

## The Plan A Cardiac Patient – guidance only for nursing team

	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5
<b>A / B</b>	Extubate to humidified O2	<b>Deep breathing exercises: protect sternotomy wound with rolled up towel for deep breathing and coughing.</b>				
<b>C</b>		Drains out after review			Review for pacing wires out - needs competency sign off	
<b>D</b>	Morphine PCA once extubated (no paperwork needed)	PCA down and PO analgesia once drains down.				
<b>E</b>	<b>Surgical bra for female sternotomy patients</b>					
<b>F</b>	<b>Strict fluid balance and daily weights</b>					
<b>G</b>	Sips water	E&D; stop IV fluids once E&D; regular laxatives and PRN antiemetic				
<b>H</b>	No clexane if on pump	Daily VTE prophylaxis unless contra-indicated (d/w medical team if concerns)				
<b>Dressings / wound</b>	TED stockings on apart from leg with graft sites (if applicable)		Crepe bandage on graft site (leg) taken down and TED applied	Surgical site dressings changed (not PICO dressing)		Chest drain sutures removed 4 days after drains out
<b>Lines</b>		? A line out ? PA sheath out ? Additional PVC out	Earliest TWOC	? CVC out ? TWOC	? CVC out ? TWOC	
<b>Anticoagulation</b>	Follow anti-coagulation plan in medical notes and operation note. Prompt for daily review if not clear.					
<b>Mobilisation</b>		<b>Out in chair by 6am; sit in chair minimum x2 /day. When drains out mobilise / march on the spot minimum x2 / day.</b>				
<b>Checks</b>		<b>ECG CXR after drains out</b>			<b>ECG CXR</b>	
<b>Discharge planning</b>	Zone D	Move to Zone C	Consider d/c to ward	Consider d/c to ward	Rehab plan not required if patient independent	

