UNIVERSITY MEDICAL CENTER
INTERDISCIPLINARY

Disclaimer: *The is a suggested interdisciplinary plan of care. This is only a guideline. The patient problem, outcomes and interventions may be changed to meet the individual needs of the patient. Physician/Medical orders supersede all pre-printed interventions identified on the .*

ADDRESSOGRAPH

: Generic Cardiac Surgery ***LIMA:*** _____ ***OR Date:*** _____

ESTIMATED LOS: _____ *Days* ***Date placed on map:*** _____

EXCLUSIONARY CRITERIA:

1. *EF < 20%*
2. *Second Reop (3rd Surgery)*
3. *Valve surgery*
4. *Renal Failure: Dialysis pre-op or CR>2.8*
5. *Aneurysm*
6. *Cardiogenic shock: CI < 2.0 on inotropes*
7. *Severe COPD/Pre-op ABG reveals any of the following*

- *PaO2 < 60 or SAT < 92% on Room Air/PaCO2 > 50.*

Primary Diagnosis/Procedure: _____

Pertinent Past Medical History: _____

Allergies: _____

Pre-op Medications: _____

Significant Pre-op Lab Work: _____

CONSULTS OR DISCIPLINES INVOLVED/NOTIFIED:

1. _____ *Initials/Date/Time notified:* _____
2. _____ *Initials/Date/Time notified:* _____
3. _____ *Initials/Date/Time notified:* _____
4. _____ *Initials/Date/Time notified:* _____
5. _____ *Initials/Date/Time notified:* _____

RN Signature: _____ ***Date/Time:*** _____

RN Signature: _____ ***Date/Time:*** _____

Instructions for Documentation:
OUTCOMES/INTERVENTIONS:

- *Initial when met or completed*
- *Use notation N/A, if not applicable for the timeframe*
- *Initial and circle, if not met or completed*

Supplemental Documentation is required on the Progress Record / Patient Focus Notes when an outcome or intervention is initialed and circled, indicating it was not met or completed as stated.

COURSE/SIGNIFICANT EVENTS THIS ADMISSION:

Admission: _____

_____

POD #1: _____

_____

POD #2: _____

_____

POD #3: _____

_____

POD #4: _____

_____

POD #5: _____

_____

POD #6: _____

_____

POD #7: _____

_____

OTHER: _____

TRANSFER SUMMARY:

Invasive Lines	*Site*	*Date In*	*Removed*
Swan			
DLC			
Aline			
PIID (HL) Size: _____			*New Site/Date :*
Chest Tubes			
Foley		*Void:*	

Pacing Wires: _____A _____A _____V _____V

Pacer Used: _____

Other: _____

Last Medicated: _____ ***Most Recent Labs: K+*** _____ ***WBC*** _____ ***H/H*** _____

Other: _____ ***Total I/O Balance (since surgery)*** _____

CULTURES

Site	*Date*	*Results*

RN Signature: _____

Generic Cardiac Surgery

Signature	Title	Initial

SIGNATURE REQUIRING CO-SIGNATURE

Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	Pre-Op Date: _____	Met Time / Initials
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care / surgery and participates in decision making.	
Pain Management		
Decreased Tissue Perfusion	Maintain current cardiac status	
	Chest pain free	
Potential for Infection	No evidence of infection	
Impaired Gas Exchange	No evidence of respiratory distress	

Problem/ Needs		Met Time / Initials
Mobility	Activity as tolerated	
Fluid and Electrolytes	Labs within therapeutic range	
Patient Safety	Remains injury free in a safe environment.	
Skin Integrity	No evidence of skin breakdown.	
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.	

INTERVENTIONS (continued on back)

Patient Care Categories		Met Time / Initials
Discharge Plan	Assess discharge needs (Cardiac Surgery Nurses) - refer to Discharge Planning / Social Services	

Patient Care Categories		Met Time / Initials
Nutrition	* NPO after midnight	
	High risk nutritional assessment completed.	

** indicates medical orders needed*

INTERVENTIONS (continued)

Patient Care Categories	Pre-Op Date: _____	Met Time / Initials	Patient Care Categories		Met Time / Initials
Assessment & Treatments	Admission Assessment		*Teaching & Psychosocial*	Assess patient / family satisfaction.	
	*Vital signs q shift			Encourage verbalization of fears / concerns.	
	System assessment q shift			Admitting orientation	
	Weight:			Cardiac Surgery nurse visit, pre-op booklet and patient pathway given	
	Height:			Learning needs / teaching plan: - Heart A&P - Procedure and post-op care - NPO after midnight - Skin prep - Expected LOS - Pain Management	
	Complete pre-op checklist				
	Cardiac Surgery nurse visit				
	Cardiac surgery nurse assesses need for pre-op consults (hematology, pulmonary, renal, vascular, neuro, etc.)			Encourage patient to verbalize questions, as necessary	
	Cardiac Surgeon visit			Instruct on incentive spirometry use (RT); if in DAR call night shift	
	Document volume achieved:				
			Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.	
				* ABG (if necessary)	
				* PFTs (if necessary)	
				Pre-Op Incentive Spirometry volume:	
				* Tests / Procedures _____ _____ _____ _____ _____ _____	
			Safety & Activity	Falls protocol initiated.	
				* Activity level: OOB ad lib	
				Potential need for physical therapy assessed by Cardiac Surgery nurses	
	Hygiene & Comfort Protocol				
	Peripheral IV Therapy Protocol				
	Pressure Ulcer Prevention Protocol				

Generic Cardiac Surgery

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ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

Problem/ Needs	Day of Surgery Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care / surgery and participates in decision making.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
Decreased Tissue Perfusion	Cardiac Index >			
	Stable rhythm (asymptomatic)			
Potential for Infection	Dressing dry and intact			
	Glucose < 200			
Impaired Gas Exchange	Extubated; no wheezing / stridor			
	Denies SOB			
	Incentive Spirometry > 500cc or:			

Problem/ Needs		D	E	N
Mobility	Moving all extremities on command.			
Fluid and Electrolytes	Urinary Output > 20cc / hr			
	Labs within therapeutic range			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Cardiac surgery nurse contacts Discharge Planning / Social Services (if problems anticipated).			

Patient Care Categories		D	E	N
Nutrition	* NPO while intubated.			
	Ice chips; progress to clear liquids as tolerated.			
	NGT/OGT as per unit standard.			
	* Discontinue NGT/OGT			
	High risk nutritional assessment completed.			

* indicates medical orders needed

INTERVENTIONS (continued)

Patient Care Categories	Day of Surgery Date: _____	D	E	N	Patient Care Categories		D	E	N
Assessment & Treatments	* VS, Hemodynamic monitoring, assessments, I/O, chest tube management, invasive line care & wound care as per unit standard				*Teaching & Psychosocial*	Assess patient / family satisfaction.			
	Daily weight					Encourage verbalization of fears / concerns.			
	* Autotransfusion * Cardiac infusions - titrated according to parameters (see flow sheet)					Reinforce cough and deep breathing / incentive spirometry. Explain activity progression and pain management.			
	* Pacing set for: _____ pacing at _____ MA _____ rate.					Explain unit environment & routine, procedures, equipment as needed.			
	* Re-warm patient as per unit standard. Assess need for Demerol IVSS for shivering								
	Evaluate need for pre-op meds. Assess comfort as per unit standards								
	* Administer blood and fluid products as per unit standard								
	* Monitor respiratory status as per unit and respiratory department standards								
	* Pulmonary toilet as per unit standard. Respiratory support (see flow sheet). Assess need for additional respiratory care.								
	* Pre-Extubation: Draw initial ABG (RT/RN). Monitor patient vent system, as per unit standards of care for patient.				*Specimens & Diagnostics*	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Begin weaning when indicated as per standard.					* CBC, SMA7, PT, PTT, ABG, MVBG, Mg on adm. & in a.m.			
	* Extubate as per unit standard.					* BS monitoring as ordered:			
						* K+, CBC, ABG q 4 hr. & PRN			
						* Troponin levels at 3 a.m.			
						* 12 lead ECG on admission & in am (only if patient not AV paced).			
						* CXR on admission (if not done in OR) and in a.m.			
						* Tests / Procedures _____ _____ _____ _____ _____			
					Safety & Activity	Falls protocol maintained.			
						* Complete bed bath after 6 hr., if stable.			
						* OOB to dangle and to chair if hemodynamically stable.			
						All alarms and parameters set. Call be within reach.			
	Hygiene & Comfort Protocol								
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol								

Generic Cardiac Surgery

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ADDRESSOGRAPH

DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	POD #1 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
Decreased Tissue Perfusion	Cardiac Index stable			
	Maintaining / weaning cardiac infusion			
	Stable rhythm			
Potential for Infection	Glucose < 200			
	Afebrile			
Impaired Gas Exchange	Extubated; no wheezing / stridor			
	Denies SOB			
	Incentive Spirometry > 750 - 1000cc or:			

Problem/ Needs		D	E	N
Mobility	Transfer to 4 West			
	Comfortable on current pain regime			
	OOB to chair x 1			
Fluid and Electrolytes	Urinary Output > 30cc / hr			
	Tolerating clear liquids			
	Labs within therapeutic range			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Evaluate need for special Discharge Planning. Referral to Discharge Planning / Social Services.			

Patient Care Categories		D	E	N
Nutrition	* Clear liquids; advance diet to 2 gm Na low chol, or:			
	% of diet consumed:			
	Breakfast _____%			
	Lunch _____ %			
	Dinner _____ %			

** indicates medical orders needed*

INTERVENTIONS (continued)

Patient Care Categories	POD #1 Date: _____	D	E	N
Assessment & Treatments	* VS, Hemodynamic monitoring, assessments, I/O, chest tube management and invasive line care & wound care as per unit standard			
	Daily weight			
	* Wean cardiac infusions (see flow sheet)			
	* D/C Dual lumen Catherter and KVO infusion and insert peripheral line.			
	* D/C swan			
	* D/C Aline, consider radial Aline if arterial monitoring continues.			
	* Cap pacing wires if rhythm stable > 24 hrs.			
	* D/C chest tubes. Time: _____ Occlusive dressing x 24 hrs. Obtain CXR after removal of pleural chest tubes.			
	* D/C Foley, call MD if no void in 8 hrs. Removal time:			
	* Remove initial sternal leg dressing. Time:			
	Evaluate need for pre-op meds.			
	* Transfer to 4 West.			
	* Pulmonary toilet as per unit standard. Respiratory support (see flow sheet). Assess need for additional respiratory care.			
	Incentive spirometry q 2-4 hrs. while awake.			
	Hygiene & Comfort Protocol			
	Peripheral IV Therapy Protocol			
	Pressure Ulcer Prevention Protocol			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Assess patient / family satisfaction.			
	Encourage verbalization of fears / concerns.			
	Identify learning needs / continue teaching plan. Adapt teaching plan based on patient's assessment & response to learning.			
	Explain step-down unit environment.			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Tests / Procedures _____ _____ _____ _____ _____ _____			
	* CBC, SMA7, PT, PTT, 12 lead ECG in a.m. Troponin level:			
	* CPK-MB 24 hrs. post-op			
	* BS monitoring as ordered:			
	* K+ and CBC 12p & 8p.			
	CXR in AM			
	EKG in AM			
Safety & Activity	Falls protocol maintained.			
	* Assist with turning and bathing as needed.			
	* After dangling, OOB to chair x 2 (keep feet elevated as much as possible).			
	All alarms and parameters set. Call be within reach.			
	PT orders obtained for Post-Op Day 2			

Generic Cardiac Surgery

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ADDRESSOGRAPH

DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	POD #2 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Discharge Planning / Social Services following patient.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
Decreased Tissue Perfusion	Stable rhythm			
	Hemodynamics stable			
	Stable CI off cardiac infusions			
Potential for Infection	Glucose < 200			
	Chest tubes removed			
	Afebrile			
Impaired Gas Exchange	Lungs clear			
	Denies SOB; respiratory status stable			
	Incentive Spirometry > 1000cc or:			

Problem/ Needs		D	E	N
Mobility	Transfer to 4 West			
	Tolerates OOB to chair x 2			
Fluid and Electrolytes	Urinary Output > 30cc / hr			
	Tolerates full liquids and advances to solid diet.			
	Labs within therapeutic range			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Evaluate need for special Discharge Planning. Referral to Discharge Planning / Social Services if appropriate			

Patient Care Categories		D	E	N
Nutrition	* Clear liquids and advance diet to 2 gm Na low chol diet, or: _____			
	% of diet consumed:			
	Breakfast _____ %			
	Lunch _____ %			
	Dinner _____ %			

INTERVENTIONS (continued)

Patient Care Categories	POD #2 Date: _____	D	E	N
Assessment & Treatments	* VS, Hemodynamic monitoring, assessments, I/O, chest tube management and invasive line care & wound care as per unit standard			
	Daily weight			
	* Wean cardiac infusions (see flow sheet)			
	* D/C Dual lumen Catherter and KVO infusion and insert peripheral line.			
	* D/C swan			
	* D/C Aline			
	* Cap pacing wires if rhythm stable > 24 hrs.			
	* D/C chest tubes. Time: _____ Occlusive dressing x 24 hrs. Obtain CXR after removal of pleural chest tubes.			
	* D/C Foley, call MD if no void in 8 hrs. Removal time:			
	Evaluate need for pain meds / pre-op meds.			
	* Transfer to 4 West			
	* Pulmonary toilet as per unit standard. Respiratory support (see flow sheet). Assess need for additional respiratory care.			
	Incentive spirometry q 2 hrs. while awake.			
	Remove initial sternal leg dressing if not already done. Time: _____			
	Hygiene & Comfort Protocol			
	Peripheral IV Therapy Protocol			
	Pressure Ulcer Prevention Protocol			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Assess patient / family satisfaction.			
	Encourage verbalization of fears / concerns.			
	Reinforce cough and deep breathing / Incentive Spirometry. Explain activity progression and pain management.			
	Explain unit environment & equipment as needed.			
	Explain step-down unit environment.			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Tests / Procedures _____ _____ _____ _____ _____ _____			
	* CBC, SMA7, PT, PTT, 12 lead ECG in a.m.			
	* BS monitoring as ordered:			
	PT / INR if on coumadin			
	PTT if on heparin			
	Consider need for CXR			
Safety & Activity	Falls protocol maintained.			
	* Assist with turning and bathing as needed.			
	* After dangling, OOB to chair x 2 (keep feet elevated as much as possible). Ambulate 25-50 ft.			
	All alarms and parameters set. Call be within reach.			
	PT evaluation completed if indicated.			

Generic Cardiac Surgery

Signature	Title	Initial

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ADDRESSOGRAPH

DESIRED OUTCOMES — **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	POD #3 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Discharge Planning / Social Services following patient.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
	Comfortable on PO pain regime.			
Decreased Tissue Perfusion	Stable rhythm			
	Hemodynamics stable			
Potential for Infection	Central line discontinued.			
	Glucose < 200			
	Chest tubes removed			
	Afebrile			
Impaired Gas Exchange	Lungs clear			
	Denies SOB.			
	Incentive Spirometry > 1000cc			

Problem/ Needs		D	E	N
Mobility	Transfer to 4 West			
	Tolerates OOB to chair x 2 and ambulates in room.			
Fluid and Electrolytes	Urinary Output > 720 cc / 24 hrs.			
	Tolerating 25-50% of diet.			
	Labs within therapeutic range			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Evaluate need for special Discharge Planning. Referral to Discharge Planning / Social Services if appropriate			

Patient Care Categories		D	E	N
Nutrition	* Clear liquids and advance diet to 2 gm Na low chol diet, or: _____			
	% of diet consumed:			
	Breakfast _____ %			
	Lunch _____ %			
	Dinner _____ %			

** indicates medical orders needed*

INTERVENTIONS (continued)

Patient Care Categories	POD #3 Date: _____	D	E	N
Assessment & Treatments	* VS, Hemodynamic monitoring, assessments, I/O, chest tube management and invasive line care & wound care as per unit standard			
	Daily weight			
	* Wean cardiac infusions (see flow sheet)			
	* D/C Dual lumen Catherter and KVO infusion and insert peripheral line.			
	* D/C swan			
	* D/C Aline			
	* Cap pacing wires if rhythm stable > 24 hrs.			
	* D/C chest tubes. Time: _____ Occlusive dressing x 24 hrs. Obtain CXR after removal of pleural chest tubes.			
	* D/C Foley, call MD if no void in 8 hrs. Removal time:			
	* Transfer to 4 West			
	* Pulmonary toilet as per unit standard. Respiratory support (see flow sheet). Assess need for additional respiratory care.			
	Incentive spirometry q 1 hr. while awake.			
	Hygiene & Comfort Protocol			
	Peripheral IV Therapy Protocol			
	Pressure Ulcer Prevention Protocol			

Patient Care Categories		D	E	N
Teaching & Psychosocial	Assess patient / family satisfaction.			
	Encourage verbalization of fears / concerns.			
	Reinforce cough and deep breathing / Incentive Spirometry. Explain activity progression and pain management.			
	Explain unit environment & equipment as needed.			
	Explain step-down unit environment.			
Specimens & Diagnostics	Lab / diagnostics results reviewed; MD notified if indicated.			
	* Tests / Procedures _____ _____ _____ _____ _____ _____ _____			
	* CBC, SMA7, PT, PTT, 12 lead ECG in a.m.			
	* BS monitoring as ordered:			
	PT / INR if on coumadin			
	PTT if on heparin			
	Consider need for CXR			
Safety & Activity	Falls protocol maintained.			
	* Assist with turning and bathing as needed.			
	* After dangling, OOB to chair x 2 (keep feet elevated as much as possible).			
	Ambulate in room with assistance 50-100 feet.			

Generic Cardiac Surgery

Signature	Title	Initial

SIGNATURE REQUIRING CO-SIGNATURE		
Signature Requiring Co-Signature	Date/Shift	Initial/Title

ADDRESSOGRAPH

DESIRED OUTCOMES **D = DAYS E = EVENINGS N = NIGHTS**

Problem/ Needs	POD #4 Date: _____	D	E	N
Knowledge Deficit related to plan of care	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.			
	Discharge Planning / Social Services following patient.			
Pain Management	Pain free or verbalizes pain relief after intervention.			
Decreased Tissue Perfusion	Stable rhythm			
	Hemodynamics stable			
	Pacing wires removed			
Potential for Infection	Central lines discontinued.			
	Glucose < 200			
	Afebrile			
	Wounds without redness, decreasing drainage.			
Impaired Gas Exchange	Lungs clear			
	Denies SOB			
	O_2 needed for activity only			
	Incentive Spirometry > 1000cc or			

Problem/ Needs		D	E	N
Mobility	Transfer to 4 West			
	Performs ADL's with minimal assist.			
	Tolerates ambulating 100 ft. with assistance TID.			
Fluid and Electrolytes	Urinary Output > 720 cc / 24 hrs.			
	Tolerating 25-50% of diet.			
	Labs within therapeutic range			
Patient Safety	Remains injury free in a safe environment.			
Skin Integrity	No evidence of skin breakdown.			
Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			

INTERVENTIONS (continued on back)

Patient Care Categories		D	E	N
Discharge Plan	Evaluate need for special Discharge Planning. Referral to Discharge Planning / Social Services if appropriate			

Patient Care Categories		D	E	N
Nutrition	* Advance to 2gm NA low chol diet, or:			
	% of diet consumed:			
	Breakfast _____ %			
	Lunch _____ %			
	Dinner _____ %			

** indicates medical orders needed*

INTERVENTIONS (continued)

Patient Care Categories	POD #4 Date: _____	D	E	N	Patient Care Categories		D	E	N
Assessment & Treatments	* VS, assessments, I/O, chest tube management, invasive line care and wound care as per unit standard.				*Teaching & Psychosocial*	Assess patient / family satisfaction.			
	Daily weight					Encourage verbalization of fears / concerns.			
	* D/C chest tubes. Time: _____ Occlusive dressing x 24 hrs. Obtain CXR after removal of pleural chest tubes.					Appropriate referrals as needed			
	* D/C Foley, call MD if no void in 8 hrs. Removal time:					Attend cardiac surgery discharge class			
	* Cap pacing wires if rhythm stable >24 hrs Consider Pacing Wire removal.					Learning needs / teaching plan: - Incision Care - Cough / deep breathing - S/S of infection - Incentive Spirometry - Medications - Activity progression / restrictions - When to call MD - Pulse taking - Modifiable risk factors - Pain Management - Other:			
	* Pulmonary toilet as per unit standard. Respiratory support (see flow sheet). Assess need for additional respiratory care.								
	Assess need for O_2/pulse oximetry PRN				*Specimens & Diagnostics*	Lab / diagnostics results reviewed; MD notified if indicated			
	Incentive spirometry q 1 hr. while awake.					* Tests / Procedures _____ _____ _____ _____ _____			
						* CBC, SMA7, PT, PTT, 12 lead ECG in a.m.			
						* BS monitoring as ordered:			
						PT / INR if on coumadin			
						PTT if on heparin			
						If low grade fever, check with surgeon before obtaining cultures.			
						Consider need for CXR			
					Safety & Activity	Falls protocol maintained.			
						* OOB TID; keep feet elevated at all times when OOB. Ambulate 100-150 ft. TID with assistance.			
						All alarms and parameters set. Call bell within reach.			
	Hygiene & Comfort Protocol								
	Peripheral IV Therapy Protocol								
	Pressure Ulcer Prevention Protocol								