UNIVERSITY MEDICAL CENTER INTERDISCIPLINARY

is a suggested interdisciplinary plan of Disclaimer: The 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 - PaO2 < 60 or SAT < 92% on Room Air/PaCO2		
Primary Diagnosis/Procedure:		
Pertinent Past Medical History:		
Allergies:		
Pre-op Medications:		
Significant Pre-op Lab Work:		
CONSULTS OR DISCIPLINES INVOLVED/NOT	TIFIED:	
1.	Initials/Date/Ti	me notified:
2.		me notified:
3	Initials/Date/Til	me notified:
4		me notified:
5	Initials/Date/Til	me notified:
RN Signature:	,	Date/Time:
RN Signature:		
Instructions for Documentation: OUTCOMES/INTERVENTIONS: - Initial whe		

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.

Use notation N/A, if not applicable for the timeframe

- Initial and circle, if not met or completed

Initial when met or completed

COURSE/SIGNIFICANT E						
Admission:			+			
				2000 Carlo I - 1		
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					Va. 10.000 (18.000)	
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OTHER:						1000
TRANSFER SUMMARY:						
Invasive Lines		S	ite	Date In	Removed	
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DLC						
Aline				- 421		192
PIID (HL) Size:					New Site/Date :	
Chest Tubes						
Foley					Void:	
Pacing Wires:	A	A	V	v		
Pacer Used:						,
Other:						
ast Medicated:				t Labs: K+	WBC H/H _	
Other:						
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ADDRESSOGRAPH

DESIRED OUTCOMES

D = DAYS E = EVENINGS N = NIGHTS

	DESI	RED OUTCO	OMES	D = DAYS E = EVENINGS N = NIG	HIS
Problem/ Needs	Pre-Op Date:	Met Time / Initials	Problem/ Needs	EIV MZH CO CLIST A	Met Time Initials
Knowledge	Patient/family verbalizes understanding of anticipated plan of care / surgery and		Mobility	Activity as tolerated	
Deficit related to plan of care	participates in decision making.				
				Labs within therapeutic range	<u> </u>
			Fluid and	Labo William anorapodato rango	
Pain Management			Electrolytes		
		sactorina (Constitution)			
Decreased	Maintain current cardiac status	na angolo			
Tissue Perfusion	Chest pain free				-
	No evidence of infection				
Potential for Infection	No evidence of infection				
101 11110000011				Remains injury free in a safe	
			Patient Safety	environment.	
Impaired	No evidence of respiratory distress		Skin Integrity	No evidence of skin breakdown.	1
Gas Exchange					
			Patient/Family	Patient/family verbalizes satisfaction with hospital stay/care.	
		9546	Satisfaction		
	INTERVE		ntinued on bac	;k)	
Patient Care		Met Time /			Met Time
Categories	Assess discharge needs (Cardiac	Initials	Categories	* NPO after midnight	Initials
Discharge	Surgery Nurses) - refer to Discharge		Nutrition	NFO after mionight	
Plan	Planning / Social Services			High risk nutritional assessment	
				completed.	
		inning market	orders needed		

Patient Care	Pre-Op Date:	Met Time / Initials	Patient Care Categories		Met Time Initials
Categories	Admission Assessment	iniuais	Categories	Assess patient / family satisfaction.	minuals
Assessment			Teaching	and parents in the same states	
& Treatments	*Vital signs q shift		& Psychosocial	Encourage verbalization of fears / concerns.	
	System assessment q shift			Admitting orientation	21.7.07
	Weight:			Cardiac Surgery nurse visit, pre-op booklet and patient pathway given	
	Height:			Learning needs / teaching plan: - Heart A&P	
	Complete pre-op checklist		100 C 5	- Procedure and post-op care - NPO after midnight	
	Cardiac Surgery nurse visit			- Skin prep - Expected LOS	730-14
	Cardiac surgery nurse assesses need for pre-op consults (hematology, pulmonary,	g/Wee-M		- Pain Management Encourage patient to verbalize	
	renal, vascular, neuro, etc.)			questions, as necessary	a secondo
Cardiac	Cardiac Surgeon visit			Instruct on incentive spirometry use (RT); if in DAR call night shift	
	Document volume achieved:			II III DAN OUI IIIGIN OIIIN	
		1-7-3-90			
	A CHARLES A CHARLES A CHARLES AND AN ARCHARGE CONTROL	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Lab / diagnostics results reviewed; MD	
	• •		Specimens &	notified if indicated. * ABG (if necessary)	-
			Diagnostics	* PFTs (if necessary)	
	44.00			Pre-Op Incentive Spirometry volume:	
				* Tests / Procedures	
	programme and the manner of	1 32 104 175			
	The state of the s				ber from
					19 (3) (4)
				Falls protocol initiated.	
		17 67 965	Safety		
			& Activity	* Activity level: OOB ad lib	and the second second second
		Checker on a	Activity	OOB ad lib	1
		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>Enoral</u>	Potential need for physical therapy	
		N. 00000		assessed by Cardiac Surgery nurses	
	Hygiene & Comfort Protocol		-	The state of the s	
			-		
	Peripheral IV Therapy Protocol				
	Pressure Ulcer Prevention Protocol		1		
	niversity Medical Center		ates medical orde		

Generic Cardiac Surgery Title Signature Initial SIGNATURE REQUIRING CO-SIGNATURE Signature Requiring Co-Signature | Date/Shift Initial/Title

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Problem/	Day of Curnons	D	E	N	Problem/		D	Е	N
	Day of Surgery	ا	_	"		1017100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	1"
Needs	Date:	-	_	-	Needs	Maying all outromities on command		_	\vdash
Manueladas	Patient/family verbalizes understanding of				Mahiller	Moving all extremities on command.			
Knowledge	anticipated plan of care / surgery and			1	Mobility				\vdash
Deficit related	participates in decision making.	-	_	-					
to plan of care									
						107 - 1 1704 - 1 27 A 27			
						Urinary Output > 20cc / hr	_	_	누
	ID-1- (_	_	-	Fluid and	Offinary Output > 2000 / III			
D-1-	Pain free or verbalizes pain relief				Fluid and	Laborathia therenoutie sense	_		⊢
Pain	after intervention.	-	-	├-	Electrolytes	Labs within therapeutic range			
Management									⊢
	I say a second of the second	000						_	<u> </u>
	Committee of the contract of t		1	1					
		_		-		The state of the s			1
	Cardiac Index >		1						
Decreased		-		-					
Tissue	Stable rhythm (asymptomatic)					and the same property of the same state of the s			
Perfusion		_	_	_			_	_	느
		1	1						
		<u> </u>				50 U.M. C.			
	Dressing dry and intact							l	
Potential		_	_	-	1				
for Infection	Glucose < 200	1							느
}		_	_	_		Remains injury free in a safe			1
	1.50 (3.50)	1	1	1	Patient Safety	environment.		_	╄
	The state of the s	1		ı					1
		<u> </u>							느
	Extubated; no wheezing / stridor					No evidence of skin breakdown.			
Impaired		_	_	_	Skin Integrity		_	_	┺
Gas	Denies SOB	1	1	1			1	1	
Exchange	41.4	_	_	_					ㅗ
	Incentive Spirometry > 500cc or:			1		Patient/family verbalizes satisfaction with			
		ــــــــــــــــــــــــــــــــــــــ	_	_	Patient/Family	hospital stay/care.	_	_	╄
	Control of the Contro		1		Satisfaction				
		0.0		1			1		
				<u></u>					_
	INTERVE	NTI	ONS	S (CC	ontinued on bac	ck)			_
Patient Care	parameter and the second	D	E	N	Patient Care		D	E	1
Categories	problem plants of the con-		1		Categories				
	Cardiac surgery nurse contacts	T		T		* NPO while intubated.			Г
Discharge	Discharge Planning / Social Services	1	1	1	Nutrition				
Plan	(if problems anticipated).			1		Ice chips; progress to clear liquirds as			Γ
				\top	1	tolerated.			
		1				NGT/OGT as per unit standard.			Γ
				1		and the same of th			
		1		1		* Discontinue NGT/OGT			Γ
			1	1		and the same of th			
				1		High risk nutritional assessment			
		1				completed.	1		
		1						Г	Т
				1					
							ref.	1	1

Patient Care Categories	Day of Surgery Date:	DE	N	Patient Care Categories		10	E	1
Jalegories	* VS, Hemodynamic monitoring,	-	+-	Categories	Assess patient / family satisfaction.	-	_	+
Assessment	assessments, I/O, chest tube			Teaching	Assess patient rialling satisfaction.			
&	management, invasive line care &			&	Encourage verbalization of fears /	+-	_	+
Treatments	wound care as per unit standard			Psychosocial	concerns.			1
	Daily weight				Reinforce cough and deep breathing /			T
					incentive spirometry. Explain activity			ı
	* Autotransfusion				progression and pain management.			
	* Cardiac infusions - titrated according to				Explain unit environment & routine,			Т
	parameters (see flow sheet)			Sec. 1	procedures, equipment as needed.	-		
	* Pacing set for:							Τ
	pacing at MA rate.				and the second of the second o			1
	* Re-warm patient as per unit standard.	7.00			A Control of the Cont			ı
	Assess need for Demerol IVSS for	309						1
	shivering	_						ı
	Evaluate need for pre-op meds. Assess	- 145						ı
	comfort as per unit standards		-					ı
	* Administer blood and fluid products as							١
	per unit standard		+					ı
	* Monitor respiratory status as per unit and respiratory department standards	1000						
	* Pulmonary toilet as per unit standard.	-	_	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e		
	Respiratory support (see flow sheet).							
	Assess need for additional respiratory				* .			١
	care.							ı
	* Pre-Extubatior:		+					١
	Draw initial ABG (RT/RN).		-		Lab / diagnostics results reviewed; MD	+		÷
	Monitor patient vent system, as per unit			Specimens	notified if indicated.			ı
	standards of care for patient.			8	* CBC, SMA7, PT, PTT, ABG, MVBG,	+	-	+
	Control of Care for parions			Diagnostics	Mg on adm. & in a.m.			I
					* BS monitoring as ordered:			†
	* Begin weaning when indicated as per					10.11		ı
	standard.		-					1
	* Extubate as per unit standard.				* K+, CBC, ABG q 4 hr. & PRN			T
		-	+		* Troponin levels at 3 a.m.	-	_	+
	and the second s				19 1	_	_	1
	1. 150 图 1. 1 (4 位 1 以) 和 2 1 是 1				* 12 lead ECG on admission & in am			ı
		3.50			(only if patient not AV paced).	+	_	+
					* CXR on admission (if not done in OR)			1
	and the state of t	1 5.00		10 mm mary	and in a.m. * Tests / Procedures	+-	-	+
					Tests / Procedures	3157		١
	and the second of the second o					1		١
						1		١
		P 1			- Committee of the comm			1
							1	
					Falls protocol maintained.	T		Ť
				Safety	t Complete had both after 0 had if	+	-	+
	and the second contract of the second			& Activity	* Complete bed bath after 6 hr., if stable.			1
				Activity	* OOB to dangle and to chair if	+-	-	+
					hemodynamically stable.			
					All alarms and parameters set.	+	-	+
	and the latest the same of the				Call be within reach.	100		
								†
	Hygiene & Comfort Protocol		+					
			_					
	Peripheral IV Therapy Protocol							
	Pressure Ulcer Prevention Protocol							
	I have a decrease and a second contract and	11_		4	I	1	l l	1
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ADDRESSOGRAPH

 Problem/ Needs
 POD #1 Date:
 D E N Problem/ Needs
 D E N N Problem/ Needs

		-	-	_	110000			_	_
Knowladge	Patient/family verbalizes understanding of				M-6704.	Transfer to 4 West			
Knowledge Deficit related	anticipated plan of care and participates in decision making.				Mobility	Comfortable on current pain regime	-	⊢	+
o plan of care	in decision making.	-	-			Comortable on current pain regime			
						OOB to chair x 1	_	\vdash	+
			<u> </u>			Urinary Output > 30cc / hr			T
	Pain free or verbalizes pain relief				Fluid and				\perp
Pain Managamant	after intervention.	-	-	_	Electrolytes	Tolerating clear liquids		1	
Management						I also within the consulting consu	-	├	╀
						Labs within therapeutic range			
	Cardiac Index stable					1000000			t
Decreased			1.00						
Tissue	Maintaining / weaning cardiac infusion								
Perfusion			Op.			The second secon			
	Stable rhythm							L	<u> </u>
		-	-	-					
	Glucose < 200		-						
Potential									
for Infection	Afebrile								
						Remains injury free in a safe			T
					Patient Safety	environment.		\vdash	┖
									1
	Extubated; no wheezing / stridor	+				No evidence of skin breakdown.	-	⊨	╄
Impaired					Skin Integrity	THO SYNCETICE OF SKILL DICERCOVIII.			
Gas	Denies SOB	4			,				+
Exchange	A								
	Incentive Spirometry > 750 - 1000cc or:					Patient/family verbalizes satisfaction with	1		Т
		-	_		Patient/Family	hospital stay/care.	_	_	+
					Satisfaction				
	INTERVE	NTI	ONS	(co	ntinued on bac	ck)			_
Patient Care		D	E	N	Patient Care		D	E	I
Categories	and a supplication of the				Categories				
	Evaluate need for special Discharge					* Clear liquids; advance diet to 2 gm			T
Discharge	Planning. Referral to Discharge				Nutrition	Na low chol, or:	_		L
Plan	Planning / Social Services.	_	_			% of diet consumed:			
Plan						Breakfast%			
Plan						Lunch 0/			
Plan						Lunch %	****	<u> </u>	1888
Plan						Lunch % Dinner %			
Plan						Lunch %			
Man						Lunch %			
Man						Lunch %			

atient Care		D	E	N	(continued) Patient Care		D	F	T
Categories	Date:				Categories		-	-	1
	* VS, Hemodynamic monitoring,					Assess patient / family satisfaction.	-	\vdash	+
Assessment	assessments, I/O, chest tube			1	Teaching	riocco patient rianniy satisfaction.			1
&	management and invasive line care &				2 cacining	Encourage washelization of form I	-	<u> </u>	+
Treatments	wound care as per unit standard			ı	Davahassalat	Encourage verbalization of fears /			1
rreadments		\vdash	\vdash	Н	Psychosocial	concerns.	-	_	1
	Daily weight			1		Identify learning needs / continue			١
						teaching plan. Adapt teaching plan			1
	* Wean cardiac infusions (see flow sheet)					based on patient's assessment &			1
						response to learning.	- 1		ł
	* D/C Dual lumen Catherter and KVO					Explain step-down unit environment.	1		†
	infusion and insert peripheral line.								ı
	* D/C swan	$\overline{}$	_		S . 137 6.		-	\vdash	+
	* D/C Aline, consider radial Aline if arterial		_	\vdash					1
						· ·			ı
	monitoring continues.		_	-					1
	* Cap pacing wires if rhythm stable								ı
	> 24 hrs.		100						ı
	* D/C chest tubes. Time:								١
	Occlusive dressing x 24 hrs.								
	Obtain CXR after removal of pleural								
	chest tubes.								
		-	-	\vdash			1 1		
	* D/C Foley, call MD if no void in 8 hrs.						1		ı
	Removal time:				1 1				
	* Remove initial sternal leg dressing.		2						
	Time:				I				
	Evaluate need for pre-op meds.						1 1		I
							1 1		ı
	* Transfer to 4 West.	\neg	_			Lab / diagnostics results reviewed; MD	-	_	ᅻ
					Specimens	notified if indicated.	H		ł
	* Pulmonary toilet as per unit standard.	-	-	-	Specimens		\vdash		4
					G	* Tests / Procedures	1 1		ł
	Respiratory support (see flow sheet).				Diagnostics		1 1		ł
	Assess need for additional respiratory						1 1		١
	care.						1 1		ı
	Incentive spirometry q 2-4 hrs.								ı
	while awake.	. 1							I
						17.00	1 1		١
							H		١
						* CBC, SMA7, PT, PTT, 12 lead ECG			t
									ı
						in a.m.	1 1		ı
						Troponin level:	\vdash		1
		- 1				* CPK-MB 24 hrs. post-op	1 1		1
	1					* BS monitoring as ordered:			Т
	I a series and a s								١
									١
		100			\$u				1
		150			X	* K+ and CBC 12p & 8p.			1
		1501			8	* K+ and CBC 12p & 8p.			
		164			8	* K+ and CBC 12p & 8p. CXR in AM			
					8	* K+ and CBC 12p & 8p.			
					8	* K+ and CBC 12p & 8p. CXR in AM EKG in AM			
					84	* K+ and CBC 12p & 8p. CXR in AM			
					Safety	* K+ and CBC 12p & 8p. CXR in AM EKG in AM Falls protocol maintained.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM			
						* K+ and CBC 12p & 8p. CXR in AM EKG in AM Falls protocol maintained.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM Falls protocol maintained. * Assist with turning and bathing as needed.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM Falls protocol maintained. * Assist with turning and bathing as needed. * After dangling, OOB to chair x 2 (keep			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM Falls protocol maintained. * Assist with turning and bathing as needed. * After dangling, OOB to chair x 2 (keep feet elevated as much as possible).			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
	Hygiene & Comfort Protocol				&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
	Hygiene & Comfort Protocol				&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
	Hygiene & Comfort Protocol Peripheral IV Therapy Protocol				&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
	Peripheral IV Therapy Protocol				&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
					&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
	Peripheral IV Therapy Protocol				&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			
	Peripheral IV Therapy Protocol				&	* K+ and CBC 12p & 8p. CXR in AM EKG in AM 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.			

Generic Cardiac	July		
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Signature Requiring Co-Signature	Date/Shift	Initial/Ti	t/e

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	DESI	RED	ou	ITC	OMES	ADDRESSOGRAPH $D = DAYS E = EVENINGS N = NIGHT$	HTS		
Problem/ Needs	POD #2 Date:	D	Ε	N	Problem/ Needs		D	Ε	N
Knowledge Deficit related	Patient/family verbalizes understanding of anticipated plan of care and participates in decision making.				Mobility	Transfer to 4 West Tolerates OOB to chair x 2			
to plan of care	Discharge Planning / Social Services following patient.					Ultimon Outlined > 20 and Lan			
Pain	Pain free or verbalizes pain relief after intervention.				Fluid and Electrolytes	Urinary Output > 30cc / hr Tolerates full liquids and advances to			
Management						solid diet. Labs within therapeutic range			_
Decreased	Stable rhythm								
Tissue Perfusion	Hemodynamics stable Stable CI off cardiac infusions	Eq.							
	Otable of on cardiac inflations								
Potential	Glucose < 200								
for Infection	Chest tubes removed					Remains injury free in a safe			
	Afebrile				Patient Safety	environment.			-
	Lungs clear				Skin Integrity	No evidence of skin breakdown.			
Impaired Gas	Denies SOB; respiratory status stable	-		_	Onn megny				
Exchange	Incentive Spirometry > 1000cc or:				Patient/Family Satisfaction	Patient/family verbalizes satisfaction with hospital stay/care.			
Patient Care	INTERVE	-	_	(cc	ntinued on bac	(k)			
Categories	Evaluate pood for enecial Discharge	D	E		Patient Care Categories		D	E	N
Discharge Plan	Evaluate need for special Discharge Planning. Referral to Discharge Planning / Social Services if appropriate				Nutrition	*Clear liquids and advance diet to 2 gm Na low chol diet, or: % of diet consumed:			
					610	Breakfast% Lunch % Dinner %			
		-	277					prist. 100.	

Patient Care	POD #2	D	Ε	N	Patient Care		D	E	N
Categories	Date:				Categories				
	* VS, Hemodynamic monitoring,					Assess patient / family satisfaction.			
Assessment	assessments, I/O, chest tube				Teaching				
&	management and invasive line care &				&	Encourage verbalization of fears /			
Treatments	wound care as per unit standard				Psychosocial	concerns.			
	Daily weight				_	Reinforce cough and deep breathing /			
1						Incentive Spirometry. Explain activity			1 I
ĺ	* Wean cardiac infusions (see flow sheet)					progression and pain management.			
l					-	Explain unit environment & equipment			
l	* D/C Dual lumen Catherter and KVO					as needed.			
1	infusion and insert peripheral line.					Explain step-down unit environment.	Г		
1	* D/C swan								
							Т		
1	* D/C Aline						1		
l									
1	* Cap pacing wires if rhythm stable								
	> 24 hrs.								
1	* D/C chest tubes. Time:								
1	Occlusive dressing x 24 hrs.								1 1
I	Obtain CXR after removal of pleural								
I	chest tubes.								
1	* D/C Foley, call MD if no void in 8 hrs.								
1	Removal time:							1	
	Evaluate need for pain meds / pre-op				l				
I	meds.							1	
l	* Transfer to 4 West								\perp
						Lab / diagnostics results reviewed; MD	Т		
1	* Pulmonary toilet as per unit standard.				Specimens	notified if indicated.	_		
l	Respiratory support (see flow sheet).				.8	* Tests / Procedures			
1	Assess need for additional respiratory				Diagnostics			1	
1	care.								
	Incentive spirometry q 2 hrs. while							1	1 1
l	awake.							1	1 1
1	Remove initial sternal leg dressing if not						-1	1	1 1
	already done. Time:							1	1 1
1							_		Ш
1						* CBC, SMA7, PT, PTT, 12 lead ECG			1
				1		in a.m.	_	_	Ш
1		1				* BS monitoring as ordered:			
	}	1	1		l		_	_	\sqcup
						PT / INR if on coumadin			1 1
-		1	1		l		_	_	ш
		1	1			PTT if on heparin		1	1 1
		1	l	l	ł		_	_	Ш
		l	1	l	l	Consider need for CXR		1	1 1
		1	1	1	l		_	_	\sqcup
1							1	<u> </u>	1
	1		1			Falls protocol maintained.			
1	1				Safety		-	-	+
	1				&	* Assist with turning and bathing as			
					Activity	needed.	-	-	+
1			1		1	* After dangling, OOB to chair x 2 (keep			
1			1		1	feet elevated as much as possible).			
1			1		1	Ambulate 25-50 ft.	+-	-	+
1						All alarms and parameters set.			
1					l	Call be within reach.	+	-	+
		_	_		1	PT evaluation completed if indicated.			
1	Hygiene & Comfort Protocol				I		-	+	+
1		_	_	_	1				
1	Peripheral IV Therapy Protocol							1	
1		_	_	_	1		1		
1	Pressure Ulcer Prevention Protocol				I				
1		1	_	-	1				
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11	iversity Medical Center		* 1	ndics	ites medical order	re needed			

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Signature Requiring Co-Signature	Date/Shift	Initial/	Title
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ADDRESSOGRAPH

DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTS

DESI	NED	, 00	100	JINES	D = DAYS E = EVENINGS N = NIGH	113		
POD #3 Date:	D	E	N	Problem/ Needs		D	Ε	N
Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient.				Mobility	Transfer to 4 West Tolerates OOB to chair x 2 and ambulates in room.			
					Urinary Output > 720 cc / 24 hrs.			H
Pain free or verbalizes pain relief after intervention.				Fluid and Electrolytes	Tolerating 25-50% of diet.	. 10		\vdash
Comfortable on PO pain regime.					Labs within therapeutic range			\vdash
Stable rhythm	\vdash	_		<u> </u>	<u> </u>		<u> </u>	\vdash
Hemodynamics stable								
						7		Ī
4.								
Glucose < 200					Remains injury free in a safe		_	누
Chest tubes removed				Patient Safety	environment.	_	_	\vdash
Afebrile					INo evidence of skin breakdown.			Ļ
Lungs clear				Skin Integrity			_	\vdash
Denies SOB.					Patient/family verbalizes satisfaction with			Ļ
Incentive Spirometry > 1000cc				Patient/Family Satisfaction	hospital stay/care.			\vdash
INTERVE	AIT	ONE						
INTERVE	_		N	The second second second	i	D	F	TΛ
		-	"				~	1"
Evaluate need for special Discharge Planning. Referral to Discharge				Nutrition	* Clear liquids and advance diet to 2 gm Na low chol diet, or:	0.000	0.000	10000
Planning / Social Services if appropriate				(str)	% of diet consumed: Breakfast% Lunch % Dinner %			
	POD #3 Date: Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient. Pain free or verbalizes pain relief after intervention. Comfortable on PO pain regime. Stable rhythm Hemodynamics stable Central line discontinued. Glucose < 200 Chest tubes removed Afebrile Lungs clear Denies SOB. Incentive Spirometry > 1000cc	POD #3 Date: Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient. Pain free or verbalizes pain relief after intervention. Comfortable on PO pain regime. Stable rhythm Hemodynamics stable Central line discontinued. Glucose < 200 Chest tubes removed Afebrile Lungs clear Denies SOB. Incentive Spirometry > 1000cc INTERVENTION D Evaluate need for special Discharge Planning. Referral to Discharge	POD #3 Date: Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient. Pain free or verbalizes pain relief after intervention. Comfortable on PO pain regime. Stable rhythm Hemodynamics stable Central line discontinued. Glucose < 200 Chest tubes removed Afebrile Lungs clear Denies SOB. Incentive Spirometry > 1000cc INTERVENTIONS D E Evaluate need for special Discharge Planning. Referral to Discharge Planning. Referral to Discharge	POD #3 Date: Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient. Pain free or verbalizes pain relief after intervention. Comfortable on PO pain regime. Stable rhythm Hemodynamics stable Central line discontinued. Glucose < 200 Chest tubes removed Afebrile Lungs clear Denies SOB. Incentive Spirometry > 1000cc INTERVENTIONS (cc. D. E. N. Evaluate need for special Discharge Planning. Referral to Discharge	Date: Needs Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient. Pain free or verbalizes pain relief after intervention. Patient Safety Patient Care Categories Patient Care Categories Patinning / Social Services if appropriate Nutrition Nutrition	Poblem/ Needs Patient/Family verbalizes understanding of anticipated plan of care and participates in decision making. Transfer to 4 West	Poblem	POD #3 Date: Problem/ Needs Problem/ Needs Problem/ Needs Patient/family verbalizes understanding of anticipated plan of care and participates in decision making. Discharge Planning / Social Services following patient. Discharge Planning / Social Services if appropriate Discharge

Categories 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) "DiC Dual lumen Catherter and KVO infusion and insert peripheral line. "DiC Name "DiC Aline "Cap pacing wires if rhythm stable > 24 hrs. "Dichain CXR after removal of pleural chest tubes. "Pulmonary toilet as per unit standard. Respiratory support (see flow sheet). Assess need for additional respiratory care. Incentive spirometry q 1 hr. while awake. Dichain CXR after 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. Specimens & A	E	Ε	E	D	3717		Patient Care	N	E	D		Patient Care
Assessment & Concerned to the Control of Experiments of Experiments assessment & Control of Experiments &							Categories					Categories
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Treatments Daily weight Daily w	L		L	\Box			Teaching				,,	_
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feet elevated as much as possible).						needed.	Activity		47		and the second s	
				\neg	(keep	* After dangling, OOB to chair x 2 (keep						
						·						
				T	е	Ambulate in room with assistance		-				
50-100 feet.	_	_	1	_		50-100 feet.						
						* 1						
Hygiene & Comfort Protocol											Hygiene & Comfort Protocol	
Peripheral IV Therapy Protocol											Peripheral IV Therapy Protocol	
Pressure Ulcer Prevention Protocol										\dashv	Pressure Ulcer Prevention Protocol	
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Generic Cardiac	Surgery		
Signature		Title	Initial
SIGNATURE REQU	JIRING CO-SI	GNATURE	
Signature Requiring Co-Signature	Date/Shift	Initial/T	itle

ADDRESSOGRAPH DESIRED OUTCOMES D = DAYS E = EVENINGS N = NIGHTSProblem/ $E \mid N$ POD #4 Problem/ D EN Needs Date: Needs Patient/family verbalizes understanding of Transfer to 4 West Knowledge anticipated plan of care and participates Mobility in decision making. Performs ADL's with minimal assist. Deficit related Discharge Planning / Social Services to plan of care Tolerates ambulating 100 ft. with following patient. assistance TID. Urinary Output > 720 cc / 24 hrs. Pain free or verbalizes pain relief Fluid and after intervention. Electrolytes Tolerating 25-50% of diet. Pain Management Labs within therapeutic range Stable rhythm Decreased Tissue Hemodynamics stable Perfusion Pacing wires removed Central lines discontinued. Potential Glucose < 200 for Infection Remains injury free in a safe Afebrile Patient Safety environment. Wounds without redness, decreasing drainage. No evidence of skin breakdown. Lungs clear Skin Integrity Impaired Denies SOB Gas Exchange Patient/family verbalizes satisfaction with Patient/Family O2 needed for activity only hospital stay/care. Satisfaction Incentive Spirometry > 1000cc or INTERVENTIONS (continued on back) Patient Care D EN Patient Care D Ε N Categories Categories * Advance to 2gm NA Jow chol diet, Evaluate need for special Discharge Discharge Planning. Referral to Discharge Nutrition or: Planning / Social Services if appropriate % of diet consumed: Breakfast _____ Lunch _ Dinner_

Patient Care		D	E	N	Patient Care		TD:	Ē	A
Categories	Date:	1	-		Categories		1	-	l"
-	* VS, assessments, I/O, chest tube	1			3	Assess patient / family satisfaction.	1		\vdash
Assessment	management, invasive line care		1		Teaching				
&	and wound care as per unit standard.				&	Encourage verbalization of fears /			Τ
Treatments	Daily weight				Psychosocial	concerns.			L
	* D/C shoot tubes. Time:	-		-		Appropriate referrals as needed			
	* D/C chest tubes. Time:					Attand acudias accessed discharge place	+		┡
	Occlusive dressing x 24 hrs. Obtain CXR after removal of pleural					Attend cardiac surgery discharge class			
	chest tubes.					Learning needs / teaching plan:	+	_	₽
	* D/C Foley, call MD if no void in 8 hrs.	_	-	-		- Incision Care			
	Removal time:					- Cough / deep breathing			
	* Cap pacing wires if rhythm stable >24 hrs				1	- S/S of infection			
	Consider Pacing Wire removal.					- Incentive Spirometry			l
	* Pulmonary toilet as per unit standard.				1	- Medications			
	Respiratory support (see flow sheet).					- Activity progression / restrictions			
	Assess need for additional respiratory					- When to call MD			
	care.	_	_	_	l	- Pulse taking			
	Assess need for O ₂ /pulse oximetry PRN					- Modifiable risk factors			
	Incombination of the section of the	-	_	-		- Pain Management			
	Incentive spirometry q 1 hr. while					- Other:			
	awake.	-	-	+-			-	_	-
					l				
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1			Lab / diagnostics results reviewed; MD	Ť		T
					Specimens	notified if indicated			
		1		1	&	* Tests / Procedures			Г
				1	Diagnostics				ı
				1					1
		1			l				
		1	1						
						* CBC, SMA7, PT, PTT, 12 lead ECG	+	-	╀
					in a.m.			1	
			1	1	1	* BS monitoring as ordered:	+	-	╁
		1	1			Do morning as ordered.			
		1				PT / INR if on coumadin	1		$^{+}$
		1				la di			
		1				PTT if on heparin			Т
					1				L
						If low grade fever, check with surgeon			Γ
						before obtaining cultures.	_	_	L
					I	Consider need for CXR			
							+		÷
					Cofete	Falls protocol maintained.			
					Safety &	* OOB TID; keep feet elevated at all	+-	-	+
					Activity	times when OOB. Ambulate 100-150 ft.		1	
					Acarity	TID with assistance.			
						All alarms and parameters set.	+		+
						Call bell within reach.		1	
	Table 1 Table 1				I		\top		T
							1		1
	Hygiene & Cornfort Protocol		Γ		1				
	lost .		L	_	1				
	Peripheral IV Therapy Protocol								
		₩	1	-	1				
	Pressure Ulcer Prevention Protocol				1			1	
		+	\vdash	+	1				
			1						
				1					
	Iniversity Medical Center		٠,		ites medical order	1			1