

Patient Name: _____ Status: Inpatient
 Surgeon: _____ OP Permit: _____
 Diagnosis: _____ Date & Time of Surgery: _____
 Cardiologist: _____ Primary Care Physician: _____ Pulmonologist: _____

NURSING INTERVENTIONS:

Cardiac Surgery Clinical Pathway

Pre-operative prep within 6 hours of surgery:

For valve-only surgery: clip hair from nipples to groin then chlorhexidine scrub or shower of chest, axillae, abdomen, & groin-to-ankle X 10 minutes.

For all other surgeries: clip hair from clavicles to umbilicus, groin to ankles bilaterally (inner arm to elbow if radial artery graft), then chlorhexidine scrub or shower all clipped areas X 10 minutes.

Chlorhexidine shower daily X 2 days prior to OR; cleansing groin, axillae, legs, and chest

H & P on chart. Notify surgeon's office if not in Meditech

Give patient teaching book "Your Heart Your Health"

If patient has ICD and/ or permanent pacemaker, identify and document device type (patient ID card, old chart, cardiologist).

For ICD, notify ICD representative one day pre-op to turn off defibrillator (1 hr prior to scheduled surgery). Have pacer converted to VOO

Ankle-brachial indices (ABIs). Call if right or left sided ABI is 0.9 or less

Respiratory:

Teach patient post-op coughing, deep breathing, and incentive spirometer

If on O₂, continue during transport to OR

Bedside Spirometry/ PFT Reason: SOB History of smoking Asthma/ COPD Other: _____

Notify Surgeon if:

- SBP greater than 160 or less than 90
- HR greater than 100 or less than 60
- Temp greater than or equal to 38° C
- ECG changes/ chest pain
- Skin rash
- Cough or shortness of breath
- Abnormal chest X-Ray
- Abnormal laboratory results (out-of-range)

DIETARY: (Check box/ fill in to activate)

Cardiac Surgery diet NPO Other: _____

NPO after midnight, evening prior to surgery

May take medications with sip of water

LABORATORY/ DIAGNOSTICS: (Check box/ fill in to activate)

Chest X-Ray PA and Lateral. AP if on bedrest or in Critical Care Reason: Preoperative for open heart surgery

ECG (if none on chart)

CBC, Comprehensive Metabolic Panel, Hemoglobin A1C, UA (culture if indicated)

MRSA by PCR nasal swab (use PCR-specific swab)

Carotid Doppler

PT/ INR

Other: _____

BLOOD:

• Type & Screen (14 day Pre-Admission Request – PSBC form # 32017)

• 2 units RBCs for redo sternotomy or if hematocrit less than 34

 Licensed Independent Practitioner (LIP) Signature

 Date

 Time



CONSULTS: (Check box/ fill in to activate)

PT consult preop

Discharge planning:

Social Services Group Health case manager

Other: _____

MEDICATIONS: (Check box/ fill in to activate)

- Discontinue ACE inhibitors or ARBs 48 hours prior to surgery
- Discontinue metFORMIN (GLUCOPHAGE) 24 hours prior to surgery
- Discontinue dalteparin (FRAGMIN) or enoxaparin (LOVENOX) 36 hours prior to surgery
- Discontinue dabigatran (PRADAXA) 5 days prior to surgery
- Discontinue non-steroidal anti-inflammatory drugs (NSAIDs), clopidogrel (PLAVIX), prasugrel (EFFIENT), & warfarin (COUMADIN) now
- Discontinue all herbal supplements 1 week prior to surgery

<input checked="" type="checkbox"/> ceFAZolin (ANCEF) 1 g IV X 1 preop. If 80 kg or greater, increase to 2 g. If allergic, clindamycin 900 mg IV X 1 <i>Antibiotic must be given within 60 minutes prior to incision</i>	Prophylaxis Antibiotic
Bowel prep: _____	Bowel Prep
<input type="checkbox"/> amiodarone (CORDARONE) _____ . Hold if HR less than 60	Antiarrhythmic
<input type="checkbox"/> nitroglycerin to infuse at _____ mcg/ minute	Chest Pain
<input type="checkbox"/> Heparin Infusion Orders – Cardiology <input type="checkbox"/> Discontinue heparin at: _____	Anticoagulation
<input type="checkbox"/> albuterol/ ipratropium (DUONEB) 1 nebulizer treatment 45 minutes prior to OR X 1	Wheezing/ SOB
<input checked="" type="checkbox"/> metoprolol (LOPRESSOR) 6.25 mg PO X 1 with sip of water if patient has not taken a beta-blocker in the past 12 hours. Hold for heart rate less than 65 or SBP less than 100 and document reason on MAR	Heart Rate
<input checked="" type="checkbox"/> zolpidem (AMBIEN) 5 mg PO HS PRN (2.5 mg if 65 or older). May repeat X 1	Insomnia
<input checked="" type="checkbox"/> LORazepam (ATIVAN) 0.5 - 1 mg PO/ IV every 4 hours PRN	Anxiety

Other: _____

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