

Children's National Hospital  
Division of Nursing & Patient Services  
**Nursing Practice Guideline**

**Chapter:** Cardiovascular 8

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**Preparation & Transfer of a Pre-Op Cardiac Surgery Patient to the OR**

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**Table of Contents**

- I.**     [Introduction](#)
- II.**    [Terms](#)
- III.**   [Procedure](#)
  - A.** [Preparation for the Night Prior to Operating Room Day – \(CICU and HKU\)](#)
  - B.** [Day of OR – \(CICU\)](#)
  - C.** [Day of OR – \(HKU\)](#)
- IV.**   [Patient and Family Education](#)
- V.**     [References](#)
- VI.**    [Reviewers](#)
- VII.**   [Legal Statement](#)
- VIII.**   [Approval](#)

**I. Introduction**

Some patients requiring cardiac surgery are admitted pre-operatively to the Cardiac Intensive Care Unit (CICU) or Heart and Kidney Unit (HKU). Certain preparation of equipment and safety checklists are needed to provide a safe and efficient transfer of a patient to the operating room. A standardized process provides the optimal environment for a safe and efficient transfer. This guideline also serves as a pre-op teaching tool for the parents. The experience of care, as perceived by the family, is a key factor in health care quality and safety. Bringing the perspectives of families directly into the planning, delivery, and evaluation of health care improves health care quality and safety while promoting family centered care.

**II. Terms**

- A. *UVC*: Umbilical vein catheter
- B. *PICC*: Peripherally inserted central catheter
- C. *RBC*: Red blood cells
- D. *FFP*: Fresh frozen plasma

**III. Procedure**

- A. Preparation For the Night Prior to Operating Room Day – (CICU and HKU)
  - a. ID & allergy band (if applicable) on patient
  - b. Begin Pre-Op OR checklist under adhoc documentation in EMR
    - i. Include both current med calc weight and current weight
    - ii. Use ideal weight for obese patients

- c. If a court appointed legal guardian is involved, court papers must be attached to chart.
- d. Ensure that the consent for surgery has been completed within 30 days and is signed by physician, the legal guardian and witness. Once completed place in the paper chart.
- e. Ensure that the patient has a history and physical from within the last 30 days and has a 24 hour update in the electronic medical record.
- f. Ensure the patient has a current progress note or hospital summary completed within 24 hours of scheduled OR time
- g. Ensure your patient is NPO at the proper time:
  - i. When your patient is NPO, ensure the medication route is changed from PO to IV if possible → confirm with provider medications that should be administered to the patient the morning of the OR procedure.
  - ii. For patient receiving moderate, deep and procedural sedation or general anesthesia for diagnostic and therapeutic procedure please follow the NPO guidelines below and document in pre-op assessment record:
    - 1. *Clear liquids*: water, fruit juices without pulp, carbonated beverages, clear tea, black coffee (no sugar or creamer)- up to 4 hours before procedure
      - a. Clears may be moved up to 2 hours prior to procedure for otherwise healthy children
    - 2. *Breast milk*: up to 4 hours before procedure
    - 3. *Nonhuman milk*: nonhuman milk is similar to solids in gastric emptying so the amount ingested must be considered when determining the appropriate fasting time—up to 6 hours before the procedure.
    - 4. *Solid Foods*: up to 8 hours before the procedure
      - a. Patients who are NPO may receive 24% sucrose solution (Sweet-Ease)
    - 5. If patient is made NPO, please ensure MIVF is started
    - 6. Please ensure glucose level is adequate on NPO patients
- h. Chlorhexidine (CHG) Wipes or “Bath”
  - i. Chlorhexidine baths should be administered two times before the patient goes to the OR with the second bath performed within 6 hours of OR time (i.e. for an OR time of 0800, second bath can be completed any time after 0200
    - 1. the first chlorhexidine bath should be no more than one hour after a soap and water bath
    - 2. allow the area to air dry for two minutes and do not rinse
  - ii. Chlorhexidine baths should NOT be used on patients with one of the following two conditions. Use standard bath wipes instead
    - 1. patients <32 weeks corrected age or less than 30 days of age
    - 2. allergy to CHG or any other ingredient in the CHG wipes
- i. Labs drawn no later than 0400 & sent STAT
- j. HCG test for females of menstruating age (Obtain order from LIP).
- k. Confirm with blood bank for blood availability using proper patient identification prior to 0400
- l. Administer Protein Pump Inhibitor (all patients) as ordered at 0200 for first and second case OR
- m. Administer steroids if ordered

## B. Day of OR - CICU

- a. Four hours prior to OR transfer
  - i. Encourage parents to hold child.-If child cannot be taken out of the warmer or crib, have parents place their hands under the blankets to simulate a “holding position.” Ensure patient stays warm during holding process.
  - ii. Remove all personal items (stuffed animals, pictures) from the bed and place them in a patient belonging bag and keep the bag in patient’s room in the CICU
  - iii. If patient is first case, inform PM Shift RT to obtain necessary equipment. Anesthesia team will contact bedside nurse of timing of patient transfer to pre-op area. Once timing known, let RT know. Anesthesia and CICU team will discuss if anesthesia is needed to assist with transfer to pre-op area.
  - iv. Do not administer “On-call Ancef.” Place pre-op medications in a bag and give directly to the anesthesiologist and/or OR RN
  - v. If the patient is on a continuous vasoactive infusion, the drip is transferred with the patient as it is currently infusing.
  - vi. If the patient has an A-line, take a 10 mL syringe and remove 10mL Heparin/NS (standard solution). Label the syringe and place on the end of the A-line transducer in place of your Heparin/NS set up. An “A-line” label is also placed near the insertion site
  - vii. Ensure that patient has ID band secure to an extremity
- b. Less than 1 hour prior to transfer
  - i. . Discuss with anesthesia team on what IV drips are currently infusing and what should be discontinued before transport. Generally, Lipids, Lasix, and Narcotics are discontinued. Make sure the patient is adequately sedated prior to transfer and discontinue the narcotic drip if that was decided with anesthesia team, this decision greatly is determined by what type of surgery/procedure is being performed. Always waste narcotics in the pyxis-as-per protocol.
  - ii. Hang the appropriate maintenance IV fluid based on MD order.
- c. 30 Minutes Prior to Transfer
  - i. A verification call will be made by anesthesia to the bedside nurse. This call is to verify that the case will start as scheduled and to discuss the patient’s current status
  - ii. Disconnect the infusion pump cords from the outlets.
  - iii. Gather equipment needed:
    1. Appropriate size Ambu bag, valve and mask on bed
    2. Oxygen tank secured with a hospital approved oxygen tank holder
    3. Patient’s chart with code sheet in the front of the chart including signed consent with patient ID band stapled to it
- d. 10 minutes Prior to Transfer
  - i. Options for monitoring during transport are:
    1. Remove the X2 from the monitor and continue monitoring the patient from the side screen
  - ii. Give final patient report to the anesthesiologist in I-PASS format including medications that have been given
  - iii. Give final patient report utilizing I-PASS format to Cardiac Anesthesia and sign off the Pre-Op OR Checklist

- e. During Transfer:
    - i. Include the patient's chart
    - ii. Escort into pre-op and await for anesthesia hand-off
    - iii. Inform the OR nurse or tech to bring the bed back to the CICU for cleaning and set-up process. Ensure that the cables and transport monitor are returned to the CICU.
    - iv. Parents/guardians will be notified by the CV NP either day before surgery of morning of surgery to set up EASE App on personal phone. This will provide notifications to family of surgical progress.
  - f. After transfer to the OR:
    - i. Discard all IV lines
    - ii. Inform EVS to clean bed space
    - iii. Begin the set-up for admission of the post-operative cardiac patient in CICU
- C. Day of OR – HKU
- a. Eight hours prior to OR transfer (or per LIP order)
    - i. Hang appropriate maintenance fluid as ordered
      - 1. IV fluid start time should coincide with start time of NPO order
  - b. Four hours prior to OR transfer
    - i. Encourage parents to hold child.
    - ii. Remove all personal items (stuffed animals, pictures) from the bed and place them in a patient belonging bag. Organize personal items in room and transfer belongings to CICU once a CICU room is assigned
    - iii. Do not administer "On-call Ancef." Place pre-op medications in a bag and give directly to the anesthesiologist and/or OR RN
    - iv. If the patient is on a continuous vasoactive infusion, the drip is transferred with the patient as it is currently infusing
  - c. 30 Minutes Prior to Transfer
    - i. Identify an RN to handoff other patients to while you are transporting to the OR. The bedside RN must always accompany the patient to the OR/(CPRU if applicable) and remain with patient until report is given to Cardiac Anesthesia
    - ii. Disconnect the infusion pump cords from the outlets
    - iii. Gather equipment needed:
      - 1. Charged transport monitor
      - 2. Appropriate size ambu bag, valve and mask on bed
      - 3. Oxygen tank secured with a hospital approved oxygen tank holder, if needed
      - 4. Patient specific blood pressure cuff
      - 5. Patient's chart with code sheet in the front of the chart including signed consent with patient ID band stapled to it
      - 6. Patients medications, if any
      - 7. Ensure that patient has ID band secure to an extremity
  - d. 10 minutes Prior to Transfer
    - i. Place patient on transport monitor and associate monitor to patient's room
    - ii. Ensure Pre-Op OR Checklist is complete except for Handoff tab

- iii. Await the phone call from CPRU that transport is on the way so that bedside RN can prepare to bring patient down to CPRU/OR
  - iv. Disconnect patient from IV fluids (confirm that fluids can be disconnected) and verify IV patency
- e. During Transfer:
  - i. Await the arrival of transport and perform radiology patient ID check.
  - ii. Transport patient to CPRU and/or the OR with parents
  - iii. Inform charge nurse that patient is leaving the floor and is going to surgery
  - iv. Upon arrival to CPRU, inform CPRU Charge RN of arrival and give report utilizing I-PASS to Cardiac Anesthesiologist and pre op RN
  - v. Ensure all areas of the Pre-Op Checklist are complete and sign off Handoff tab.
  - vi. Parents/guardians will be notified by the CV NP day before surgery or morning of surgery to set up EASE App on personal phone. This will provide notifications to family of surgical progress.
- f. After transfer to the OR
  - i. Return transport monitor and monitor cords to HKU
  - ii. Transfer patient belongings to CICU when a room assignment is available

#### IV. Patient and Family Education

- A. Explain all procedures to prepare the patient for the operating room to the patient and caregiver
- B. Explain that the patient will return to the CICU after surgery

#### V. References

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- Watson, D. (2006). Planning to ensure the safe transfer of hospital patients, *Nursing Times*, 102 (9), pp. 21 – 22. **Level VII**

#### VI. Reviewers

- A. CICU Shared Nursing Leadership Practice Council
- B. HKU Shared Nursing Leadership
- C. Shared Nursing Leadership Practice Council – Systems Level
- D. Director, Infection Control and HKU Infection Control Practitioner
- E. Cardiovascular Surgeons and Cardiovascular Surgery NPs
- E. Medical Director, Cardiac Intensive Care
- F. Medical Director, Heart and Kidney Unit
- G. Cardiac Procedure Recovery Unit (CPRU) Nursing Leadership

## **VII. Legal Statement**

The nursing practice guidelines are intended to serve as a reference for the nurses in their practice. The compilation of information provided is drawn from relevant literature research from juried, reliable and respected sources. The guidelines are not intended to replace individual judgment but instead to inform decision making. The material is updated approximately every 12-24 months.

## **VIII. Approval**

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Vice President & Chief Nursing Officer

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Date

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