For use in PICU only **(packet should stay in patient's door when not being filled out)**

TICKER Short Stay Daily Goals Sheet: POD #1

Patient Barcode Label

Today's Date: _____ Expected LOS: _____ days
(Typical Expected LOS ≤ 5 days)

History:

Primary Surgical Service: Pediatric CT Surgery
Consulting Services: Pediatric Cardiology

Notes: (1) This pathway is a general guideline and variations can occur based on professional judgment to meet individual patient needs.
(2) This is a quality improvement document and should not be a part of the patient's medical record.

Suggested Guidelines	**AM Rounds**	**PM Rounds**	**Goals for transfer to CICC**
System	**Plan/Goals**	**Plan/Goals**	**Discuss with cardiology**
PULM: ▪CXR Review ▪Pulmonary Toilet	☐ ☐ ☐	☐ ☐ ☐	Only requiring NC O2 or less pulmonary support.
CV: ▪Plan for post op ECHO tomorrow (POD #2) or sooner if clinically indicated	☐ ☐ ☐	☐ ☐ ☐	Cardiology team accepts patient for transfer
RENAL: ▪Depending on bypass exposure and prior diuretic exposure, furosemide IV Q6h-12h with goal of UOP of ≥ 1 ml/kg/hr and dieresis as indicated	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
FEN/GI: ▪Nutrition: advance as tolerated – discuss "goal" (volume and calories for feeds) on rounds and time to get to full feeds	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	
HEME: ▪Review current indications for transfusion with team	☐ ☐	☐ ☐	
ID: Antibiotics/ day ____ of ____ ▪Most commonly 6 doses cefuroxime (48 hours post op)	☐ ☐	☐ ☐	
NEURO/SEDATION: ▪Continue Scheduled Tylenol (and Toradol if indicated and normal renal function and no signif bleeding) ▪Transition from IV to PO narcotic PRN ▪Wean off precedex if started ▪Transition Tylenol to PO if previously IV	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	Decreasing requirements for IV narcotics for pain
LINES/TUBES/MONITORING: ☐ Foley ☐ tubes ☐ art-line ☐ central line ☐ wires ☐ CT Can anything be removed? Foley removal on POD #1 unless otherwise contraindicated	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	Desirable to have tubes and lines out if no longer necessary. May go to CICC with CVL or CT if needed.
SCHEDULED LABS:	☐ ☐ ☐	☐ ☐ ☐	Family aware of transfer and received CICC caregiver booklet

Does the patient require care deviating from this pathway? ☐ Yes ☐ No
Describe reason here and document in electronic medical record:

Turn page to complete other side

Goal Parameters: SBP_____ pH_____ Net -/+ MAP_____ O2 Sats_____

Day Shift PICU MD/DO ___ RN ___ RT ___ Peds Cardiology ___ CT Surgery___
Night Shift PICU MD/DO ___ RN ___ RT ___

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Standard ICU Quality Control Measures (mandatory)

Events or deviations? *Incident Report?* ☐ *Yes* ☐ *No* (Ex.unplanned extubation; medication error; near miss)	Y	N	n/a
HOB elevated 30 deg, OOB, inc spirom?	Y	N	
Pharmacist on rounds?	Y	N	
Over 30kg requiring adult doses?	Y	N	
Antibiotic levels due?	Y	N	
Respiratory weaning goals?	Y	N	n/a
Ulcer prophylaxis?	Y	N	n/a
Glucose control?	Y	N	n/a
DVT prophylaxis?	Y	N	n/a
Isolation? Reason: _____	Y	N	
Sedation/paralytic holiday?	Y	N	n/a
Can anything be removed?	Y	N	
PT/OT/Speech/Rehab consulted?	Y	N	
DNR	Y	N	
Staff concerns addressed? Nursing, Respiratory Therapy	Y	N	
Pressure ulcers?	Y	N	
Medication reconciliation? CPOE vs. MAR Time: ____	Y	N	

PICU MD – please complete for family

At the end of rounds – include the main goals to be communicated with the family for the day – even if they are already on rounds.

Examples:

Up and walking, turning down the ventilator, taking out chest tubes, tolerate feeds.

RN PLEASE TRANSCRIBE TO WHITE BOARD

1

2

3

4

5

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