Standard of Care
Postoperative Cardio-thoracic Patient

OBJECTIVES:
1. To maintain acceptable physiological parameters in order to prevent complications and to enhance recovery.
2. To facilitate patients and families coping and progression through the intensive care postoperative phase by providing emotional support and education.
3. To identify and prevent potential postoperative complications by implementing appropriate nursing interventions.
4. To provide adequate pain management.

PROCESS STANDARDS:
1. Hemodynamic parameters will be documented a minimum of:
   - HR, BP Q 15 min x 12 hrs; Q 30 min x 6 hrs then
   - PAP, CVP, CO, CI, MAP, RR Q 1 hr or more frequently as patient condition warrants
   - SVR, PCWP Q 4 hrs and prn
2. MD will be notified immediately of significant deviation unresponsive to prescribed drug therapy set forth in acceptable parameters for titration.
3. Cardiac monitoring will be maintained until transfer from SICU with rhythm strips documented Q shift and PRN.
4. Temperatures will be recorded as core or rectal Q 1 hr until patient warmed to 98.0, then Q 4 hrs. A warming blanket will be readily available to rewarm patient. Blanket will be applied if temperature is 95.0 or less. Care should also be taken to prevent hyperthermia.
5. Pleural and mediastinal drains will be suction with output recorded Q 1 hr x 24 hrs, then Q 4 hr. Mediastinal tubes shall be milked as needed.
6. The MD will be notified of CT output > 150cc x 2 hrs or a sudden decrease or increase in CT drainage.
7. All infusions will be controlled on IV pump.
8. I & O will be recorded Q 1 hr. MD will be notified of urine OP < .5 cc/kg/hr for 2 hrs.
9. Vasoactive infusions will be closely monitored and titrated to specific parameters set forth by MD. Dosages will be recorded in mcg/kg/min or other appropriate nomenclature.
10. Inotropic agents will be weaned to maintain CI > 2.0 or as specified by MD.
11. ABGs, H & H, K+, and Mg levels will be assessed as indicated by MD. Supplemental K+ and Mg will be administered according to specified sliding scale or as ordered by MD.
12. Continuous SV02 monitoring will be utilized x 24 hrs on applicable patients and documented Q 1 hr. SV02 should be maintained between 60-80% or as specified by MD.
13. Complete CV assessment and peripheral pulses will be documented Q 4 hours.
14. As per physician order, pacer wires will be connected to generator x 24 hrs or until stable. If pacer is on, MA rate and mode will be documented Q shift.
15. Patient will be out of bed first POD unless contraindicated or otherwise directed by Physician. Deep breathing with incentive spirometer and coughing with sternal support from heart pillow will be performed q 4 hrs and prn.
16. Assess pain level using numerical scale or CPOT q 4 hrs and prn and administer analgesics as ordered.
16. Patients' families will be allowed to visit briefly as soon as possible after received to SICU in addition to scheduled visiting times. Families will be educated to environment and procedures.

OUTCOME STANDARDS:
At the time of transfer:
1. The patient's VS have been stable for 24 hrs.
2. The patient's ABGs are acceptable.
3. The patient's cardiovascular status is stable with no malignant dysrhythmias.
4. The patient's hemodynamic parameters are WNL without IV vasoactive support.
5. Patient and family verbalize understanding of procedure and immediate postoperative phase.

Reference: