

# Cardiology Goals for Discharge

History:

Patient Barcode Label

Primary Service: Pediatric Cardiology

Consulting Services:



Notes: (1) This pathway is a general guideline and does not represent a professional care standard governing providers' obligations to patients. Care is revised to meet the individual patient needs. (2) This is a quality improvement document and should not be a part of the patient's medical record.

Goals (please indicate if patient has met goals (y/n))	Date:
<b>FEN/GI:</b> <ul style="list-style-type: none"> <li>On defined full feeds and tolerating (define with nutrition support)</li> <li>No need for IV fluids or parenteral nutrition</li> <li>Height and weight measured within 24 hours of discharge</li> <li>Feeding Education Completed (formula recipe, NGT/GT/G-JT management)</li> <li>Feeding Team or Complex Care consulted if NGT/GT/G-JT feeds needed at discharge</li> </ul>	
<b>CV:</b> <ul style="list-style-type: none"> <li>On all enteral medications</li> <li>No complex arrhythmias</li> <li>Normal BP for age</li> <li>Pre-discharge ECHO, ECG, and CXR (PA &amp; lateral) completed if indicated</li> </ul>	
<b>PULM:</b> <ul style="list-style-type: none"> <li>Off oxygen 24 hours prior to discharge or on home therapy</li> <li>DME delivered and education completed</li> </ul>	
<b>RENAL:</b> <ul style="list-style-type: none"> <li>Voiding well</li> </ul>	
<b>HEME:</b> <ul style="list-style-type: none"> <li>Stable and clinically appropriate hemoglobin</li> </ul>	
<b>ID:</b> <ul style="list-style-type: none"> <li>Afebrile with no evidence of wound infection</li> </ul>	
<b>NEURO/SEDATION</b> <ul style="list-style-type: none"> <li>Appropriate exam for age or at baseline</li> <li>Need for PO medications only for pain</li> <li>Referral placed for Special Infant Care Clinic (SICC) if patient is less than 2 years of age</li> <li>CDSA or Hospital School referral sent</li> <li>PT/OT consulted inpatient for sternal precautions education and assessment of neurodevelopmental milestones</li> </ul>	
<b>LINES/TUBES:</b> <ul style="list-style-type: none"> <li>Access removed with exception of peripheral IV</li> <li>Home Health Infusion referral placed if patient requires central line at home</li> <li>Home pump teaching completed by DME company</li> </ul>	
<b>PSYCHOSOCIAL:</b> <ul style="list-style-type: none"> <li>Any financial or safety concerns addressed (define with social work support)</li> </ul>	
<b>FAMILY EDUCATION:</b> <ul style="list-style-type: none"> <li>CT Surgery Education Booklet given and reviewed with caregiver</li> <li>Patient has an appointment to see their PCP within 48 hours of discharge</li> <li>Complete discharge instructions and document</li> </ul>	
<b>FAMILY COMMUNICATION (daily):</b> <i>At the end of rounds - include the main goals to be communicated with the family for the day and which provider or nurse will provide update.</i> <i>Examples: tolerating goal calories, NG tube out, taking all feeds by mouth</i>	MD ____ RN ____ MD ____ RN ____ MD ____ RN ____