

Nursing Guidelines for the First Hour After Cardiovascular Surgery

Primary Nurse/Respiratory Therapy

Secondary Nurse

Airway & Breathing

1. Connect ventilator and ensure stability prior to proceeding. ***Do not cut the ETT or place in-line suction catheter for at least hour and ensure stability prior to any manipulations.***
2. Auscultate to ensure patency and placement of ETT tube.

Circulation

3. Connect all the transducer cables to the appropriate lines starting with the arterial line (unless otherwise instructed), place the transducers at the level of the RA and zero pressure readings. Ensure appropriate waveform for each lines and that appropriate alarms are set. Please set hemodynamic monitoring scales:
 - a. Arterial: 0-60 mmHg < 5kg
 - b. Arterial: 0-120 mmHg > 5 kg
 - c. All other lines: 0-30 mmHg
 - d. Avoid optimal scale
4. Please connect the NIBP. If arterial blood pressure is dampened, feel pulses and obtain a noninvasive BP measurement.
5. If necessary apply EKG leads or connect EKG cable to monitor and pulse oximeter.
6. Connect temperature probe: If child is > than 2.0 kg, use skin probe; > 2.0 kg use rectal probe
7. Ensure the volume is audible for the heart rate.
8. Assess perfusion
9. Assess breath sounds and heart sounds
10. Check drips to ensure proper dosage and infusion
Verify patency of IV access
11. Perform physical assessment and receive report from anesthesiology including:
 - Blood product expiration
 - Availability of blood products
 - Lines/placement
 - Inotropic support
 - Last time of pain/sedation
 - Time of Kefzol dose

1. Connect all the pleurevacs to wall suction, Verify suction control
2. Record level of drainage from OR on flowsheet
3. Manipulate mediastinal chest tubes to ensure patency and prevent clotting
4. Measure and record urine output and set-up urometer
5. Obtain vital signs and record on flowsheet
6. Obtain temperature if no temperature probe
7. Obtain and send initial labs
8. Apply restraints as necessary and obtain physician order for such.
9. Give analgesia/sedation as necessary.
10. Ensure any interventions you do are documented.
11. Review orders and document as appropriate on Kardex:
 - a. Defect, repair date and procedure
 - b. Times for cardiopulmonary bypass, cross-clamp and/or circulatory arrest
 - c. Any intraoperative events

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