

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

# TOF Daily Goals Sheet: POD #2-3

Today's Date: \_\_\_\_\_ Expected LOS: 5 days

Patient Barcode Label

**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
<b>PULM:</b> ▪CXR Review ▪Pulmonary Toilet	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Only requiring NC O2 or less pulmonary support.
<b>CV:</b> ▪Plan for <u>post op ECHO today (POD #2)</u> if not already complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cardiology team accepts patient for transfer
<b>RENAL:</b> ▪Uncomplicated repair = furosemide IV Q6-Q12h, consider transition to PO furosemide and dose based on fluid status and UOP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>FEN/GI:</b> ▪Full enteral feeds ▪Continue famotidine while on Toradol	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>HEME:</b> ▪ Review indications for transfusion and decrease phlebotomy as possible	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>ID:</b> Antibiotics/ day ____ of ____ ▪Completed periop antibiotics ▪Decrease risk of healthcare acquired infections – assess needs for tubes/lines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>NEURO/SEDATION:</b> ▪Continue PO acetaminophen scheduled /PO narcotic PRN/Toradol as long as stable renal function and no bleeding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Decreasing requirements for IV narcotics for pain
<b>LINES/TUBES/MONITORING:</b> <input type="checkbox"/> Foley <input type="checkbox"/> tubes <input type="checkbox"/> art-line <input type="checkbox"/> central line <input type="checkbox"/> wires <input type="checkbox"/> CT Can anything be removed today? Foley should already be discontinued	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Desirable to have tubes and lines out if not longer necessary. May go to CICC with CVL or CT if needed.
<b>SCHEDULED LABS:</b> Minimize as possible	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Family aware of transfer and received CICC caregiver booklet

Turn page to complete other side

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

**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? <i>Incident Report?</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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:*

*Transfer to CICC, Up and walking, taking out chest tubes, taking feeds without using feeding tube*

**RN PLEASE TRANSCRIBE TO WHITE BOARD**

1

2

3

4

5