The Plan A Cardiac Patient – guidance only <u>for medical team</u>

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5
A / B	Extubate	Humidified O2 / HFNO as required. Chest physio and mobilise.				
C	Norad or GTN if req MAP >70, Sys <130	Wean vasoactive drugs Check pacing			**Remove pacing wires**	
D	PCA when extubated	PCA down when drains out, then oral analgesia				
E	Warm to >36	**Chest drains out**				
F	Patient / op specific 1-2L positive not unusual	Work towards neutral to negative fluid balance… depending on everything else. More active diuresis normally from D2. Consider additional spironolactone if established LV / RV impairment. Daily weights once practical.				
G	Omeprazole IV	E&D; Lansoprazole 30mg. Start additional laxatives from d2. Insulin as required (x2 BGL >10 mmol/L)				
H	Hb >80 No clexane if on pump	Hb >80				
Infection	X3 post op doses flucloxacillin Penicillin allergic: 2nd dose of teicoplanin in OT only Check MRSA / MSSA status					
Lines		**? A line out** **PA sheath out**	**A line out** **? catheter out**	**? CVC out** **Catheter out**	**CVC out**	
Medication	Check long term critical medications prescribed	IV to PO switch ? beta blocker / statin Medicines reconciliation	Medicines reconciliation Cautious re-introduction of nephrotoxics from d2/3 ? beta blocker / statin ? ACE-i from d2/3 Stop unnecessary medication (incl. MSSA therapy)			
Anticoagulation	CABG: 300mg aspirin PR 4hrs post admission	VTE prophylaxis Check op note but… CABG usually DAPT; valves variable. Don't start DOAC until PW out.				
Imaging / checks		**CXR - when drains out ECG**			**"Day 4 checks"** **CXR and ECG**	Check if needs TTE booked pre-discharge

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