

Preparation for Elective Chest Closure – CVICU RN checklist

COMMUNICATION															
	Verify OR nursing team is notified and is coming to assist														
	Verify if Anesthesia is coming; if not, notify CVICU team immediately														
	Notify Charge Nurse														
LABS AND MEDS															
	Pt NPO (4 – 6 hours pre-procedure)														
Meds	Emergency medications (pre-drawn and ready for use)														
	D/C Heparin drip 4 – 6 hours prior to procedure (MD order required); after procedure, follow up to see if plan to restart heparin (usually restart 4 hours after if no s/s bleeding).														
	Antibiotic (cefazolin or vancomycin) ordered by MD														
Labs	Recent coags, Hct, and platelet count (within 6 hours of procedure; notify MD immediately if abnormal)														
	Lab slip for specimen culture: LINKS enter "wound culture" and specify "mediastinal"														
Blood	Blood ordered – PRBCs to bedside, 2 RN checked pre procedure Placed in blood cooler (see LPCH policy on blood cooler); blood filter & admin set by blood cooler														
PATIENT SETUP															
Bedside Monitor	ECG electrodes on patient extremities, i.e. away from surgical site														
	ECG-QRS tone volume is audible; check all alarm parameters, including low limit for temp.														
	Pulse-oximetry probe on securely and accurate														
CT	Mark level of chest tube drainage on Pleurovac so can account for fluid accumulated during procedure														
Pacer	Patient externally paced? MD may consider asynchronous pacing during cautery.														
	Pacing wires to pacing cables; pacer and back-up pacer at bedside & turned on – ensure batteries OK														
Pt	Take down chest tube and sternal wound dressings														
	Position patient's head turn to left (away from surgeon's side); small roll under patient's shoulders														
	Place Bovie pad on patient and connect to Bovie machine														
IV & Art Lines	Medication administration set with extension tubing and stopcock														
	Volume administration set with extension tubing and stopcock														
	Situate arterial line to ensure accessibility during procedure														
Airway (c RT)	Confirm ETT is secure and confirm pt's ETT placement with RT (check morning chest x-ray)														
	Anesthesia bag and appropriate size mask at bedside														
	Secure ETT if necessary and suction pt before procedure if necessary														
ROOM & BEDSIDE SETUP															
	Signs on doors "Sterile procedure/Do not enter"; minimize entry of non-essential personnel during procedure														
	Hats/masks – ready to distribute to those in room during procedure														
	Clear patient bedside area of all unnecessary equipment and furniture														
	Defibrillator (internal handles and paddles available in CVICU OHC)														
	Additional wall suction set up x 2; set up the large portable suction as backup														
	Culture tube with pt's lab label; warm saline to be placed in warmer														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 50%; text-align: center; color: red;">PATIENT'S RIGHT SIDE (Surgeon's side)</th> <th style="width: 50%; text-align: center; color: red;">PATIENT'S LEFT SIDE</th> </tr> </thead> <tbody> <tr> <td>Light source; with a backup headlight available</td> <td>All Pleurovacs (preferred at foot of bed, if possible)</td> </tr> <tr> <td>Bovie / Bovie Plate attached to patient</td> <td>Urometer (preferred at foot of bed, if possible)</td> </tr> <tr> <td>Enough suction tubing to reach surgeon</td> <td>All IV & Art. lines, pumps, and transducers (or, head or foot of bed)</td> </tr> <tr> <td></td> <td>Pacing cables and pacers</td> </tr> <tr> <td></td> <td>Vent tubing and ventilator (or, able to sxn w/o contaminating Surg.)</td> </tr> <tr> <td></td> <td>Large portable suction (foot of bed, if possible)</td> </tr> </tbody> </table>		PATIENT'S RIGHT SIDE (Surgeon's side)	PATIENT'S LEFT SIDE	Light source; with a backup headlight available	All Pleurovacs (preferred at foot of bed, if possible)	Bovie / Bovie Plate attached to patient	Urometer (preferred at foot of bed, if possible)	Enough suction tubing to reach surgeon	All IV & Art. lines, pumps, and transducers (or, head or foot of bed)		Pacing cables and pacers		Vent tubing and ventilator (or, able to sxn w/o contaminating Surg.)		Large portable suction (foot of bed, if possible)
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PERSONNEL	Sedation performed by:														
	<ul style="list-style-type: none"> ○ Anesthesiologist (will bring medication and flowsheet) OR ○ Sedation-qualified MD from CVICU team (will need to organize medication, administration set, sedation flowsheet, and "time out" prior to procedure) 														
	OR Team to assist in procedure														
	RT notified and at bedside during procedure; safety checks done and ensure pt's ETT secure														
	RN to remain at patient bedside to coordinate care and assist as needed														
2nd RN in addition to patient nurse															