



## Teamwork to Improve Cardiac Kids' End Results

# Clinical Pathway: Ventricular Septal Defect (VSD) or Atrial Septal Defect (ASD) 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.*

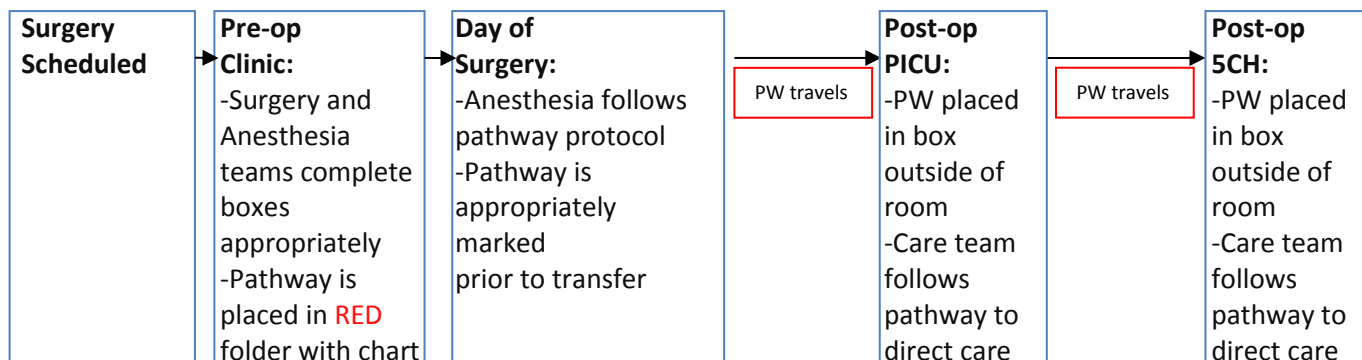
### Eligibility Criteria

- No significant co-morbidities
- Expected length of stay 3-5 days

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

- Expected length of stay is longer than 5 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)



## Clinical Pathway: Ventricular Septal Defect (VSD) Repair

### Suggested Guidelines

PREOPERATIVE	Y - check; comments
<b>LABS</b> <ul style="list-style-type: none"> <li>• Type and Screen</li> <li>• Abo/Rh</li> <li>• CBC</li> <li>• Patient specific considerations: CMP, UA, thyroid, albumin/total protein</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>IMAGING</b> <ul style="list-style-type: none"> <li>• ECHO within 1 month of case</li> <li>• CXR</li> <li>• ECG</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>ORDERS</b> <ul style="list-style-type: none"> <li>• CARDIAC SURGERY TEAM                             <ul style="list-style-type: none"> <li>○ Prepare pRBC: &lt; 10kg: 1 full unit; 2 split packs; &gt; 10kg: 2 units</li> <li>○ Prepare FFP: 1 full unit</li> </ul> </li> <li>• ANESTHESIA TEAM                             <ul style="list-style-type: none"> <li>○ Antibiotics: Cefuroxime 50mg/kg x2 doses; alternate: Vancomycin</li> <li>○ Vasoactive: Epinephrine, Vasopressin, Calcium (&lt; 6mo); Patient specific (Milrinone - no loading dose, start infusion at 0.5mcg/kg/min)</li> </ul> </li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>INSTRUCTIONS</b> <ul style="list-style-type: none"> <li>• Medications                             <ul style="list-style-type: none"> <li>○ Lasix - continue</li> <li>○ ACE/ARB - discontinue</li> </ul> </li> <li>• NPO guidelines</li> <li>• Chlorhexidine wash</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>DAY OF SURGERY</b>	
<ul style="list-style-type: none"> <li>• ANESTHESIA TEAM                             <ul style="list-style-type: none"> <li>○ ECHO order</li> <li>○ Blood verification (call blood bank and anesthesia tech to bring blood to room)</li> <li>○ Premedication +/-</li> </ul> </li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>INTRAOPERATIVE</b>	
<ul style="list-style-type: none"> <li>• Intubation: &lt; 20kg: nasal; &gt;20kg: oral</li> <li>• Lines                             <ul style="list-style-type: none"> <li>○ 2 PIVs</li> <li>○ Central line: first attempt RIJ (&lt;5kg: 5F 5cm; &gt;5kg: 5F 8cm; &gt;100cm: 5F 12cm)</li> <li>○ Arterial line</li> </ul> </li> <li>• ECHO                             <ul style="list-style-type: none"> <li>○ Probe size (&lt; 3kg: micro; 3-29kg: pediatric; &gt;29kg: adult)</li> <li>○ Report in EPIC as a procedure note (pre/post bypass; written by anesthesia with assistance of cardiology)</li> </ul> </li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>





Patient Barcode Label

# Clinical Pathway: Ventricular Septal Defect (VSD) 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: Ventricular Septal Defect (VSD) 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	

# VSD/ASD Daily Goals Sheet: Day of Surgery

Path initiated on \_\_\_ / \_\_\_ / \_\_\_ at \_\_\_ : \_\_\_ Expected LOS: 3 days

## History:

**Primary Surgical Service:** Pediatric CT Surgery

**Consulting Services:** Pediatric Cardiology



Patient Barcode Label

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### Suggested Guidelines

System	Time of Arrival to PICU Plan/Goals	PM Rounds Plan/Goals
<b>PULM:</b> •Wean off mechanical vent support •Complete Post Op Orders •Review CXR and Labs	<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>CV:</b> •Assess risk of Low Cardiac Output Syndrome. Increased risk includes long CPB times and complicated repairs. •Review ECG •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"/> <input type="checkbox"/> <input type="checkbox"/>
<b>RENAL: +</b> •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	<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> •Goal 75% maintenance Total Fluids (standard maint IVF = D5 1/2NS +/- KCL pending labs results) •Complete Post Op Orders •Famotidine •Discuss plan for clears tonight or tomorrow and advance as tolerated	<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>HEME:</b> • <i>verify transfusion goals with surgical team at handoff</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>ID:</b> Antibiotics/ day ___ of ___ •Complete Post Op Orders; empiric cefuroxime	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>NEURO/SEDATION:</b> • <i>Verify regional anesthesia use with surgical team at handoff (if yes, then see separate sheet for regional anesthesia plan)</i> •If extubated or weaning for extubation AVOID BENZODIAZEPINES due to respiratory depression risk • <i>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</i> •PRN Fentanyl or Morphine for breakthrough pain. •Scheduled Tylenol (IV or PO/PR) <i>Timing of last dose in OR</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"/>	<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"/> tubes <input type="checkbox"/> art-line <input type="checkbox"/> central line <input type="checkbox"/> wires <input type="checkbox"/> CT	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>SCHEDULED LABS:</b> •Complete Post Op Orders	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

### 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 WEBCIS:


**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 \_\_\_\_\_

# VSD/ASD Daily Goals Sheet: POD #1





Today's Date: \_\_\_\_\_ Expected LOS: \_\_\_\_\_ days  
(Typical Expected LOS 3 days)



History:

**Primary Surgical Service:** Pediatric CT Surgery  
**Consulting Services:** Pediatric Cardiology 

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<i>Suggested Guidelines</i>	AM Rounds	PM Rounds	Goals for transfer to CICC
<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"/> <input type="checkbox"/> <input type="checkbox"/>	Only requiring NC O2 or less pulmonary support. 
<b>CV:</b> ▪Plan for <u>post op ECHO tomorrow (POD #2)</u> or sooner if clinically indicated	<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 VSD repair = furosemide IV Q6h-q12h starting today (POD #1) with goal of UOP of $\geq 1$ ml/kg/hr and diuresis	<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> ▪Nutrition: advance as tolerated – discuss “goal” (volume and calories for feeds) on rounds and time to get to full feeds	<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 current indications for transfusion with team	<input type="checkbox"/> <input type="checkbox"/>	<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"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>NEURO/SEDATION:</b> ▪Continue Scheduled Tylenol (and Toradol if normal renal function and no signif bleeding) ▪Transition from IV to PO narcotic PRN ▪Wean off precedex if started ▪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> <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? Foley removal on POD #1 unless otherwise contraindicated	<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 no longer necessary. May go to CICC with CVL or CT if needed. 
<b>SCHEDULED LABS:</b>	<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

Turn page to complete other side

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

**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, taking out chest tubes, tolerate feeds.*

**RN PLEASE TRANSCRIBE TO WHITE BOARD**

1

2

3

4

5



# VSD/ASD Daily Goals Sheet: POD #2

Today's Date: \_\_\_\_\_ Expected LOS: 3 days

Patient Barcode Label

**History:**

**Primary Surgical Service:** Pediatric CT Surgery

**Consulting Services:** 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.*

<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 ▪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 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"/> <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"/>	
<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"/>	
<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"/>	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"/>	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 WEBCIS:

**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:*

*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

# For use after transfer out of PICU Cardiology Goals for Discharge

History:

Patient Barcode Label

**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> </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>▪ Housestaff 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 \_\_\_    MD \_\_\_ RN \_\_\_ MD \_\_\_  
 Night Shift    MD \_\_\_ RN \_\_\_    MD \_\_\_ RN \_\_\_