

PROTOCOL FOR: Open Heart: Care of the Patient Post ICU

POLICY: All Post-Open Heart Surgery patients will be transferred to Cardiac Step-Down Unit when stable.

DESIRED

PATIENT OUTCOMES: 1. Patient will experience no complications related to Open Heart surgery.
2. Patient will achieve maximal level of comfort during the post-operative period.

CLINICAL
ASSESSMENT

AND CARE:

1. Circulation:
 - a. Assess blood pressure, pulse, respiration, and temperature every 4 hours while awake, or per MD order.
 - b. Assess heart sounds every 4 hours, note any additional sounds or new murmurs.
 - c. Assess circulation/motion/sensation to bilateral upper and lower extremities every 4 hours while awake.
2. RX for post-open heart patient with pacer wires:
 - a. For symptomatic bradycardia with MAP < 60mm Hg, pace with available wires as appropriate, i.e.,
 - 1) If atrial wires only, pace with atrial pacer box at rate of 80, MA (milli-amps) of 10, and sensitivity of 2.
 - 2) If ventricular wires only, pace with ventricular pacer box at rate of 80, MA of 10, and sensitivity on ASYNCHRONOUS.
 - 3) If both atrial and ventricular wires, use either of the above, or pace with A-V sequential pacer at rate of 80, MA of 10, and ventricular sensitivity on ASYNCHRONOUS.
 - b. For third degree heart block with MAP < 60mm Hg, pace with ventricular wires at same settings as above.
 - c. For asystole, pace with appropriate wires, either:
 - 1) Ventricular wires attached to ventricular pacer at above settings.

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- 2) If both atrial and ventricular wires, use same settings as above.
 - d. Notify Cardiothoracic Surgeon or APRN on call for all of the above situations.
 - e. Maintain pacer wires insulated and grounded. (Wires on right chest are atrial; wires on left chest are ventricular.)
3. Pulmonary:
- a. Assess respiratory rate with vital signs (see above). Assess lung sounds every 4 hours while awake.
 - b. Cough and deep breathe every hour while awake. Incentive spirometer 10 times every 1-2 hours while awake, or as ordered.
 - c. Assist patient in use of pillows to splint incision while coughing.
 - d. Assess O₂ sat q 4-8 hours or per MD order.
4. Rx of post open hear patient with mediastinal and/or pleural chest tubes.
- a. Maintain CT's to LWS 20 cmH₂O continuously, or per MD order.
 - b. Assess for air leak q shift + prn.
 - c. Assess CT dressing q shift + prn. If wet, remove dressing, dry area thoroughly and apply new occlusive dressing.
 - d. Notify Cariothoracic Surgeon/APRN if air leak or excessive CT dressing soiling has occurred.
 - e. Assess for crepitus q shift + prn.
 - f. Assess integrity of connections q shift + prn.
5. Neurological:

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- a. Assess level of consciousness.
- b. Check pupil reactivity.
- c. Check for quality and quantity of motor response.

6. Fluid Volume Status:

- a. Weigh patient daily per MD order.
- b. Maintain IV fluid per MD order.
- c. Monitor intake and output per MD order.
- d. Monitor electrolytes per MD orders.
- e. Obtain lab samples per MD order.
- f. Monitor patient's tolerance to diet. Assess for bowel movement, if no BM in > 3 days, notify Cardiothoracic Surgeon/APRN.

7. Pain Management:

- a. Assess patient every 1-2 hours concerning presence of discomfort and characteristics:
 - 1) Timing (e.g. onset, duration, frequency of pain)
 - 2) Quality (e.g., burning, stabbing)
 - 3) Location
 - 4) Radiation
 - 5) Aggravating/alleviating factors
 - 6) Quantity (pain scales: 0-10 or faces scale)
 - 7) Associated manifestations (eg., ↑ HR, ↑ BP, Diaphoresis)
- b. Compare and contrast previous angina characteristics versus incisional pain, if applicable.
- c. Utilize positioning and support techniques to promote patient comfort, e.g., splinting pillows, etc.
- d. Offer pain med, as needed, per MD order.

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e. Institute alternative methods for distraction as appropriate, i.e., guided imagery, meditation.

8. Wound Care:

a. Cleanse all incisions with HIBICLENS and rinse thoroughly q shift + prn.

1. If Dermabond is used, HIBICLENS washes are contraindicated

b. If no wound drainage, leave wound open to air.

c. If a wound drains, apply DSD. Cardiothoracic Surgeon/APRN must be notified if sternal wound is draining.

1. Change dressings q shift and PRN. Do not leave a wet dressing against patient skin. Wound must be thoroughly cleansed with HIBICLENS and dried prior to applying new DSD.

9. Activity

a. Ambulate TID out of room.

b. Encourage participation in ADL's per MD order.

PATIENT TEACHING: 1. Assess patient/significant other's readiness to learn.

2. Review Open Heart Surgery Teaching Booklet.

3. Review wound care at home keeping in mind individual needs. Women should be instructed to wear a brassiere pad in sternal incision area.

4. Review medications and diet and activity restrictions.

REPORTABLE

CONDITIONS: Notify Cardiothoracic Surgeon/APRN if:

1. Symptomatic bradycardia or other dysrhythmia occur.

2. Temperature \geq 101.5

3. Blood Pressure < 90 or > 160 systolic, or per MD parameters

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4. Oxygen Saturation < 90 or oxygen requirements increase..
5. Signs/symptoms of wound infection are noted.
6. Change in LOC.

DISCHARGE

PLANNING: 1. Complete discharge checklist. Leave in designated folder on unit.

APPROVAL: Cardiac Step-Down Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 11/94

REVISION DATES: 8/99, 9/02