UNC PCICU Post Operative Cardiac Surgery Guideline for Device Removal (Lines/Tubes)

Reference Table to be used before pulling hardware: Always use good clinical judgement and consult the attending (primary intensivist/cardiac interventionalist/surgeon) when unsure.

Hardware	Hold anticoagulation	PRBCS in Room	Check Coags/Plts (last 24h)	Post Pull Imaging	Access	Removal Personnel	Surgeon In House
Surgical Intracardiac Lines (Direct RA, LA, PA lines)	Discuss with team*	YES	YES	CXR Echocardiogram prior to floor transfer/ DC	Ensure IV access	Surgical Team**	YES
Pacing Wires	Discuss with team*	NO	NO	Echocardiogram prior to DC	Ensure IV access	Surgical Team	Preferable
Surgical Chest Tubes	Discuss with team*	NO	NO	CXR	Ensure IV access	Surgical Team	Preferable
Pigtail Chest Tubes	Discuss with team*	NO	NO	CXR	Ensure IV access	Surgical Team or PICU Team	Not Required

Caveats/Considerations: Always use good clinical judgement.

1. Discuss with medical/surgical team regarding timing of removal of pacing wires or chest tube if the plan is to start anticoagulation (ie. ASA, Coumadin, Lovenox, Heparin gtt, Bivalirudin gtt). Low risk: ASA, Heparin gtt (line); Moderate risk: heparin gtt (therapeutic), bivalirudin gtt; High risk: Coumadin, Lovenox.
2. ECMO patients: Discuss with primary surgeon and Perfusion team (circuit check).
3. In general, do NOT remove intracardiac lines or pacing wires before 8 am or after 5pm (Surgeon has to be in-hospital).
4. In general, if feasible, time sequence of removal of hardware: Pacing wires, then Chest tube, then Central line.
5. * Suggested time for holding **heparin/bivalrudin infusions**: 2 hours if prophylactic heparin, 4 hours for therapeutic heparin, 4 hours for therapeutic bivalrudin
6. ** PA lines: Direct PA surgical line to be d/c only by the Surgeon (or Surgery team provider if Surgeon approves, is aware, and is in-hospital). Swan-PA line: Follow guidelines similar to central venous line.

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