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

# VSD/ASD Daily Goals Sheet: Day of Surgery

Path initiated on ___/___/___ at ___:_____ Expected LOS: 3 days

**History:**

Patient Barcode Label

**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*** | **Time of Arrival to PICU** | **PM Rounds** |
|---|---|---|
| **System** | **Plan/Goals** | **Plan/Goals** |
| **PULM:**<br>▪Wean off mechanical vent support<br>▪Complete Post Op Orders<br>▪Review CXR and Labs | ☐<br>☐<br>☐<br>☐ | ☐<br>☐<br>☐<br>☐ |
| **CV:**<br>▪Assess risk of Low Cardiac Output Syndrome. Increased risk includes long CPB times and complicated repairs.<br>▪Review ECG<br>▪Echo completed at 48 hrs post op (unless clinically indicated sooner) | ☐<br>☐<br>☐<br>☐<br>☐ | ☐<br>☐<br>☐<br>☐<br>☐ |
| **RENAL: +**<br>▪Diuretic plan POD #1 = furosemide IV Q6-Q12h depending on prior exposure and fluid balance - can write order on pm rounds for next day. Follow UOP for goal of 1 ml/kg/h | ☐<br>☐<br>☐<br>☐ | ☐<br>☐<br>☐<br>☐ |
| **FEN/GI:**<br>▪Goal 75% maintenance Total Fluids (standard maint IVF = D5 1/2NS +/- KCL pending labs results)<br>▪Complete Post Op Orders<br>▪Famotidine<br>▪Discuss plan for clears tonight or tomorrow and advance as tolerated | ☐<br>☐<br>☐<br>☐<br>☐<br>☐ | ☐<br>☐<br>☐<br>☐<br>☐<br>☐ |
| **HEME:**<br>▪***verify transfusion goals with surgical team at handoff*** | ☐<br>☐ | ☐<br>☐ |
| **ID:** Antibiotics/ day ____ of ____<br>▪Complete Post Op Orders; empiric cefuroxime<br>***Timing of last antibiotic dose in OR*** _____ | ☐<br>☐ | ☐<br>☐ |
| **NEURO/SEDATION:**<br>▪***Verify regional anesthesia use with surgical team at handoff***<br>▪If extubated or weaning for extubation AVOID BENZODIAZEPINES due to respiratory depression risk<br>▪***Verify indications for Toradol with surgical team at time of handoff***, if approved start Toradol 6 hours after admission to PICU only with normal renal function and no significant bleeding. 72h max course<br>▪PRN Fentanyl or Morphine for breakthrough pain.<br>▪Scheduled Tylenol (IV or PO/PR) ***Timing of last dose in OR*** _____ | ☐<br>☐<br>☐<br>☐<br>☐<br>☐<br>☐<br>☐ | ☐<br>☐<br>☐<br>☐<br>☐<br>☐<br>☐<br>☐ |
| **LINES/TUBES/MONITORING:**<br>☐ Foley ☐ tubes ☐ art-line ☐ central line ☐ wires ☐ CT | ☐<br>☐ | ☐<br>☐ |
| **SCHEDULED LABS:**<br>▪Complete Post Op Orders | ☐<br>☐ | ☐<br>☐ |

**Update family with current status and expectations overnight**

**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_____ $O_2$ Sats_____

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

Night Shift PICU MD/DO ___ RN ___ RT ___

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