



# Project TICKER

## Teamwork to Improve Cardiac Kids' End Results

### Clinical Pathway (PW): Tetralogy of Fallot (TOF) Repair

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.

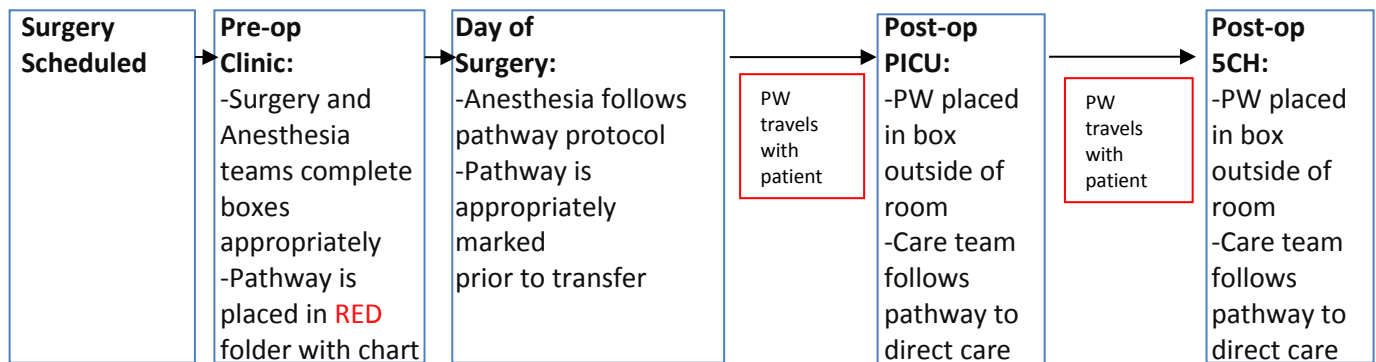
#### Eligibility Criteria

- No significant co-morbidities
- Expected length of stay 5-7 days
- Elective repair

Circumstances when a patient should come *off pathway* (examples, not an exhaustive list):

- Expected length of stay is longer than 9 days (e.g., patient has cardiogenic shock, infection, sepsis, JET, or other clinical problem)

**Pathway Process** (a hard copy of the pathway travels with patient's chart from pre-op clinic visit to discharge)



**Note to PICU physician team: The daily goals pathway sheets should be fully completed each day, including the quality measures and family communication sections located on the back of sheets for post-op days 1 and 2. The pathway sheets take the place of the standard daily goals communication sheets and should stay in the patient doors when not being filled out.**

#### Instructions:

- The most recent version of the pathway packet can be found here: <http://www.med.unc.edu/ticker/the-project/implementation>  
Copies of packets are in the HUC file drawer at the high end of PICU
- Include a date stamp on the Day of Surgery sheet
- Patient identification stickers should be placed on the packet pages
- Note TICKER patient on the daily census assignment board
- Providers should mark Y/N boxes with any comments for each step of the pathway
- Post-operative areas should house the pathway in the document boxes outside of patient rooms
- If needed, additional post-operative sheets can be printed from the above link
- Contact the following with questions:  
Meg Kihlstrom: [Margaret\\_kilstrom@med.unc.edu](mailto:Margaret_kilstrom@med.unc.edu)  
Matt McDaniel: [matt\\_mcdaniel@med.unc.edu](mailto:matt_mcdaniel@med.unc.edu)  
Jessica Floriano: [jessica.Floriano@unchealth.unc.edu](mailto:jessica.Floriano@unchealth.unc.edu)







Patient Barcode Label

## Clinical Pathway: Tetralogy of Fallot (TOF) Repair

**Pediatric Cardiac Transfer Note**

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ kg Home Meds: \_\_\_\_\_

Age: \_\_\_\_\_ Notable PMHx & PSHx: \_\_\_\_\_

Allergies: \_\_\_\_\_

Procedure: \_\_\_\_\_ Pre-op cath/TTE: \_\_\_\_\_

Type of Anesthesia: General Induction: Mask Intravenous

Mask ventilation: Easy Two-hand Oral airway used --- size: \_\_\_\_\_

ETT: Size: \_\_\_\_\_ Nasal Oral Blade & # of attempts: \_\_\_\_\_ Depth: \_\_\_\_\_

Access:

PIV: \_\_\_\_\_ PIV: \_\_\_\_\_ CVC: \_\_\_\_\_ A-line: \_\_\_\_\_

Caudal: Yes No Morphine PF: \_\_\_\_\_ mcg Clonidine: \_\_\_\_\_ mcg

Medications:

Fentanyl: \_\_\_\_\_ mcg

Antibiotic: \_\_\_\_\_ mg @ \_\_\_\_\_ CPB start time: \_\_\_\_\_

Neuromuscular blockade: Yes No Reversed: Yes No

Acetaminophen: \_\_\_\_\_ mg @ \_\_\_\_\_

Other meds: \_\_\_\_\_

**CPB: Pump Time** \_\_\_\_\_ **minutes** **Cross clamp Time:** \_\_\_\_\_ **minutes**

**Circulatory arrest:** \_\_\_\_\_ **minutes** **Low Flow Time:** \_\_\_\_\_ **minutes**

Fluids:

Crystalloid: \_\_\_\_\_ PRBC's: \_\_\_\_\_

Colloid: \_\_\_\_\_ FFP: \_\_\_\_\_

Cell Saver: \_\_\_\_\_ Platelets: \_\_\_\_\_

Cryoprecipitate: \_\_\_\_\_ Urine Output: \_\_\_\_\_

Pacer Capture:

A-wires: \_\_\_\_\_ V-wires: \_\_\_\_\_

**Echocardiogram: (EPIC report)**

Pre-CPB TEE: \_\_\_\_\_ Post-CPB TEE: \_\_\_\_\_

\_\_\_\_\_



# Clinical Pathway: Tetralogy of Fallot (TOF) Repair

## OR to PICU Handoff

Anesthesia provider maintains patient responsibility until handoff is complete (including analgesia, pacer, resuscitation, airway, etc) and the PICU team accepts responsibility of the patient.

	Team Member	Activity	Template(s) or Information
1.	OR Circulating Nurse	1 <sup>st</sup> call to PICU is placed 30 min to 1 hour prior to ICU	Estimated time to ICU Patient Weight Ventilator? Lines and expected infusions
2.	OR Circulating Nurse	Rolling call to alert PICU of immediate transport status.	
-----Anesthesia provider and a member of the operative team transport patient, PICU team already assembled in room----- <b>GROUND RULES: efficiency and accuracy, respectful, everyone should feel empowered to speak up</b>			
3.	PICU Nurses/Respiratory Therapist	Transitioning to PICU monitors and respiratory support	<i>Charge RN:</i> - Transfer to PICU monitors, including CVL and arterial line <i>Helper RN:</i> - Check and scan infusions and blood products - Connect CT and position foley - Draw labs <i>Bedside RN:</i> - Rapid patient assessment <i>RT:</i> - Hook up ventilator or oxygen source
4.	Anesthesia Provider	Anesthesia Provider Report  Once Anesthesia Provider confirms stable Airway and Vital Signs, Ask if all members* are present & ready for report? If yes, begin.  *Members include anesthesia provider, surgical physician/PA, ICU receiving nurse and a physician member (fellow or attending) of the ICU team.	<input type="checkbox"/> Patient name, age, weight, diagnosis <input type="checkbox"/> Relevant medical history <input type="checkbox"/> Airway management <input type="checkbox"/> Access <input type="checkbox"/> Neuraxial <input type="checkbox"/> Medications administered <input type="checkbox"/> ECHO report <input type="checkbox"/> Bypass report/pacer <input type="checkbox"/> Intra-operative issues <input type="checkbox"/> Fluids, blood products, urine <input type="checkbox"/> Post-operative concerns (pain management, labs, airway) <input type="checkbox"/> Current infusions: <b>all medication infusions should be reviewed for accuracy by the anesthesia provider and receiving RN (signoff in EPIC)</b> <input type="checkbox"/> Any Questions?
5.	Surgical Team Member	Surgical Report	<input type="checkbox"/> Surgical procedure <input type="checkbox"/> Drains and catheters <input type="checkbox"/> Additional issues or concerns
6.	All team members Care transfer to PICU	Questions and concerns	



Patient Barcode Label

## TOF Daily Goals Sheet: Day of Surgery

Path initiated on \_\_\_ / \_\_\_ / \_\_\_ at \_\_\_ : \_\_\_ Expected LOS: 5-7 days

**History:**

**Primary Surgical Service:** Pediatric CT Surgery

**Consulting Service:** Pediatric Cardiology

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.

**Suggested Guidelines**

System	Time of Arrival to PICU Plan/Goals	PM Rounds Plan/Goals
<b>PULM:</b> •Wean off mechanical vent support with goal of extubation within 6 hours of surgical completion •Review CXR and Labs	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
<b>CV:</b> •Assess risk of Low Cardiac Output Syndrome (long CPB times, complex repairs, extensive RV muscle resection, neonates, transannular patch, significant pre-op cyanosis) •Review ECG: Qshift strip interpretation in chart, Q4 hour alarm review <i>If Jet occurs, refer to TICKER guidelines and remove from pathway</i> •Echo completed at 48 hrs post op (unless clinically indicated sooner)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<b>RENAL:</b> •Diuretic plan =Furosemide 1 mg/kg IV q6-8 hours at 6-12 hours post admission OR 0.05 to 0.1 mg/kg/hr (max 0.4mg/kg/hr)	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEN/GI:</b> •Goal 2/3 maintenance fluids (standard D5 1/2NS+/- KCL) •Avoid fluid overload. Small volume resuscitation with 5% Albumin •Famotidine, strict NPO POD #0	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>HEME:</b> • <b>verify transfusion goals with surgical team at handoff</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ID:</b> Antibiotics/ day ___ of ___ •Empiric cefuroxime/cefotaxime: dose _____ <b>Timing of last antibiotic dose in OR</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>NEURO/SEDATION:</b> •If anticipate extubation AVOID Benzodiazepines •If intubated, ensure adequate pain control before increasing sedation • Morphine, Fentanyl, Benzodiazepines, Dexmedetomidine • <b>Verify indications for Toradol with surgical team at time of handoff,</b> •If approved start Toradol 6 hours after admission if normal renal function and no significant bleeding. Max course = 72 hours. •PRN Fentanyl or Morphine for breakthrough pain. •Scheduled Tylenol (IV or PO/PR) <b>Timing of last dose in OR</b> _____	<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"/>  <input type="checkbox"/> <input type="checkbox"/>
<b>LINES/TUBES/MONITORING:</b> <input type="checkbox"/> Foley <input type="checkbox"/> NG tube <input type="checkbox"/> A=line <input type="checkbox"/> CVL <input type="checkbox"/> pacing wires <input type="checkbox"/> CT	<input type="checkbox"/>	<input type="checkbox"/>
<b>SCHEDULED LABS:</b> •Complete Post Op Orders	<input type="checkbox"/>	<input type="checkbox"/>
<b>Update family with current status and expectations overnight</b> <b>Does the patient require care deviating from this pathway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe reason here and document in EPIC:		

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 \_\_\_\_\_



TOF Daily Goals Sheet: **POD #1**

Today's Date: \_\_\_\_\_ Expected LOS: 5-7days

History:

Patient Barcode Label

**Primary Surgical Service:** Pediatric CT Surgery

**Consulting Service:** Pediatric Cardiology

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<b>Suggested Guidelines</b>	<b>AM Rounds</b>	<b>PM Rounds</b>	<b>Goals for transfer to CICC</b>
<b>System</b>	<b>Plan/Goals</b>	<b>Plan/Goals</b>	<b>Discuss with cardiology</b>
<b>PULM:</b> ▪CXR Review, Chest Tube Output ▪Extubation, Pulmonary Toilet	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	On NC O2 or less pulmonary support.
<b>CV:</b> ▪Plan for ECHO <u>POD #2</u> or sooner if clinically indicated ▪Discuss vasoactive agent goals: Milrinone and others ▪ Qshift strip interpretation, Q4 hour alarm review. <i>JET: refer to TICKER JET guidelines, remove from pathway</i>	<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> ▪ furosemide 1 mg/kg IV Q6h-q12h <b>OR</b> 0.05 – 0.1 mg.kg/hr ▪UOP of ≥ 1 ml/kg/hr	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>FEN/GI:</b> ▪Follow TICKER feeding guidelines ▪Nutrition: advance as tolerated to goal volume/calories ▪Famotidine until on full feeds	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>HEME:</b> ▪Review current indications for transfusion with team	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ID:</b> Antibiotics/ day ____ of ____ ▪Most commonly 6 doses cefuroxime (48 hours post op)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NEURO/SEDATION:</b> ▪Continue Scheduled Tylenol (and Toradol if normal renal function and no significant bleeding) ▪Transition from IV to PO narcotic PRN ▪Wean off dexmedetomidine if started ▪Discontinue benzodiazepines when extubated ▪Transition Tylenol to PO if previously IV	<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> Can anything be removed? <input type="checkbox"/> Foley <input type="checkbox"/> NG tube <input type="checkbox"/> A=line <input type="checkbox"/> CVL <input type="checkbox"/> pacing wires <input type="checkbox"/> CT <i>Recommend Foley removal</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	May go to CICC with pacing wires/box, CVL and CT if needed. Order stripping and venting CT q2 hours.
<b>SCHEDULED LABS/Imaging:</b> Loaded ABG q6h, CBC in am, BMP in am, CXR in am and after chest tubes pulled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Family aware of transfer and received CICC caregiver booklet
<b>Order OT/PT consults</b>	<input type="checkbox"/>	<input type="checkbox"/>	

**Does the patient require care deviating from this pathway?**     Yes                       No

Describe reason here and document in EPIC:

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 \_\_\_\_\_

**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:*

*Up and walking, turning down the ventilator, removing chest tubes, tolerate feeds.*

**RN PLEASE TRANSCRIBE TO WHITE BOARD**

1

2

3

4

5





Patient Barcode Label

# TOF Daily Goals Sheet: POD # 2-4

Today's Date: \_\_\_\_\_ Expected LOS: 5-7 days

**History:**

**Primary Surgical Service:** Pediatric CT Surgery

**Consulting Service:** Pediatric Cardiology

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<b>Suggested Guidelines</b>	<b>AM Rounds</b>	<b>PM Rounds</b>	<b>Goals for transfer to acute care unit</b>
<b>System</b>	<b>Plan/Goals</b>	<b>Plan/Goals</b>	<b>Discuss with cardiology</b>
<b>PULM:</b> ▪CXR Review ▪Pulmonary Toilet	<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 POD #2</u> if not already complete ▪ Qshift strip interpretation in chart, Q4 hour alarm review	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Cardiology team accepts patient for transfer
<b>RENAL:</b> ▪Uncomplicated VSD repair = furosemide IV Q6-Q12h, consider transition to PO furosemide and dose based on fluid status and UOP	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FEN/GI:</b> ▪Follow TICKER feeding guidelines ▪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"/>	
<b>HEME:</b> ▪ Review indications for transfusion and decrease phlebotomy as possible	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ID:</b> Antibiotics/ day____of ____ ▪Completed perioperative antibiotics ▪Decrease risk of healthcare acquired infections – assess needs for tubes/lines	<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"/>	Decreasing requirements for IV narcotics for pain
<b>LINES/TUBES/MONITORING:</b> Can anything be removed today? <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 <i>Foley should already be discontinued</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Desirable to have tubes and lines out if not longer necessary. May transfer from intensive to acute care with CVL or CT if needed.
<b>SCHEDULED LABS:</b> Minimize as possible	<input type="checkbox"/>	<input type="checkbox"/>	Family aware of transfer and received acute care area caregiver booklet

**Does the patient require care deviating from this pathway?**     Yes     No

Describe reason here and document in EPIC:

Goal Parameters: SBP \_\_\_\_\_ Ph \_\_\_\_\_  
 Net +/- MAP \_\_\_\_\_ O2 Sats \_\_\_\_\_

Day Shift    MD \_\_\_\_\_ RN \_\_\_\_\_    MD \_\_\_\_\_ RN \_\_\_\_\_  
 Night Shift    MD \_\_\_\_\_ RN \_\_\_\_\_    MD \_\_\_\_\_ RN \_\_\_\_\_

**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 spirometer?	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



Patient Barcode Label

# Cardiology Goals for Discharge

**History:**

**Primary Service:** Pediatric Cardiology

**Consulting Services:**

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Goals (please indicate if patient has met goals (y/n))	Date:	Date:	Date:
<b>FEN/GI:</b> <ul style="list-style-type: none"> <li>On defined full feeds and tolerating (<i>define with nutrition support</i>)</li> <li>No need for IV fluids or nutrition</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 echocardiogram and ECG completed if indicated</li> </ul>			
<b>PULM:</b> <ul style="list-style-type: none"> <li>Off oxygen 24 hours or on home therapy</li> <li>PA and lateral CXR prior to discharge</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 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> </ul>			
<b>LINES/TUBES:</b> <ul style="list-style-type: none"> <li>No lines or tubes in place with exception of peripheral IV or if going home with central access all services in place with case management coordination</li> </ul>			
<b>Psychosocial:</b> <ul style="list-style-type: none"> <li>(<i>define with case management support</i>)</li> </ul>			
<b>Family Education:</b> <ul style="list-style-type: none"> <li>Start Home Teaching Packet on day of arrival from PICU (or if stays in PICU, begin once step-down status order is received)</li> <li>House staff to contact primary care MD and arrange for appointment to see primary care MD in 48 after discharge</li> <li>Complete Discharge Instructions</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 – even if they are already on rounds. Examples: tolerating goal calories, get rid of NG tube, taking all feeds by mouth, family teaching</i>			
<b>RN PLEASE TRANSCRIBE TO WHITE BOARD</b>			

Day Shift MD \_\_\_ RN \_\_\_ MD \_\_\_ RN \_\_\_  
 Night Shift MD \_\_\_ RN \_\_\_ MD \_\_\_ RN \_\_\_