  q Social Work |

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| **Physiotherapy** |  
- Review care of breast bone (PGHS page 19)  
- Review transfers using sternal precautions (PGHS page 14)  
- Complete Cardiac Rehabilitation referral form and choose site  
  q Wellness Institute  
  q Reh-Fit  
  q Thunder Bay  
  q Brandon  
  q The Pas  
  o If not referred, why? |

| **Clinical Nutrition** (choose one of the following) |  
- q Review nutritional guidelines (PGHS pages 32-38) OR  
- q Referred to out-patient cardiac nutrition class |

| **STEP 2** | Nursing:  
- Discuss target discharge date with patient/family  
- Reinforce what to expect after surgery (PGHS pages 13-15)  
- Reinforce target discharge date with patient/family  
- View “Your heart, your health-a guide to heart surgery” DVD  
- Complete Coping with a Cardiac Event Checklist with patient  
  o If patient exhibits acute mental distress, follow up with physician/delegate to initiate an inpatient psychiatry consult  
- Review resuming activity: driving, back to work, sexual activity (PGHS pages 20-21)  
- Review Home Exercise Program (PGHS pages 28-29)  
- Review appropriate activity level for home |

| **Physiotherapy** |  
- Review medications, reasons for each medication, potential side effects, administration times, handling of missed doses (PGHS pages 23-25)  
- Discharge prescription given to patient |

| **Warfarin Teaching required:** |  
- q Yes  
- q No  
- On Warfarin pre-op  
  q Yes  
  q No  
- Follow up by  
  q Post-Op Cardiac Surgery Clinic  
  q Family physician  
- Reviewed Warfarin teaching package & viewed Warfarin teaching video |

| **Nursing** |  
- Review the “Just the Facts” sheet and follow up appointment on the Discharge Summary Note  
- IV discontinued at  
- Telemetry discontinued at  
- Discharged at hours, accompanied by  |

| **STEP 3** | Nursing/Pharmacy:  
- Review medications, reasons for each medication, potential side effects, administration times, handling of missed doses (PGHS pages 23-25)  
- Discharge prescription given to patient |

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